990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Interna	I Reveni	ue Service	► Go to v	www.irs.gov/Form	1990 for instruction	s and the latest	intorn	nation.		inspection
A F	or the	2020 calendar y	ear, or tax year begin	ning	10-	-01 , 2020 , and	d endir	ng	09	9-30 , 2021
B 0	heck if a	ipplicable:	C Name of organizationCA	RY CHRISTIAN	CENTER INC				D Empl	oyer identification number
	ddress o	change	Doing business as							64-0781589
	ame cha	ange	Number and street (or P.	O. box if mail is not deliv	ered to street address)	F	Room/suit	е	E Telep	hone number
Ir	nitial retu	rn	PO BOX 57							(662)873-4593
F	inal retu	rn/terminated	City or town, state or prov	vince, country, and ZIP o	r foreign postal code	·			G Gros	s receipts
A	mended	return	CARY, MS 39054	<u> </u>					\$	725,389
$\overline{\square}$	pplicatio	n pending	F Name and address of pri		Watley			H(a) Is this a	group return	for subordinates? Yes X No
		. 0	Same as C abov		•			H(b) Are all		
I T	ax-exem	pt status: X 501) (insert no.)	4947(a)(1) or	527		. ,		st. See instructions
	/ebsite:		ARYCHRISTIANCEN			1		H(c) Group		
		rganization: X Corp		ociation Other		L Year of formation	197			gal domicile: MS
Pa		Summary	porduor	October 5		E real or formation			otate of leg	gai dofficile.
	1		the organization's missi	ion or most signific:	ant activities: TO	PROCT.ATM A	אם מא	ZMONSTR	Δ TE T	HE GOSPEL OF
	'	-	EOPLE REACH THE	_			110 01	11101110111		III GODI III OI
ė		OEDOD DO II	JOF DE REACH THE	IK FULL FULL	MIIAL IN CIKI					
ш		-								
Activities & Governance	2	Check this hov	if the organization	discontinued its or	nerations or disposed	of more than 25	5% of it	e net acce	te	
90	3		g members of the gove						1	
∞ ಶ			pendent voting member							8
ies	4									8
ĬΞ	5		individuals employed in	-						26
Act	6		volunteers (estimate if	• /						300
	7a		business revenue from							0
	b	Net unrelated bu	usiness taxable income	from Form 990-1,	Part I, line 11				. 7b	0
								Prior Year		Current Year
	8		d grants (Part VIII, line						,527	607,949
Revenue	9	-	e revenue (Part VIII, line					86	602	102,955
ē	10		me (Part VIII, column (A						49	88
8	11	Other revenue (F	Part VIII, column (A), lin	nes 5, 6d, 8c, 9c, 10	oc, and 11e)				,915	14,397
	12	Total revenue - a	add lines 8 through 11 (must equal Part VII	II, column (A), line 12	2)		538	3,093	725,389
	13	Grants and simila	ar amounts paid (Part I	IX, column (A), lines	s 1-3)					0
	14	Benefits paid to	or for members (Part I)	X, column (A), line 4	4)					0
	15	Salaries, other co	ompensation, employee	e benefits (Part IX,	column (A), lines 5-1	0)		230	,801	239,600
Expenses	16a	Professional fund	draising fees (Part IX, o	column (A), line 116	e)					0
ЭG	b	Total fundraising	g expenses (Part IX, col	lumn (D), line 25)	>	73,832				
Ä	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24	le)					420,212
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colu	mn (A), line 25) .			230	,801	659,812
	19	Revenue less ex	penses. Subtract line	18 from line 12 .				307	7,292	65,577
- s							Begin	ning of Curr	ent Year	End of Year
ets c	20	Total assets (Pa	rt X, line 16)					485	,101	539,044
Net Assets or Fund Balances	21	Total liabilities (F	Part X, line 26)					21	1,032	9,398
Pet	22	Net assets or fur	nd balances. Subtract	line 21 from line 20)			464	1,069	529,646
Pai	t II	Signature	Block							
			that I have examined this retultion of preparer (other than offi				my know	ledge and be	lief, it is	
	borrect, a	and complete. Declarat	Torr or preparer (other trial offi	icer) is based on all inion	mation of which preparer he	as any knowledge.				
		Carl Wa	atley							
Sig	า	Signature of c	officer						Da	ite
Her	e	Carl Wa	atley, CEO							
		Type or print	name and title							
		Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN
Paid	t	Karl L Dra	ake CPA	Karl L Drake	CPA_	12-13-202	1	self-em	ployed	P01233711
Pre	oarer	Firm's name	Drake Ce	rtified Publ	ic Accountant	s	Fi	rm's EIN ▶		
	Only		3775 Kim	mel Road			Pl	none no.		
	•		Horton M	II 49246					517-	937-9333
May	the IRS	S discuss this retu	ım with the preparer sh		nstructions)					Yes X No

