### EXTENDED TO NOVEMBER 15, 2017

### Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

Form **990** (2016)

Department of the Treasury

Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning and ending Check If applicable: C Name of organization D Employer identification number CARINGWORKS, INC. Name change 56-2370081 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 404-371-1230 Final return/ 2785 LAWRENCEVILLE HWY 205 5,817,324. termin ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return DECATUR, GA 30033 H(a) Is this a group return F Name and address of principal officer: CAROL S. COLLARD Applica-Yes X No for subordinates? pending H(b) Are all subordinates included? Yes No SAME AS C ABOVE If "No." attach a list. (see instructions) I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or J Website: ▶ WWW.CARINGWORKSINC.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Year of formation: 2002 M State of legal domicile: GA Other > Part I Summary Briefly describe the organization's mission or most significant activities: CARINGWORKS SEEKS TO REDUCE HOMELESSNESS AND EMPOWER THE MARGINALIZED BY PROVIDING ACCESS TO Governance Check this box 
if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 11 Number of Independent voting members of the governing body (Part VI, line 1b) Activities & 68 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 12 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34. **Current Year** Prior Year 3,959,751. 5,798,807. Contributions and grants (Part VIII, line 1h) Revenue 353.754**.** 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 59,332. 18,517. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,372,837. 5,817,324. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,601,536. Ο. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,270 957. 2,055,792. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,175,638. 2,505,751. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,048,131. 4,561,543. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  $\overline{-1}88,706.$ 769,193. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 587,789. 1,508,883. 20 Total assets (Part X, line 16) 251,104. 99,203. 21 Total liabilities (Part X, line 26) 1,257,779. ᅗ 488,586. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other their officer) is based on all information of which preparer has any knowledge. Signature of officer Sign CAROL S. COLLARD, PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature self-employed P00746331 2017.11.11 0:57:53 -05'00' CEBNA Paid CATHERINE BAZLEY Firm's name CHERRY BEKAERT LLP 56-0574444 Firm's EIN ▶ Preparer Firm's address 1075 PEACHTREE STREET NE, SUITE 2200 Use Only Phone no. 404-209-0954 ATLANTA, GA 30309 X Yes\_\_\_ May the IRS discuss this return with the preparer shown above? (see instructions)

Forn	1990 (2016) CARINGWORKS, INC.	56-2370081	_ Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
ATT MODE			
_	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission:		
	DELIVER HOUSING AND SOCIAL SERVICES TO FORMERLY HOMELESS	AND	
	LOW-INCOME HOUSEHOLDS.		
	Did the organization undertake any significant program services during the year which were not listed on the		
2		<del></del>	₩
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	maneurad by avnancee	
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	na
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 4,639,054. including grants of \$ 1,601,536.) (Reven	ue \$	)
	STRIVES TO REDUCE HOMELESSNESS AND EMPOWER THE MARGINALI	ZED BY	
	PROVIDING ACCESS TO HOUSING AND SERVICES THAT FOSTER DIG	NITY.	
	SELF-SUFFICIENCY AND WELL-BEING. PROGRAMS INCLUDE TRANSI		NG
	PERMANENT SUPPORTIVE HOUSING, RAPID REHOUSING AND BEHAVIOR		
			<b>□•</b>
	IN 2016, THE ORGANIZATION HAD THE FOLLOWING ACCOMPLISHMEN		
	- ENDED HOMELESSNESS FOR 568 CLIENT HOUSEHOLDS FOR A TOTAL	AL OF 731	
	INDIVIDUALS.		
	- PROVIDED BEHAVIORAL HEALTH SERVICES TO 85 UNINSURED IN	DIVIDUALS.	
		<u>.                                    </u>	
4b	(Code:) (Expenses \$) (Revenue)	ie \$	)
4c	(Code:         ) (Expenses \$	. 4	,
70	/ (Lapellous 4		
		<del>.</del>	
		***	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 4,639,054.		

Form 990 (2016)

Form 990 (2016) CARINGWORKS, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ .	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u>.</u>	Х
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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	i		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments?  f "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	1.33	5/4	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			A
	Part VI	11a	Х	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
	Schedule D, Parts XI and XII	12a	Х	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? if "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		l	
	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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	Į		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		<u> </u>

Form 990 (2016) CARINGWORKS, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 employees? If "Yes," complete	1		
	Schedule J	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 through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		ĺ
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<u> LJa</u>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		х
20	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	32	1.58 W. W.	
28	instructions for applicable filing thresholds, conditions, and exceptions):		7.3.13	
_		28a	: israbbas	X
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
31	· · · · · · · · · · · · · · · · · · ·	31		X
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	۲Ť		_ <del></del>
32	- · · · · · · · · · · · · · · · · · · ·	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		•	
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
<b>0</b> +	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
JU	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	_ <del></del> _
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		
50	Note. All Form 990 filers are required to complete Schedule O	38	х	
	1400017 III 7 OIII GGG IIIGIG GIO FOQQIII GG GG GGIII DOLG GG G			

Form 990 (2016) CARINGWORKS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		4500	30
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		-700.00	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	12.112	1726-9-381 372-6-228	
	(gambling) winnings to prize winners?	1c	X	7.21950
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		3,3	
	filed for the calendar year ending with or within the year covered by this return 2a 68			
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)			
	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 in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ALEE AL
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ł
	were not tax deductible?	6b	To see Prints	19517
7	Organizations that may receive deductible contributions under section 170(c).	SA. S		San Austra
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	75570 F (8	X
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?	7 <del>e</del>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	C153553	48 3 F. Z
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		327	3-1291
_	sponsoring organization have excess business holdings at any time during the year?	8	W. (3. ) #	ব্যাধীয়
9	Sponsoring organizations maintaining donor advised funds.	iesei.	1299.45	
a	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	0000000	
0	Section 501(c)(7) organizations. Enter:	474	44	
	Initiation fees and capital contributions included on Part VIII, line 12  Consequently included on Form 600. Both VIII, line 12 for public use of old to facilities.			
b 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	14.50 (E 10.563, 3		
_	Section 501(c)(12) organizations. Enter:		Charles .	919
	Gross income from members or shareholders			14 A.
b		744548		
2-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100	Market La	15500550
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		1357030
		75.4		35745 35741
3	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	120	AUTO SE	WERE SELECTION
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		@h(%)
h	Enter the amount of reserves the organization is required to maintain by the states in which the	77.5		
	organization is licensed to issue qualified health plans	SMEY'S		
	Enter the amount of reserves on hand			
	Distriction of a first control of the standard for the department of the standard of the stand	14a	1092 989 9466	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<del>-  </del>	
Ŋ	ii 199, nas it nieu a 1 0mi 720 to report uiese payments? If "No," provige an explanation in Schedule U	140	000	