Form 990 (2020) CARY CHRISTIAN CENTER INC 64-0781589 Page 3 Part IV Checklist of Required Schedules Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> 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		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Λ
•	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		х
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		х
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,			
	VII, 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, Part VI	11a	Х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e		11e		Х
f	o ,			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
L	Schedule D, Parts XI and XII	12a	х	
D		12h		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	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 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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	21		v

Form 990 (2020) CARY CHRISTIAN CENTER INC 64-0781589 Page 4 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 22 х 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 23 Х 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 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х 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? 25b х 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% 26 х 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 entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a 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 х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Х Check if Schedule O contains a response or note to any line in this Part V

Part V	Sta	te	me	en	ts	Re	ga	ardin	g Othe	r IRS	Filings	and	Tax	Comp	olia	nc	e
		_		_	-		-	_	_							-	

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	x	

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 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
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		х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	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		х
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		х
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?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	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		
b	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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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	1		
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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 cha	anges in Schedule (O. See instruct	tions.	
Check if Schedule O contains a response	onse or note to any line in this	Part VI			. 	 X

Sec	tion A. Governing Body and Management			
			Yes	No
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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	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?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	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 Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Mississippi			
18	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.			
	Own website			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Carl Watley (662)873-4593, PO BOX 57, CARY, MS 39054			

Section A.

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any related organizat	ion co	mper	nsate	ed a	ny curre	ent	officer, director, or	trustee.	Г
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles cer and	Pos eck m ss per d a di	son is	han one both an (trustee) Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Carl_Watley	40.00			x				40,000	0	3,891
(2) Toni Terrett DIRECTOR	2.00	x						40,000	0	0
(3) Alexis Hamilton DIRECTOR	2.00							0	0	0
(4) Sherry Huizinga DIRECTOR	2.00							0	0	0
(5) John Huizinga DIRECTOR	2.00	х						0	0	0
(6) Linda Vander Molen SECRETARY	2.00	x		х				0	0	0
(7) Gerald Washington PRESIDENT	2.00	x		х				0	0	0
(8) Dean_Steyling VICE PRESIDENT	2.00	x		х				0	0	0
(9) Travis Gully TREASURER		x		х				0	0	0
(10)										
(11)										
(12)										
(13) (14)										
Σ'. ''										

(15) Name and title Name and	Part	VII Section A. Officers, Directors, Trustee			-,		(C)							
thour for conjunctations. In the conjunct of t			Average hours per week	box,	unles	eck m ss per d a di	nore the rson is rector	s both ar /trustee)		Reportable compensation from the	Reportable compensation from related	со	nated am of other mpensat	r tion
(17) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal (25) 1 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization sheets of reportable compensation from the organization sheets of individual size on line 1a; is the sum of reportable compensation from the organization speater than \$150,000? if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual 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 Dection B. Independent Contractors 1 Complete this table for your live highest compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)			hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	ınization	and
(19) (29) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization between the subject of the	<u>(15)</u>													
(18) (29) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \(\) 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization from the organization and related organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	(16)													
(29) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 1 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual tor services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 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.	(17)													
(20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(18)													
(22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Section B. Independent Contractors 1 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) (B) (C)	(19)													
(22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (21) (22) (24) (25) (26) (26) (27) (28) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (26) (27) (27) (28) (29) (20) (20) (21) (21) (22) (23) (24) (25) (26) (26) (27) (27) (28) (29) (20) (20) (20) (21) (21) (24) (25) (26) (26) (27) (27) (27) (28) (29) (20) (20) (21) (21) (24) (25) (26) (26) (27) (27) (28) (29) (20) (20) (20) (21) (21) (24) (24) (25) (26) (27) (27) (27) (28) (29) (29) (20)	(20)													
(23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Section B. Independent Contractors 1 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.	(21)													
(25)	(22)													
1b Subtotal	(23)													
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes	(24)													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	(25)													
reportable compensation from the organization Yes	С	Total from continuation sheets to Part VII, Sect	tion A .						. •	40,000	0		3,	891
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2			listed a	bove	e) wł	ho re	eceive	d mo	ore than \$100,000	of			
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	3			-				-				3	Yes	No 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	4	For any individual listed on line 1a, is the sum of re	eportable co	mpensa	ation	and	oth	er com	pen	sation from the				
Section B. Independent Contractors 1 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) (B) (C)	5	Did any person listed on line 1a receive or accrue	compensation	on from	any	unr		_						x
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)														
(A) (B) (C)	1													
Name and business address Description of services Compensation		(A)								(B)				
		name and business addres	55							Description of service	ES	Compens	ьаноп	
2 Total number of independent contractors (including but not limited to those listed above) who														

CARY CHRISTIAN CENTER INC 64-0781589 Statement of Revenue

		Check if Schedule O co	ontains a respons	e or n	ote to any line in thi	s Part VIII			[
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512–514
	10	Endorated compaigns		1a					Sections 512-514
	1a	Federated campaigns .		1b					
ts ts	b	Membership dues							
ira Un	C	Fundraising events		1c					
s, G Ame	d	J		1d					
ar,	е	Government grants (contri		1e	39,082				
ns, imi	f	All other contributions, gift	-						
e Eio S		and similar amounts not in	ncluded above	1f	568,867				
ള	g								
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f		1g	\$ 90,361				
	h	Total. Add lines 1a-1f				607,949			
					Business Code				
	2a	THRIFT SHOP			453310	78,661	78,661		
<u>i</u>	b	OTHER PROGRAM INC	OME		900099	24,294	24,294		
e Z	С						_		
m S	d								
Re	е	-							
Program Service Revenue		All other program service r	revenue						
ъ.		Total. Add lines 2a-2f .				102,955			
						102,555			
	3	Investment income (includir other similar amounts) .				88			88
		Income from investment of				00			00
				•					
	5	Royalties							
			(i) Rea		(ii) Personal				
				,397					
		Less: rental expenses	6b						
		Rental income or (loss)		,397					
	d	Net rental income or (loss)	` ´			14,397			14,397
	7a	Gross amount from	(i) Securiti	es	(ii) Other				
		sales of assets							
		other than inventory	7a						
	b	Less: cost or other basis							
e		and sales expenses	7b						
en en	С	Gain or (loss)	7c						
Ŗè	d	Net gain or (loss)			▶				
Other Revenue	8a	Gross income from fundrai	ising						
₹		events (not including \$							
		of contributions reported or	n line	-					
		1c). See Part IV, line 18		8a					
	b	Less: direct expenses .		8b					
	С	Net income or (loss) from f	fundraising event	s					
		Gross income from gaming	-						
		activities, See Part IV, line		9a					
	b	Less: direct expenses .		9b					
		Net income or (loss) from g							
			_	Ė					
	10a	Gross sales of inventory, le returns and allowances .		10a					
	h			10a					
		Less: cost of goods sold							
	C	Net income or (loss) from s	sales of inventor	y					
					Business Code				
e e	11a								
anc เกน	b								
eve	С								
Miscellanous Revenue		All other revenue							
		Total. Add lines 11a-11d							
	12	Total revenue. See instru-	ctions			725,389	102,955	0	14,485