Form 990 (2016) CARINGWORKS, INC. 56-23/0081 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

				77
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			1
		ESS SUBS	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11 1a 11			
	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 in 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		100	
	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	A ,2,0	HOM	
8		8a	X	makan (S)
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	_
b		on_	21	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Λ
3ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI-
		40.	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	1581.74
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			W.24
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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 i	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		WAY.	
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		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		\$ \$ \$ \$ \$ \$ \$ \$ \$	N. A. P.
_	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	. Se e la	1.571.5
Sec	tion C. Disclosure	111		
17	List the states with which a copy of this Form 990 is required to be filed ▶GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ailable	)	
10	for public inspection. Indicate how you made these available. Check all that apply.		-	
40		inana	al	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and to	ii idHCl	aı	
	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:			
	CAROL COLLARD - 404-371-1230			
	2785 LAWRENCEVILLE HWY, STE 205, DECATUR, GA 30033			

Page 7

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

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(de	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an			nan	compensation	compensation	amount of	
	week			from	from related	other				
	(list any	trustee or director						the	organizations	compensation
	hours for	or dî	8		ĺ	ated	l	organization	(W-2/1099-MISC)	from the organization
	related organizations	ustee	trust		<sub>e</sub>	bens		(W-2/1099-MISC)		and related
	below	ual tr	ional		흫	t con	<u> </u>			organizations
	line)	Individual	Institutional trustee	ОПісет	Key employee	Highest compensated employee	Former			Organization is
(1) KELLY VESPUCCI	1.00			i -						
CHAIR		Х						0.	0.	0.
(2) COLIN EDELSTEIN	2.00									
VICE CHAIR		X						0.	0.	0.
(3) RICHARD MACKELFRESH	2.00	]	:							
TREASURER		Х						0.	0.	0.
(4) ALLYSON MCCARTHY	2.00		i							
SECRETARY		X						0.	0.	0.
(5) JEFFREY ADAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ALLISON BAUCOM	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) RITA GIBSON	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) LORRI MILLS	1.00					ĺ			_	_
DIRECTOR		Х						0.	0.	0.
(9) TYRONE RACHAL	1.00									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(10) SUNIL NICHOLAS	1.00	l							_	^
DIRECTOR		X						0.	0.	0.
(11) COURTNEY SHOWELL	2.00									
DIRECTOR	40.00	X						0.	0.	0.
(12) CAROL COLLARD	40.00		:					124 520	,	c 200
PRESIDENT	40 00			X				134,730.	0.	6,300.
(13) WANDA REED	40.00			τ,				120 001	_	12 110
VICE PRESIDENT		$\vdash$	Н	Х				136,861.	0.	13,119.
				-			-		<del></del>	
				$\exists$				-		
		L								

Part VII   Section A. Officers, Directors, True	tees, Key Em	ploy	ees,	anc	iH t	ghes	st C	compensated Employee	s (continued)		
(A)	(B)								(E)		(F)
Name and title	Average	I (do not check more than one					one	Reportable	Reportable		Estimated
	hours per	box	, unle	ss per	rson i	is both or/trus	h an	compensation	compensati		amount of
	week (list any	$\vdash$	Jer ai		ii ecic	Truus	l	from	from relate		other
	hours for	ndividual trustee or director						the organization	organization (W-2/1099-MI		compensation from the
	related	e or (	stee			nsater		(W-2/1099-MISC)	(** 25 1000 1011	00,	organization
	organizations	trust	nstitutional trustee		oyee	Highest compensated employee					and related
	below	widua	itution	ıeı	Key employee	hest c	Former				organizations
	line)	<u> </u>	<u> </u>	Officer	<u>.</u>	₹.	호				
		-					İ				
****		-			_	-					
		ł									:
					i						
						i					
							-			-	
	<u> </u>					Ш	_	271 501		$\overline{}$	19,419.
1b Sub-total								271,591.		0.	19,419.
c Total from continuation sheets to Part Vi								271,591.		0.	19,419.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n							o re		000 of reportable		10/110
compensation from the organization	or miniou to an	,,,,,	,,,,,,		0.0,	,	.,.	obirod moro aldir \$ 100).	oo orroportabl		2
											Yes No
3 Did the organization list any former officer.	director, or tru	stee	, ke	y em	plo	yee,	or h	nighest compensated en	aployee on		200 50 54
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	0,000? # "Yes,	" COI	mple	te S	che	dule	J fo	or such individual			4 X
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	ual for services		
rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ch p	erso	on .					5 X
Section B. Independent Contractors  1 Complete this table for your five highest co	mnenceted lad	000	2000	+ 00	ntro	otor	o th	est received more than ¢	100 000 of com	nanasi	ion from
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										าคแรสเ	ion ironi
(A)	ino calcindar y	- CI - C		9 111				(B)			(C)
Name and business	address	NC	NE	}				Description of se	ervices	C	ompensation
							_			<u> </u>	
										İ	
	180 ( )						+	<u> </u>			
							Ī				
							_				<del></del>
	<u> </u>									Service and	renadas aparticas interesantes.
2 Total number of independent contractors (in	-	t lim	iited	to t	hose ሊ	e list	ed a	above) who received mo	re than		
\$100,000 of compensation from the organic	ation 🟲				U			· <u> </u>		2400	Form <b>990</b> (2016)