Part IX Statement of Functional Expenses

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 response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 8,689 43,891 29,464 5,738 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 163,878 110,352 32,543 20,983 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,157 777 229 151 9 15,038 10,271 3,029 1,738 10 15,636 10,497 3,095 2,044 11 Fees for services (nonemployees): b 23,235 23,235 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 32,184 8,631 10,115 13,438 12 16,980 1,243 15,737 13 38,365 13,158 12,608 12,599 14 15 16 45,092 64,417 19,325 17 1,404 22,823 13,796 7,623 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 767 767 21 22 Depreciation, depletion, and amortization 41,668 29,168 12,500 23 Insurance 40,625 28,438 12,187 Other expenses. Itemize expenses not covered 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.) DIRECT PROGRAM EXPENSES 139,148 139,148 b C d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 659,812 440,035 145,945 73,832 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 (2020)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X .		. .		
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		74,939	1	165,137
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		720	4	2,140
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ass	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 1,7	78,898			
	b	Less: accumulated depreciation 10b 1,4		409,442	10c	371,767
	11	Investments - publicly traded securities		_	11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	- 1		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		485,101	16	539,044
	17	Accounts payable and accrued expenses		21,032	17	9,398
	18	Grants payable		_	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
s	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%				
abil		controlled entity or family member of any of these persons			22	
=	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		21,032	26	9,398
		Organizations that follow FASB ASC 958, check here				
(0		and complete lines 27, 28, 32, and 33.				
Ç	27	Net assets without donor restrictions		423,583	27	438,900
alar	28	Net assets with donor restrictions		40,486	28	90,746
Ä		Organizations that do not follow FASB ASC 958, check here				
Ë		and complete lines 29 through 33.				
٥٢	29	Capital stock or trust principal, or current funds			29	
ets (30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds			31	
et A	32	Total net assets or fund balances	- t	464,069	32	529,646
Ž	33	Total liabilities and net assets/fund balances	<u></u>	485,101	33	539,044

Form **990** (2020) EEA

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			725,	389
2	Total expenses (must equal Part IX, column (A), line 25)	2			659,	812
3	Revenue less expenses. Subtract line 2 from line 1	3			65,	577
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			464,	069
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
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			529,	646
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🔯	2a		х
	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	x	
	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					
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					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		;	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
EA			F	orm	990 (2	2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Inspection

CARY CHRISTIAN CENTER INC 64-0781589							9		
Pa	art I	Reason for Public Charity	y Status. (All o	rganizations must o	omplete	this par	t.) See instructions	3.	
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)			
1		A church, convention of churches, or	association of chu	rches described in secti	ion 170(b)	(1)(A)(i).			
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	П	A hospital or a cooperative hospital s							
4	H	A medical research organization ope	· ·		. , . , .		(1)(A)(iii) Enter the		
7	Ш	•	rated in conjunctio	ii wiiii a nospitai desemb	ca iii scci	ion 170(b)	(T)(A)(III). LIIIOI IIIO		
_		hospital's name, city, and state:	Cr. Cr H				rational for all and a sufficient for		
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	jovernmen	tal unit described in		
	_	section 170(b)(1)(A)(iv). (Complete	•						
6	Ш	A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).			
7	X	An organization that normally receive	s a substantial part	of its support from a gov	ernmental/	unit or from	m the general public		
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)					
9	П	An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant collec	ae	
	_	or university or a non-land-grant colle				•	•	,	
		university:	gg (-			.,,			
10	П	An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons memb	ershin fees and aress		
	ш	receipts from activities related to its e	` '	• • •					
		·	•	•		•			
		support from gross investment income		,		,	rom businesses		
		acquired by the organization after Ju	•	• , , , ,	•	,			
11	님	An organization organized and opera	•						
12	Ш	An organization organized and opera-	•	•					
		of one or more publicly supported org	ganizations describ	ped in section 509(a)(1)	or sectior	n 509(a)(2)	. See section 509(a)(3	3).	
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 12	2g.	
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by givir	ng	
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the c	lirectors or	trustees of the		
		supporting organization. You mu	ist complete Part	IV, Sections A and B.					
	b	Type II. A supporting organization	n supervised or co	entrolled in connection w	ith its supp	orted orga	nization(s), by having		
		control or management of the sup	porting organization	on vested in the same pe	rsons that o	control or r	nanage the supported		
		organization(s). You must comp		•					
	С	Type III functionally integrated			nection w	ith, and fu	nctionally integrated wi	ith	
	Ū	its supported organization(s) (se		·				u.,	
	A		•	•				n(a)	
	d	Type III non-functionally integr						11(5)	
		that is not functionally integrated.		•		•	it and an attentiveness		
		requirement (see instructions). Y	-						
	е	Check this box if the organization				a Type I,	Type II, Type III		
		functionally integrated, or Type III							
	f	Enter the number of supported organ	izations						
	g	Provide the following information about	ut the supported or	ganization(s).				ı	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	listed in you docum	0	support (see instructions)	other support (see instructions)	
				above (see instructions))	docum	ont:	matructions)	mandenons)	
					Yes	No			
/ . \									
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	-l								