56-2370081

		Check if Schedule O contains a response or note to an	y line in this Part VIII			
			(A) Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Gifts, Grants	1	a Federated campaigns 1a 1b 1b 1c Fundraising events 1c 1d 1d				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f: \$	2.			
<u>ರಿ ಕ</u>		h Total. Add lines 1a-1f	▶ 5,798,807.			
Program Service Revenue	2	b	ode			
Progra		f All other program service revenue  g Total. Add lines 2a-2f	<b>&gt;</b>			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties	>			en en en en en en en en en en en en en e
	1	(i) Real (ii) Persons  a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)	31			
	7	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses				
evenue		Gross income from fundraising events (not including \$ of				
Other Rev	•	contributions reported on line 1c). See Part IV, line 18  Less: direct expenses Net income or (loss) from fundraising events				
	j	` ' " " " " " " " " " " " " " " " " " "				
	ŀ	a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory				
	11 a	·			<u> </u>	18,517.
632009	12	Total. Add lines 11a-11d Total revenue. See instructions.	18,517. 5,817,324.	0.	0.	18,517. Form <b>990</b> (2016)

Form 990 (2016) CARINGWORKS, INC.
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,601,536.	1,601,536.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	291,010.	253,179 <u>.</u>	33,126.	4,705.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			1 - 1 - 2	
7	Other salaries and wages	1,536,976.	1,337,168.	174 <u>,</u> 957.	24,851.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		250 100	20 200	4
9	Other employee benefits	290,153.	252,433.	33,029.	4,691. 2,471.
10	Payroll taxes	152,818.	132,951 <u>.</u>	17,396.	2,4/1.
11	Fees for services (non-employees):				
а	Management	<b>T</b> 2 2	700	· ····•	
b	Legal	739.	739.	CE 550	
	Accounting	65,768.		65,768.	
	Lobbying	<u></u>			-00
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	<del>10 -</del>			
g	Other. (If line 11g amount exceeds 10% of line 25,	COT 700	650 350		C 110
	column (A) amount, list line 11g expenses on Sch O.)	685,798.	679,358.	_	6,440.
12	Advertising and promotion	144 000	100 (15	14 202	7 264
13	Office expenses	144,262.	122,615.	14,283.	7,364.
14	Information technology	10,272.		10,272.	
15	Royalties	11 015	11 015		
16	Occupancy	11,015.	11,015.	2,336.	699.
17	Travel	23,354.	20,319.	4,330.	099.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,421.	-	1,421.	
20	Interest	1,441 ·		1,441.	
21	Payments to affiliates  Depreciation, depletion, and amortization	18,593.	16,176.	1,859.	558.
22	. '	10,000	10,170	1,000.	
23	Other eveness itemize eveness not covered			a Britania memba	en interese en en en en en en en en en en en en en
<b>2</b> 4	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  PROGRAM SUPPLIES	184,327.	184,327.	<u> </u>	<u> </u>
a b	MEALS AND ENTERTAINMENT	17,832.	15,513.	1,783.	536.
	REPAIRS AND MAINTENANCE	8,164.	8,164.	Ξ,703.	
q C	TAXES, INSURANCE, AND L	4,093.	3,561.	409.	123.
ď	All other expenses	=,055.	<u></u>	=0).	<u> </u>
	Total functional expenses. Add lines 1 through 24e	5,048,131.	4,639,054.	356,639.	52,438.
<u>25</u> 26	Joint costs. Complete this line only if the organization	0,040,1314	-,000,004.	220,0021	52,250
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	II following 50L 88-5 (V9C 899-150)				Form <b>990</b> (2016)

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 60,278. 603,843. Cash - non-interest-bearing Savings and temporary cash investments 2 2 723,506. 3 Pledges and grants receivable, net 3 139,164. 482,261. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 22,559. 37,272. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 68,423. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 63,325. 22,691. 5,098. b Less: accumulated depreciation \_\_\_\_\_\_\_10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 587,789. 1,508,883. Total assets. Add lines 1 through 15 (must equal line 34) 16 16  $2\overline{51,104}$ 99,203. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties ..... 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 99,203. 251,104. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 400,479 27 <u>859,399.</u> 27 Unrestricted net assets 398,380. 88,107. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,257,779. 488,586. Total net assets or fund balances 33 33 587,789. 1,508,883. 34 Total liabilities and net assets/fund balances .....

Form 990 (2016)

۲	0	'n	Π	9	9	U	Ü	20	16)	
_	_				-		-			-

CAR	TN	OTAT:	ΛD.	V C	. TNC
LAK	L IN	L W	UK	$\sim$	. INC.

FOR	1 990 (2016) CARINGWORD, INC.	JU-Z.	77000 <u>T</u>	Page	3 14
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	5,817	,32	4.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,048	,13	<u>1.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	769	,19	3.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	488	,58	6.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,257	,77	<u>9.</u>
Pa	rt XIII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u>L</u>	X
	<u> </u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes I	No
1	Accounting method used to prepare the Form 990:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			<u> </u>
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1101272 18	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:		2.72		
	Separate basis Consolidated basis Both consolidated and separate basis		35 X 1		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	. Awdi.
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		3.52ml 3		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	5850°
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			2015
	Act and OMB Circular A-133?	. ;	3a	<u>x  </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OM8 No. 1545-0047