64-0781589 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Se	ction A. Public Support						
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	622,625	308,338	616,207	440,527	607,949	2,595,646
2	Tax revenues levied for the						
	organization'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	622,625	308,338	616,207	440,527	607,949	2,595,646
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)						64,081
6	Public support. Subtract line 5 from line 4						2,531,565
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	622,625	308,338	616,207	440,527	607,949	2,595,646
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	84	9	52	49	88	282
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	Total support. Add lines 7 through 10						2,595,928
	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						▶ 🗌
	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 6, c		-			14	97.52 %
	Public support percentage from 2019 Schede					15	95.43 %
16a	a 33 1/3% support test - 2020. If the organiza						
_	box and stop here. The organization qualified						
ŀ	o 33 1/3% support test - 2019. If the organiza						
	this box and stop here. The organization quantum stop here.			-			
17a	10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets t				-	•	
	Part VI how the organization meets the facts			•	•	• • •	
	organization						
ŀ	o 10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac			•	•		
40	organization						▶ ⊔
18	Private foundation. If the organization did n						. —
	instructions						▶ □

64-0781589

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.)

Sed	ction A. Public Support			-	-		
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	() 0040	4.) 0047	() 0040	(1) 00 (0	() 0000	(n = l
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
12	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for the orga	unization's first	second third	fourth or fifth	tay year as a se	ection 501(c)(3)
	organization, check this box and stop here						
Sec	etion C. Computation of Public Suppor						· · · · · ·
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line			ine 13, column	n (f))	17	%
	Investment income percentage from 2019 Se		• •			18	%
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-			-

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	F		
	5a		
	5b		
	5c		
	50		
	6		
	7		
	8		
	_		
	9a		
	Ol-		
	9b		
	9с		
	30		
	10a		
	. 54		
	10b		
Λ /Eo		or 000-E	7) 2020

Par	t IV Supporting Organizations (continued)			
			Yes	No
	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sect	detail in Part VI.	11c		
<u> </u>	ion 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 one or		100	110
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	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		
Sect	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			
Saat	the supported organization(s).	1		
Seci	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		res	No
'	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		
	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	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.	3		
Sect	ion 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 in	struct	tions)).
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.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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. <i>Answer lines 3a and 3b below.</i>	20		
	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		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3h		

(see instructions).

	ule A (Form 990 or 990-EZ) 2020 CARY CHRISTIAN CENTER INC		64-0781	5 89 Pag	je 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•	. , .	•	
	instructions. All other Type III non-functionally integrated supporting organ	nizations	must complete Sections		
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	ar
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	ar
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			
	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			
Sec	ction 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			
7	Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting o	rganization	

EEA Schedule A (Form 990 or 990-EZ) 2020

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

Sec	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

10	Line 8 amount divided by line 9 amount		10	
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_ 3	Excess distributions carryover, if any, to 2020			
	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			
			0-1	/