1441	iie or i	ane organization	CNOWN TO T	NG.			•		C 0070001
D.	irt l	Reason for Public	NGWORKS, I	NC •		-1 1 O	la a lina de la cada la cada		66-2370081
	organ	ization is not a private found		, -		•			
1	믐	A church, convention of ch				-	(1)(A)(i).		
2		A school described in sec		•		,,	****		
3		A hospital or a cooperative						:::\	the decembelle mouse
4	ш	A medical research organiz	zation operated in co	injunction with a nospita	i describe	a in <b>sect</b> io	ON 170(0)(1)(A)(I	ni). Enter	the nospital s name,
_		city, and state: An organization operated f	or the bonefit of a co	ullogo or university surpa	d ar anara	tod by a a	overpmental unit	t dosorib	ad in
5				niege or university owner	u or opera	ted by a g	overnmentar uni	( <del>uesciib</del>	ea III
		section 170(b)(1)(A)(iv). (				70/53/43/6	16.1		
6 7	X	A federal, state, or local go	-					ganaval	nublic described in
,	22	An organization that norms	*	initial part of its support i	rom a gov	ernmentai	unit or from the	general	public described in
		section 170(b)(1)(A)(vi). (C		(d)(A)(vi) (Complete De	at 11 V				
8 9	$\vdash$	A community trust describe			•	ad in coni	unction with a la	nd grant	college
9	LJ	An agricultural research or				-		-	=
		or university or a non-land- university:	grant conege or agric	andre (see instructions).	Enter the	riame, city	y, and state or th	ie college	3 OI
10		An organization that norma	ally receives: (1) more	than 22 1/20/ of its sup	nort from	oontributie	ana mambarahir	a food or	ad arase receipts from
10		activities related to its exer	• , ,	•	•		•		- '
		income and unrelated busi							
		See section 509(a)(2). (Co		(less section 5 i i tax) iii	JIII DUSINE	sses acqu	ned by the organ	ilization	alter Julie 50, 1975.
11		An organization organized		ively to test for nublic sa	fety See	section 5	09(a)(4)		
12	一	An organization organized	•	•	-			out the	purposes of one or
-		more publicly supported or	•	= =	=		-		
		lines 12a through 12d that	•						
a		Type I. A supporting orga						-	giving
		the supported organization	•		•				• •
		organization. You must o		= · · · · ·					,,
b		Type II. A supporting org	-		tion with it	s supporte	ed organization(s	s), by hav	/ing
		control or management of	•	•					_
		organization(s). You mus	st complete Part IV,	Sections A and C.	•				
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally	integrate	ed with,
		its supported organizatio	n(s) (see instructions	). You must complete i	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supporte	d organiz	zation(s)
		that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and a	n attentiv	/eness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ide the following information	about the supporte		I (iu) le the ora-	anization listed			
	{1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organic in your govern		(v) Amount of m support (see instr	-	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see insu	ructions)	support (see instructions)
					ļ				
				•		<u> </u>			
							•		
							]		
				<del></del>		_	<b></b>		
Tota		<del> </del>							