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 D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CAR	Y CHRISTIAN CENTER INC	64-0781589	
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 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 w	riting that the assets held in donor advised	
-	funds are the organization's property, subject to the organization	-	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
•	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
ı u	Complete if the organization answered "Yes" or	Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu		a historically important land area
			a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
_	Preservation of open space		and the same of th
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	,		
С	Number of conservation easements on a certified historic structure.		. 2c
d	Number of conservation easements included in (c) acquired at	ter 7/25/06, and not on a	
	3		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the
	tax year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservati	on easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	asements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	l)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense stat	rement and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements th	at describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or C	other Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in further	ance of public
	service, provide, in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
			▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		1
_	following amounts required to be reported under FASB ASC 9		7.1
а	·		▶ \$
b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
_~			· · · · · · · · · · · · · · · · · · ·

Pa	t III Organizations Maintaining	Collections of	Art, Histo	orical T	reasures	, or Ot	her Similar <i>F</i>	Assets (co	ontinued)
3	Using the organization's acquisition, accession	n, and other records,	check any o	of the follo	wing that ma	ake signi	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d [Loan o	r exchange	program	IS		
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they fui	rther the o	rganization's	exempt	purpose in Part		
	XIII.	•	,		Ü		• •		
5	During the year, did the organization solicit or r	eceive donations of	art. historica	al treasure	s, or other s	imilar			
	assets to be sold to raise funds rather than to							Yes	s No
Pai	rt IV Escrow and Custodial Arrar		00 0.9	<u></u>	0 0000				
	Complete if the organization a		on Form	990 Pa	rt IV line	9 or re	enorted an an	nount on F	-orm
	990, Part X, line 21.	mowordd 100	01111 011111	000, r a	,	0, 01 10	oponiou an an	nount on i	OIIII
	Is the organization an agent, trustee, custodian	or other intermedia	y for contrib	utions or	other assets	not			
ıa			-					□ Yes	s 🗆 No
h	If "Yes," explain the arrangement in Part XIII a							🖂 16	5 NO
b	ii res, explain the arrangement iir ratt XIII a	na complete the folic	wing table.				Λ	mount	
_	Beginning balance					10		inount	
۲ C	0 0								
d	Additions during the year								
e	0 ,								
f	Ending balance								- DN-
2a	Did the organization include an amount on For					-			
Do:	If "Yes," explain the arrangement in Part XIII.	neck nere if the exp	planation has	s been pro	ovided on Pa	art XIII			· U
Pa	Endowment Funds.	vacuused "Vaa"	on Form	000 Do	rt IV/ line	10			
	Complete if the organization a								
		(a) Current year	(b) Prior	year	(c) Two years	s back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the currer	•	(line 1g, colu	umn (a)) h	eld as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment ► %								
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are	held and a	administered	for the			
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Sched	lule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds	S					
Pa	rt VI Land, Buildings, and Equipr	ment.							
	Complete if the organization a	nswered "Yes"	on Form	<u>990,</u> Pa	rt IV, line	<u>11a</u> . S	<u>ee Form</u> 990,	, Part X, li	ne 10.
	Description of property	(a) Cost or oth	er basis	(b) Cost or	other basis	(c)	Accumulated	(d) Boo	k value
		(investme	ent)	(o	ther)	de	epreciation		
1a	Land				41,094				41,094
b	Buildings			1,1	.95,155		1,015,551		179,604
С	Leasehold improvements			- , -			,,	-	,
d	Equipment			5	42,649		391,580	1	151,069
е	Other				_,,			-	,

371,767

Schedule D (Form	Investments - Other Securities.	<u> </u>	64-0781589 Page
Part VII	Complete if the organization answered "Yes" on	Form 990, Part IV line	e 11b. See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Colum	nn (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	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(1)			Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	an /h) mount annual Farma 2000 Part V and /P) line 42)		
Part IX	nn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	P	
I alt IX	Complete if the organization answered "Yes" on	Form 990 Part IV line	11d See Form 990 Part X line 15
	(a) Description		(b) Book value
(1)	· · ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	nn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
Turtx	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 990. Part X.
	line 25.		, , , , , , , , , , , , , , , , , , , ,
1.		Book value	
(1) Federal	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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.

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	725,389
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	TOT 200
3	Subtract line 2e from line 1	3	725,389
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b	-	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	725,389
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
. u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	poi itoti	
1	Total expenses and losses per audited financial statements	1	659,812
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		033,012
a	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	659,812
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.)		
_	Other (Describe in Part XIII.)	4c	
b c 5	Add lines 4a and 4b	4c 5	659,812
b c 5 Pai	Add lines 4a and 4b	5	659,812
b c 5 Pai	Add lines 4a and 4b	5	659,812
b c 5 Pai	Add lines 4a and 4b	5	659,812
b c 5 Pai	Add lines 4a and 4b	5	659,812

EEA Schedule D (Form 990) 2020

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Employer identification number

CARY					64-0783	-0781589				
Par	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part V	ted on	Method noncash cor		,	_	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household									
	goods	x			90,361	FMV				
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									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25										
26	011 : (
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the	organization	during the tay year for contribut	tions for						
23	which the organization completed Form	•	•			29				
	which the organization completed Form	0200, i ait v	, Donce Additionleagement			23		Yes	No	
30a	During the year, did the organization rece	eive hy contr	bution any property reported in	Part I lines 1 throu	ıah			100		
oou	28, that it must hold for at least three yea	-			-					
	to be used for exempt purposes for the						30a		х	
b	If "Yes," describe the arrangement in Pa	_	ponod:				Jua			
31	_		hat requires the review of any r	onetandard						
31							31	v		
322	contributions?					• • • • •	31	х		
32a	- · · · · · · · · · · · · · · · · · · ·		-				220		v	
h					· • • • • •		32a		Х	
	If "Yes," describe in Part II.	nt in column	(c) for a type of property forh	ich column (a) is ab	ocked					
33	33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.									

SCHEDULE O (Form 990 or 990-EZ)

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.

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection
Employer identification number

CARY CHRISTIAN CENTER INC 64-0781589 01. Officer, directors, etc. family relationship (Part VI, line 2) JOHN AND SHERRY HUIZINGA ARE MARRIED. 02. Form 990 governing body review (Part VI, line 11) THE FORM 990 WAS PREPARED BY AN INDEPENDENT CPA FIRM, REVIEWED BY THE FINANCE TEAM, AND THEN EMAILED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW BEFORE IT WAS FILED WITH THE IRS. 03. Conflict of interest policy compliance (Part VI, line 12c) THE FINANCE DEPARTMENT MONITORS TRANSACTIONS FOR POTENTIAL CONFLICTS OF INTEREST AND THE BOARD REVEIWS THE CONFLICT OF INTEREST POLICY ANNUALLY. IF A CONFLICT IS IDENTIFIED, THE BOARD MEMBER WITH A CONFLICT WOULD EXCUSE HIMSELF FROM THE DECISION MAKING PROCESS. 04. CEO, executive director, top management comp (Part VI, line 15a) THE INDEPENDENT BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY AND DURING THEIR EVALUATION THEY REVIEW COMPARABLE COMPESATION DATA. THE PROCESS AND DECISION ARE DOCUMENTED IN THE BOARD MINUTES. 05. Governing documents, etc, available to public (Part VI, line 19) THESE DOCUMENTS ARE AVAILABLE ON REQUEST.

8879-EO

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 10-01-2020 , and ending 09-30-2021

Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

OMB No. 1545-0047

Taxpayer identification number Name of exempt organization or person subject to tax 64-0781589 CARY CHRISTIAN CENTER INC Name and title of officer or person subject to tax Carl Watley, CEO Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X 3a Form 1120-POL check here 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ► 6a Form 990-T check here► 7a Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \quad \text{I am an officer of the above organization or \quad \text{I am a person subject to tax with respect to} (name of organization) , (EIN) . and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize Drake Certified Public Acco to enter my PIN 81589 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 11-08-2021 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 57575 401029 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ▶ Karl L Drake CPA