Schedule A (Form 990 or 990-EZ) 2016 CARINGWORKS, INC. 56-2370081 Page 2

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

(Complete only if ye	ou 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 unde	er the tests listed below, plea	se complete Part III.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants".) 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 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) 6 Public support. Setimate 8 from line 4 6 Public support. Setimate 8 from interest, dividends, payments received on securifies loans, rents, royalties and income from interest, dividends, payments received on securifies loans, rents, royalties and income from similar sources and sources and income from similar sources and sources are sourced to the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 through 10 21 Gross receipts from related activities, etc. (see instructions) 12 Cross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop h	Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
1 Girls, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax reverues 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's brends 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 governmental unit or publicly supported organization included and in its hat exceeds 2% of the amount stown on line 1 fast exceeds 2% of the amount stown on line 11, column (f) 4 Public support. Somewhere or other stowns and income from imiliar sources  A mounts from line 4 3 Cross income from imiliar sources 3 Net Income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assess (Explain in Part VI)  1 Total support. Add lines 7 through 10 2 Cross receipts from related activities, one of the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI)  1 Total support precipates for 2015 Schedule A, Part II, line 14  2 Public support percentage from 2015 Schedule A, Part II, line 14  2 Public support percentage from 2015 Schedule A, Part II, line 14  2 Public support percentage from 2015 Schedule A, Part II, line 14  3 3 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "fact-send-circumstances" test, the kind box and stop here. The organization of meets the "fact-send-circumstances" test, check this box on line 13, 16, 6, 177, and line 15 is 10% or more, and if the organization meets the "fact-send-circumstances" test, check this box on line 13, 16, 177, and line 15 is 10% or more, and if the organization meets the "fact-send-circumstances" test, check this box on lin	Çale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
2 Tax reverues 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 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 (%) 6 Public support. Selevation of the 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 (%) 7 Public support. Selevation of the selection of the column (%) 8 Cross income from interest, dividends, payments received on securities loans, rents, royalise and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VII) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VII) 11 Total support. Add lines 7 through 10 First five years. If the Form 1990 is for the amparization's first, second, third, fourth, or fifth tax year as a section 601(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6; column (f) divided by line 11, column (f) 14 94.87 15 Public support percentage for 2016 (line 6; column (f) divided by line 11, column (f) 15 33 1/3% support test - 2016. If the organization did not check a box on line 13 and line 14 is 33 f/3% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, the kit box on and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the kit box on and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the kit box on and stop								
ization's benefit and either paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge  4. Total. Add lines 1 through 3  5. The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6. Public support. Solvent line 6 from line 4.  7. Amounts from line 4  8. Cross income from interest, dividends, payments received on securifies loans, rents, royslines and income from unrelated business activities, whether or not the business activities, whether or not the 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 (Cipilain in Part VI).  1. Total support Add lines 7 through 10  12. Gross receipts from related activities, etc. (see instructions)  1. Total support apport apport apport activities, set (see instructions)  1. Total support apport ap		include any "unusual grants.")	2167555.	3225557.	3670041.	3959751.	5798807.	<u> 18821</u> 711.
or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge  4. Total, Add lines 1 through 3.  5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount above on line 11, column (f)  6. Public support. Subtract line 5 tromline 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7. Amounts from line 4.  8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9. Net income from unrelated business activities, whether or not the business is regularly carried on  10. Other income. Do not include gain or loss from the sale of capital assets (Splain in Part VI).  11. Total support. Add lines 7 through 10.  12. Gross receipts from related activities, etc. (see instructions)  13. First five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 5010(3) organization, check this box and stop here  5. Section C. Computation of Public Support Percentage  14. Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)  15. Public support percentage from 2015 Schedule A, Part II, line 14  16. 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17. 104 - facts-and-circumstances* test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances* test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances* test, check this box and stop here. Explain in Part VI how the	2	Tax revenues levied for the organ-						
The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Self-self-self-self-self-self-self-self-s		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Settractine from line 4 8 Public support. Settractine from line 4 9 Calendar year (or fiscal year beginning) in   (a) 2012		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subrest line 5 from line 4 6 Public support Subrest line 5 from line 4 6 Public support Subrest line 5 from line 4 6 Public support Subrest line 5 from line 4 6 Public support subrest line 5 from line 4 6 Public support subrest line 5 from line 4 6 Public support subrest seeled on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from increasted 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 12 Gross receipts from related activities, set c. (see instructions) 13 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2015 Schedule A, Part II, line 14 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, riea, or 16b, and line 14 is 19 1.12 16a 33 1/3% support test - 2016. If the organization did not check ab box on line 13, riea, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in	3	The value of services or facilities						
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subrect time 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sate (splain in Part VI) 1 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of support percentage from 2015 Schedule A, Part II, line 14 16 33 1/3% support test - 2016. If the organization did not check the box on line 13, ride, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization mests the "facts-and-circumstances' test. The organization of work, and the organization mests the "facts-and-circumstances' test. The organization qualifies as a publicly supported organization mests the "facts-and-circumstances' test. The organization did not check the box on line 13, fie, 16, or 17a, and line 14 is 10 for more, and if the organization meets the "facts-and-circumstances' test. The organization did not check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization more, and if		furnished by a governmental unit to						
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) 105,4 6 Public support. Subrestine 5 from line 4.  8 Problic support Solvestine 5 from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources and 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.  12 Gross receipts from related activities, etc. (see instructions) 12 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and atop here.  15 Public support percentage from 2016 Schedule A, Part II, line 14  16 3 3 1/3% support test - 2016. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test. The organization of part VI how the organization meets the "facts-and-circumstances" test. The organization of part of the organization of more, and if the organization meets the "facts-and-circumstances" test. The organization denotes the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not of hock the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances"		the organization without charge						
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)	4	Total. Add lines 1 through 3	2167555.	3225557.	3670041.	3 <u>9</u> 59751.	5798807.	18821711.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 105,4  6 Public support. Settract time 5 from line 4 1871.62  Section B. Total Support  7 Amounts from line 4 2167555. 3225557. 3670041. 3959751. 5798807. 188217  8 Gross income from interest, clividends, payments received on securities loans, rents, royalties and income from similar sources 318,000. 57,174. 24,005. 58,377. 457,5  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 assests (Explain in Part VI) 42,557. 17,228. 35,236. 354,709. 449,7  11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Interest (Explain in Part VI) 15 First five years. If the Form 990 is for the organization if first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 15 Public support percentage from 2015 Schedule A, Part II, line 14 16 33 1/39% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/39% or more, check this box and stop here. The organization qualifies as a publicly supported organization in east the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organiz								
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 105, 4  6 Public support. Subtractive 5 from line 4. 1871.62  Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in)  (a) 2167555. 3225557. 3670041. 3959751. 5798807. 188217  7 Amounts from line 4 2167555. 3225557. 3670041. 3959751. 5798807. 188217  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 318,000. 57,174. 24,005. 58,377. 457,5  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.) 42,557. 17,228. 35,236. 354,709. 449,7  11 Total support. Add lines 7 through 10 12 2 Gross receipts from related activities, etc. (see instructions) 12  12 Gross receipts from related activities, etc. (see instructions) 12  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 94.87  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 1		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,05,4  6 Public support. Subtract line 5 from line 4. 1871.62  Section B. Total Support  Calendar year (or liseal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or liseal year beginning in) (a) 2167555. 3225557. 3670041. 3959751. 5798807. 188217  8 Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net Income from unrelated business activities, whether or not the business is regularly carried on 10 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage  14 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this b		governmental unit or publicly						
amount shown on line 11, column (f) 105, 4 6 Public support. Subtract line 5 from line 4.  Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support Society of Society		supported organization) included				ANT WILL		
Section B. Total Support  Calendar year (or fiscal year beginning in)   A mounts from line 4  B Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (fine 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		on line 1 that exceeds 2% of the				200 TO 1		
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 (2167555 3225557 3670041 3959751 5798807 188217  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 318 ,000 57 ,174 24 ,005 58 ,377 457 ,5  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) 1 Total support Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Inst five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2015 Schedule A, Part II, line 14 15 91.12 16 31/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 31/3% support test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstanc		amount shown on line 11,			4			
Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 4  B Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from similar sources  Net income from similar sources  Net income from similar sources  Net income from similar sources  Net income from similar sources  Net income from similar sources  Net income from similar sources  Net income from similar sources  Net income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  Public support percentage from 2015 Schedule A, Part II, line 14  Public support percentage from 2015 Schedule A, Part II, line 14  Public support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  Part 10% - facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		column (f)			**************************************			105,420.
Calendar year (or fissal year beginning in)  Calendar year (or fissal year beginning in)  A mounts from line 4  2167555. 3225557. 3670041. 3959751. 5798807. 188217  A mounts from line 4  2167555. 3225557. 3670041. 3959751. 5798807. 188217  318,000. 57,174. 24,005. 58,377. 457,5  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  25 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2015 Schedule A, Part II, line 14  Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the	6	Public support. Subtract line 5 from line 4.			A,F-Q			18716291.
7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2015 Schedule A, Part II, line 14  15 91.12  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test,								
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15 b 33 1/3% support test - 2015. If the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 b 33 1/3% support test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	Cale	ndar year (or fiscal year beginning in) 🕨		(b) 2013			(e) 2016	(f) Total
dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	7	Amounts from line 4	2167555.	3225557.	3670041.	3959751.	5798807.	18821711.
securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First flive years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	8	Gross income from interest,						
and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2015 Schedule A, Part III, line 14  15 31/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this		dividends, payments received on						
9 Net income from unrelated business activities, whether or not the business is regularly carried on		securities loans, rents, royalties						_
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  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circums		and income from similar sources	318,000.	57,174.	24,005.	5 <u>8,37</u> 7.		<u>457,556.</u>
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  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	9	Net income from unrelated business						
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  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization  10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		activities, whether or not the						
or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		business is regularly carried on						
assets (Explain in Part VI.)  12 Total support. Add lines 7 through 10  23 Gross receipts from related activities, etc. (see instructions)  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization between the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	10	Other income. Do not include gain						
11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		or loss from the sale of capital						
12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  14 organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		assets (Explain in Part VI.)	42,557.	17,228	35,236.	354,709.	1	449,730.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	11	Total support. Add lines 7 through 10	Con Los					19728997.
Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	1 501(c)(3)	
Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  14 94.87  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	_	organization, check this box and stor	here					<u></u>
15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								0.4.00
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	14	Public support percentage for 2016 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))			
stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	16a							⊾   <b>₹</b> ₹
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	b							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a							
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
	b							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								,
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	i, 16b, 17a, or 17b			

# Schedule A (Form 990 or 990-EZ) 2016 CARINGWORKS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed b	elow, please com	plete Part II.)				
Se	ction A. Public Support						<u> </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					l	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished 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 bus-	1					
	iness under section 513	İ					
4	Tax revenues levied for the organ-				-	-	
•	ization's benefit and either paid to or expended on its behalf	1					
5	The value of services or facilities					-	
•	furnished by a governmental unit to	ı					
	the organization without charge	ı			i		
6	Total. Add lines 1 through 5						
	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				_		
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	<u> </u>	23 V X				
	ction B. Total Support			<del>- · ·</del>	<del>,</del>		
	ndar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				_		
12	Other income. Do not include gain or loss from the sale of capital			-			
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	s first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
	check this box and stop here						<b>)</b>
Sec	tion C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2016 (li			olumn (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	%
	Investment income percentage from 2				į.	18	%
	33 1/3% support tests - 2016. If the					3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2015. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

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

Section	A.	ΑH	Supporting	Organization	S

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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
	J. 1972	1000
1 1	P40002	
	13813	354,53
	Chinon	
	A BUNCH	ydzilki
2		
292	ASTATA CLASS	
3a	•	1
3b	, 'm , 5004	1990/1991
	apted Sylved	
<u>3c</u>	A 159 (178)	445.4V + 1.1
		200 200
4a		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
1		
4b		1
	<b>大変で</b>	C. 1887
	180 (\$	
	- 15 35 Was	2051 696 11
46		
19 33		
10.25	43.6	
	- ALCAE	Garriera Garriera
5a		13192
	1985. Ph	A-4137
5b		
5c	1,022,45	993 (St.)
	April 1985 Section	
	19.0	基均
<b>1974</b>		10.54
<b>9C</b>		
6		
	i jak	
	. Parka Nij	
7	27.7%	h 1846
8	perferences	-;1.28an-4
		160,635 174,142
	A. A. Maria	ŽŠ
9a		
	wig.	2
9b		Aca. INDISECT
	78.44	7 W W.
	A. 450 A.B.	.C. 100
9c	79.45 (\$1.34)	SERVE
. 32 CASS. 200		
10a i	ا	
10a i	48.3	
10a i		

56-2370081	Page 5

Sche	edule A (Form 990 or 990-EZ) 2016 CARINGWORKS, INC. 50	6-237008	1 P	age 5
	rt IV Supporting Organizations (continued)		<del></del>	ugo <b>o</b>
		[4:4:08]C	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1. AC		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	250 M		
	below, the governing body of a supported organization?	11a	<u> </u>	-
	A family member of a person described in (a) above?	11b	<u> </u>	₩
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	<u> </u>
Sec	ction B. Type I Supporting Organizations		T	T.:
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1 %,		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			like.
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 1		
	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		1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	
<u>Sec</u>	tion C. Type II Supporting Organizations		,	
			Yes	No
t	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		10 TO 10 TO	
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			100
	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	111 . 1		13.55
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		Z 1   1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			3 2 4 3 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc-	tions).		
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instructions).		
2	Activities Test. Answer (a) and (b) below.	7 Surregor 18	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			動意
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1000		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			10.75
	how the organization was responsive to those supported organizations, and how the organization determined	4.4		120
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1867/A

reasons for the organization's position that its supported organization(s) would have engaged in these

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

2b

3a

	edule A (Form 990 or 990-EZ) 2016 CARINGWORKS, INC.			6-2370081 Page 6
2,007,5	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	complete S	Sections A through E.	
Seci	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	į		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		Alaman)	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		_
е	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI):		<i>A</i> )	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	- 3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functiona		ted Type III supporting organ	ization (see
	. •			•

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	<u> </u>
Sect	ion D - Distributions	*	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions	-		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
-		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b		67-4	A 43	
c	From 2013		<b>V</b>	
	From 2014	6.73 No. 1	<b>4</b>	
	From 2015	M A		
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
ī	Carryover from 2011 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	1.		
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions	The Control of the		7"
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
_	Evenes from 2016			[여름 교육장의 발생하다

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 CARINGWORKS,	INC.	56-2370081 Page 8
Part VI	Supplemental Information. Provide the ex Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 line 1: Part IV. Section D, lines 2 and 3: Part IV. Sec	planations required by Part II, line 10; Part II, line 17a of 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines otion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part lines 2, 5, and 6. Also complete this part for any additions.	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
		<u> </u>	<u> </u>
		·	<u> </u>
			<u></u>
			<del></del>

56-2370081 Page 8

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2016

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
HITEHEAD FOUNDATION	500,000.	105,420
		·
	-	
		<del>-</del>
otal Excess Contributions to Schedule A, Part II, Line 5		105,420

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

	CA	RINGWORKS, INC.	56-23700 <u>81</u>			
Organization type (check one):						
Filers of	f:	Section:				
Form 99	00 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
,		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	10-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	-	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	, See instructions.			
General	Rule					
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it <b>m</b> ı	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to sertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

CAR	TNGW	ORKS	. INC.

56-2370081

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  40 MARIETTA STREET NW, 15TH FLOOR  ATLANTA, GA 30303	\$ <u>1,401,035</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GEORGIA DEPARTMENT OF COMMUNITY HEALTH 502 S. 7TH STREET CORDELE, GA 31015	\$ 1,194,308.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH TWO PEACHTREE STREET NW, 24TH FLOOR ATLANTA, GA 30303	\$916,085.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  60 EXECUTIVE PARK S.  ATLANTA, GA 30329	Total contributions  \$774,570.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JOSEPH B. WHITEHEAD FOUNDATION 191 PEACHTREE TOWER, 191 PEACHTREE STREET NE ATLANTA, GA 30303	\$500,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CITY OF ATLANTA  818 POLLARD BLV., NE, SUITE 301A  ATLANTA, GA 30315	\$131,580.	Person X Payroli

Name of organization

Employer identification number

CARINGWORKS. IN	IC	•
-----------------	----	---

56-2370081

AKING	WURKS, INC.		0-23/UU8I
Part II	Noncash Property (See instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		   \$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- 10 10 1		\$	000 000-E7 or 000-DE) /3

Employer identification number

CARING	WORKS, INC.		56-2370081
Part III	Exclusively religious, charitable, etc., contr	solumne (a) through (a) and the tello	in section 501(c)(7), (8), or (10) that total more than \$1,000 for bying line entry. For organizations
	completing Part III, enter the total of exclusively religious.  Use duplicate copies of Part III if additions	, charitable, etc., contributions of \$1,000 or al space is needed.	less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, an	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	it  Relationship of transferor to transferee
	ransisies of 3 name, avaites, and		

## **SCHEDULE D**

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 16

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number CARINGWORKS, INC. 56-2370081

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring		
	impermissible private benefit?				
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically Important land area		
	Protection of natural habitat	Preservation of a cer	tified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
а		······	i l		
b		***************************************			
C	Number of conservation easements on a certified historic stru	• • • • • • • • • • • • • • • • • • • •			
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax		
_	year >				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		Yes No		
_	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I	******			
6	Starr and volunteer flours devoted to monitoring, inspecting, i	nationing of violations, and emoleting cons	servation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year		
•	>\$	ing of violations, and officioning contest ta	ion substituting the year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1706	h)(4)(B)(i)		
•	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organizati				
	conservation easements.				
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, iine 8.			
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,		
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that describ	oes these items.			
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	olic service, provide the following amounts		
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
2	If the organization received or held works of art, historical treat		gain, provide		
	the following amounts required to be reported under SFAS 11				
а	Revenue included on Form 990, Part VIII, line 1				
h	Assets included in Form 990, Part X		<b>▶</b> \$		

Sche	edule D (Form 990) <u>2016</u> CARINGW	ORKS, INC.						56-23	70081	Page 2
Pa	rt III Organizations Maintaining C		rt, Hist	orical Tre	easures, c	r Other (	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, access	ion, and other record	is, check	k any of the	following tha	at are a sign	ificant u	se of its c	ollection i	tems
	(check all that apply):									
а	Public exhibition	(			change prog					
b	Scholarly research	•	е	Other						
C	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exemp	t purpo	se in Part	XIII.	
5	During the year, did the organization solicit of								_	
P	to be sold to raise funds rather than to be m								Yes	No_
Pa	Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa				<del>_</del>	<del></del>			<del></del>	
1a	Is the organization an agent, trustee, custod		•						٦	
	on Form 990, Part X?					•••••		L	_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	flowing t	able:						
							<b>-</b>		Amount	
c	Beginning balance						1c			
a	Additions during the year						1d			<del></del> -
е.	Distributions during the year						1e			
f O-	Ending balance  Did the organization include an amount on F						_ <u>  1f  </u>		Yes	No
	_					_		.,	_	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b>   Endowment Funds. Complete									L
	TT I I I I I I I I I I I I I I I I I I	(a) Current year		rior year	(c) Two yea			ears hack	(a) Four	years back
1a	Beginning of year balance	(a) Guirent year	(0)1	tioi yeai	(C) TWO you	iia Daok   (u	) 111100 y	CUIS DUON	(e) i oui	youra buok
b	Contributions									
0	Net investment earnings, gains, and losses									-
4	Grants or scholarships		<u> </u>							
u _	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance							·		
2	Provide the estimated percentage of the curr		e (line 1a	a. column (a)	) held as:					
- a	Board designated or quasi-endowment		%	,,	,					
	Permanent endowment									
	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse	•	ation that	t are held ar	nd administe	red for the o	organiza	tion	_	
	by:									res No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?		,,			3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990	), Part X, Iin	e 10.			
	Description of property	(a) Cost or o	ther	(b) Cost		(c) Acc	umulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	ciation	100000		
1a	Land							2.53		
b	Buildings									
	Leasehold improvements			_						
d	Equipment			6	8,423.	6	3,32	35.	5	,098.
	Other	"								
<u>Total</u>	. Add lines 1 a through 1e. (Column (d) must e	qual Form 990. Part	X. colum	n (B). line 10	Oc.)	<u></u>			5	,098.

	(1001111330) 2010	CHILINGHOLLING, I	77
Part VIII	investments.	Other Securities	

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			•
(A)			
(B)	-		
(C)	-		****
(D)			
(E)			
(F)			
(G)			
(H)	<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: (	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		·	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		The Section 1	
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line	
(a) [	Description		(b) Book value
(1)		·	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	<u> </u>		
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	<i>15.</i> )		
Part X Other Liabilities.			•
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			CANCEL AND LEVEL SHOPE CANAL
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X. col. (B) line	<b>⊾</b>	569 6 0 K (6 0 K)))))))))))))))))))))))))))))))	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2016 CARINGWORKS, INC.	_	56-2	2370081 P	age 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a			
1	Total revenue, gains, and other support per audited financial statements		1	6,059,1	<u> 28.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	4884		
C	Recoveries of prior year grants	. 2c	1		
d	Other (Describe in Part XIII.)		400	0.41 0.4	n 4
e	Add lines 2a through 2d		2e	241,80 5,817,3	24.
3	Subtract line 2e from line 1		3	5,811,3	<u> </u>
4 a	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	1 4-1			
b	Other (Describe in Part XIII.)				
c					٥
5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	***************************************	4c 5	5,817,32	24
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	=		-	
$\overline{}$	Total expenses and losses per audited financial statements		1	5,289,93	35.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-,,-	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	1		
C	Other losses	2c	1		
ď	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e	241,80	)4.
3	Subtract line 2e from line 1		3	5,048,13	31.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b		]		
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b		4c		0.
5 Doz	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	**************************************	5	5,048,13	31.
	t XIII Supplemental Information.				
	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		; Part X,	line 2; Part XI,	
iiries z	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional information.			
PAR	T X, LINE 2:				
	,	· · · · · · · · · · · · · · · · · · ·		<del>"</del>	
THE	ORGANIZATION HAS EVALUATED THE EFFECT OF	ACCOUNTING PRINC	TPLE.	g	
				<u></u>	
GEN	ERALLY ACCEPTED IN THE UNITED STATES OF AM	ERICA ("GAAP") G	UIDA	NCE ON	
		· · · · · · · · · · · · · · · · · · ·			
ACC	OUNTING FOR UNCERTAINTY IN INCOME TAXES. M	ANAGEMENT BELIEV	ES T	HAT THE	
ORG	ANIZATION CONTINUES TO SATISFY THE REQUIRE	MENT OF A TAX-EX	EMPT		
		***			
ORG	ANIZATION AND THEREFORE HAD NO UNCERTAIN I	NCOME TAX POSITI	ONS 2	AT	
DEC	EMBER 31, 2016.				
				<del></del> .	
ם גם	U VI IINE ID OMIED AD HIGHWENING.				
PAK	T XI, LINE 2D - OTHER ADJUSTMENTS:			<del></del> .	
EXC	ESS CLIENT ASSISTANCE REIMBURSEMENT NETTED	λCλTNCM			
ייארי	TOO CHIEMI WOOLDIAMCE VETMONYSEMENT MELLED	AGALIST			
EXP	ense			241,804	
				241,0V4	•

Schedule D (Form 990) 2016 CARINGWORKS, INC.  Part XIII Supplemental Information (continued)	56-2370081 Page <b>5</b>
Part XIII   Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXCESS CLIENT ASSISTANCE REIMBURSEMENT NETTED AGAINST	
EXPENSE	241,804.
	·
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	- 0.40
· · · · · · · · · · · · · · · · · · ·	
<del></del>	

### SCHEDULE I (Form 990)

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

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

Attach to Form 990.

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule I (Form 990) and its Instructions is at www.irs.gov/form990

Name of the organization Employer identification number CARINGWORKS, 56-2370081 Part | General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes □ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (g) Description of (h) Purpose of grant (if applicable) or government cash grant non-cash noncash assistance or assistance assistance 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2016)

632101 11-01-16

Schedule I (Form 990) (2016) CARINGWORKS, I	56-2370081	Page 2				
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	is. Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assis	tance
UTILITIES AND REWT/HOUSING ASSISTANCE	731	1,601,536.	0.			
			·			
	;					
Part IV Supplemental Information. Provide the Information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.		
PART I, LINE 2:						
PAYMENTS FOR RENT, SECURITY DEPOS	ITS, UTILI	TIES, ETC.	ARE MADE	ON BEHALF OF		
RECIPIENTS DIRECTLY TO THE PROVIDE						
RECIPIENTS TO RECEIVE ASSISTANCE I	ias been d	ETERMINED.	NO FURTHE.	R MONITORING		
IS DEEMED NECESSARY.	·····-					
				<u>_</u>		
1.00						

632102 11-01-16

Schedule I (Form 990) (2016)

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CARINGWORKS, INC.

Employer identification number 56-2370081

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOUSING AND SERVICES THAT FOSTER DIGNITY, SELF-SUFFICIENCY, AND WELL
BEING.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE RETURN IS PROVIDED TO THE MEMBERS OF THE GOVERNING BODY AND
THEY ARE GIVEN A DEADLINE BY WHICH TO REVIEW AND PROVIDE ANY COMMENTS WHICH
ARE ADDRESSED BEFORE IT IS SENT TO THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS OF CARINGWORKS, INC. REVIEWS PERIODICALLY THE
CONFLICT OF INTEREST DISCLOSURES AND DETERMINES WHETHER ANY ACTION IS
REQUIRED.
FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT, CHAIRMAN,
OFFICERS, AND DIRECTORS IS DETERMINED BY THE BOARD OF DIRECTORS OF
CARINGWORKS, INC., AND APPROVED BY THE TREASURER OF THE BOARD. TO ENSURE
COMPETITIVENESS, WAGES ARE COMPARED TO OTHER AFFORDABLE HOUSING
ORGANIZATIONS, BOTH FOR- AND NOT-FOR-PROFIT, OR THE LOCAL MARKET FOR
POSITIONS APPLICABLE TO A BROADER COMPETITIVE MARKET. ANNUALLY THE BOARD OF
DIRECTORS WILL REVIEW EXECUTIVE SALARIES TO ENSURE COMPETITIVENESS WITH
EXTERNAL MARKETS AND FOR INTERNAL EQUITY IN RELATION TO GENERAL EMPLOYEE
WAGES AND BENEFITS, INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE, AND THE
FINANCIAL RESOURCES OF THE ORGANIZATION.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization  CARINGWORKS, INC.	Employer identification number 56-2370081
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIA	AL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
AVAILMEDIN TO THE TOBLET OF ON ALGORITA	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING AND CONTRACTORS:	70 062
PROGRAM SERVICE EXPENSES	78,062.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	6,440.
TOTAL EXPENSES	84,502.
CONTRACTORS - BEHAVIORAL HEALTH PROGRAM:	
PROGRAM SERVICE EXPENSES	384,677.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	384,677.
CONTRACTORS - HOPE HOUSE:	
PROGRAM SERVICE EXPENSES	216,619.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	216,619.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	685,798.
FORM 990, PART XII, LINE 2C	
THERE WERE NO CHANGES IN THE ORGANIZATION'S OVERSIGHT PROCE	SS OR
SELECTION PROCESS DURING THE TAX YEAR.	
	· · · · · · · · · · · · · · · · · · ·

Schedule O (Form 990 or 990-EZ) (2016)			Page 2			
Name of the organization	CARINGWORKS, INC.			Employer identification number 56-2370081		
	W-18					
		<del></del>		<del></del>		
			_			
		·				
			<del>-</del>			
			_			
		·				
				<del></del>		
			<u>-</u>			
	•		<del>-</del>			
			_			