EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

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

2019
Open to Public Inspection

ΑF	or the	2019 calendar year, or tax year beginning and en	raing				
B C	heck if oplicable:	C Name of organization		D Employer identific	ation number		
	Address change	CARINGWORKS, INC.					
	Name change	Doing business as		56-237008	31		
\vdash	Initial return	I I ACTION CITY OF COLUMN IN THE PARTY OF TH	oom/suite	E Telephone number			
	Final return/	2785 LAWRENCEVILLE HWY 2	404-371-1				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,388,723.			
	Amende	DECATUR, GA 30033		H(a) Is this a group ret			
F	Applica tion			for subordinates?	Yes X No		
	pending	SAME AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No		
ı T	ax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a l	list. (see instructions)		
JV	Vebsite	www.caringworksinc.org		H(c) Group exemption	number >		
		organization: X Corporation Trust Association Other	L Year	of formation: 2002 M	State of legal domicile; GA		
	rt I	Summary					
	1 [Briefly describe the organization's mission or most significant activities: CARIN	GWORK	S OFFERS CHR	CONICALLY		
90]	HOMELESS CLIENTS ACCESS TO HOUSING, CASE M	IANAGE	MENT SUPPOR	Γ,		
Activities & Governance	2 (Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net ass	ets.		
Ver				3	10		
OS		Number of independent voting members of the governing body (Part VI, line 1b)		1 1	10		
9 8		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			74		
ties		Total number of volunteers (estimate if necessary)			30		
ŧΫ́		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.		
A		Net unrelated business taxable income from Form 990-T, line 39			0.		
_	D	vet difference business taxable income nonit out 555 t, into 55		Prior Year	Current Year		
		Contributions and grants (Part VIII, line 1h)		6,421,631.	7,923,893.		
9		Program service revenue (Part VIII, line 2g)		0.	458,867.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
ě			- 1	195,126.	5,963.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,616,757.	8,388,723.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,710,366.	2,392,125.		
		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)		2,759,469.	3,057,345.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	····				
άx	b			1,914,702.	2,491,706.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,384,537.	7,941,176.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		232,220.	447,547.		
		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
Net Assets or			В	1,711,090.	2,107,926.		
Sset	20	Total assets (Part X, line 16)	·····-	307,848.	403,930.		
at A	21	Total liabilities (Part X, line 26)		1,403,242.	1,703,996.		
Ä	22	Net assets or fund balances. Subtract line 21 from line 20		1,405,242.	1,700,000		
	art II	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ente and to the hest of my	knowledge and helief, it is		
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and Stateme	hae any knowledge	Allowidage and boild, in it		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	cii bi chai ci	11as any Knowledge	2020		
		Styriature of officer		Date			
Sig		CAROL S. COLLARD, PRESIDENT & CEO					
Hei	. e	Type or print name and title			 		
	_		242	0.44.20 16:47:49 Check	PTIN		
		Print/Type preparer's name Preparer's signature	Dann 292	ioni II			
Pai		AMANDA ADAMS		Self-employ	56-0574444		
	parer	Firm's name CHERRY BEKAERT LLP Firm's address 1075 PEACHTREE STREET NE, SUITE	2200	LHIII 2 EIM	55 55,1111		
Use	Only		2200	Phone no 4 N	4-209-0954		
_		ATLANTA, GA 30309		Filotie IIo. 4 0	X Yes No		
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	•••		Form 990 (2019)		

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CARINGWORKS' MISSION IS TO REDUCE HOMELESSNESS AND EMPOWER THE
	MARGINALIZED BY PROVIDING ACCESS TO HOUSING AND SERVICES THAT FOSTER
	DIGNITY, SELF-SUFFICIENCY, AND WELL-BEING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,104,376. including grants of \$ 2,392,125.) (Revenue \$ 458,867.)
	STRIVES TO REDUCE HOMELESSNESS AND EMPOWER THE MARGINALIZED BY
	PROVIDING ACCESS TO HOUSING AND SERVICES THAT FOSTER DIGNITY,
	SELF-SUFFICIENCY AND WELL-BEING. PROGRAMS INCLUDE TRANSITIONAL HOUSING,
	PERMANENT SUPPORTIVE HOUSING, RAPID REHOUSING AND BEHAVIORAL SERVICES.
	IN 2019, CARINGWORKS WORKED WITH OVER 1,000 CLIENTS AT OVER 20 SITES
	THROUGHOUT SIX COUNTIES IN THE METROPOLITAN ATLANTA AREA, WHICH WAS A
	24% INCREASE OVER 2018. DURING 2019, 93% OF OUR CLIENTS REMAINED
	STABLY HOUSED.
4b	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
4-	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)
. •	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 7,104,376.
	Form 990 (2019

Form 990 (2019) 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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		\ v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
	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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		A
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b		11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
4	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	1.4		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
٠	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12.0	Schedule D. Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	A
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	19		x
	complete Schedule G, Part III	20a		X
20a		20a	1	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	quineaux government on riait ix, column yy, interior is item test. Complete Schedule I. Farts Faho II			

56-2370081 Page 4 CARINGWORKS, INC. Form 990 (2019) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 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 X 24a Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes." complete Schedule R, Part V, line 2

	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
Pai	rt 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

X

Form 990 (2019)

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

37

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 74 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 6a any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a 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? \mathbf{x} 7a 7b b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... **7**g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ________12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b | f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

56-2370081 CARINGWORKS INC. Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 10 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 10 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? b Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website ☐ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

DECATUR

30033

GA

CHRIS HESTER - 404-371-1230

2785 LAWRENCEVILLE HWY, STE 205,

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Form	990	(2019)

INC.

CARINGWORKS, Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees,	and Independent Contractors
Chapte if Cabad	ule 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization (A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	C) itior more rson i		ne an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations
(1) COLIN EDELSTEIN	2.00					d		The second second		
CHAIR		X		X				0.	0.	0.
(2) RICHARD MACKELFRESH	2.00		Г			1		9	Maria	
VICE CHAIR		X		X		-	9/83	0.	0.	0.
(3) ALLYSON MCCARTHY	2.00		4						_	_
SECRETARY		X		X	1			0.	0.	0.
(4) COURTNEY SHOWELL	1.00		1		130					
TREASURER		X		9				0.	0.	0.
(5) NEIL CAMPBELL	1.00	1	6					_	•	
DIRECTOR	1900	X						0.	0.	0.
(6) RITA GIBSON	1.00								_	•
DIRECTOR		X	_	_		_		0.	0.	0.
(7) RAY KUNIANSKY	1.00									
DIRECTOR		X		_	_	+		0.	0.	0.
(8) TYRONE RACHAL	1.00	┨							0	0
DIRECTOR	7	X	_	_	+	_	_	0.	0.	0.
(9) AISHA TUCKER-BROWN	1.00	١						_	0.	0.
DIRECTOR	1 00	X	-	-	-	+		0.	0.	0.
(10) BETH WHITE	1.00	١.,						0.	0.	0.
DIRECTOR	40.00	X	+	⊢	+	+	-	0.	0.	0.
(11) CAROL COLLARD	40.00	4		1				159,487.	0.	11,510.
PRESIDENT	40.00	+	+	X	+	+	\vdash	133,407.	0.	11,510.
(12) SCOTT WALKER	40.00	4				x		124,197.	0.	13,633.
VICE PRESIDENT	40.00	+	+	+	+	1		3.24,131.	<u> </u>	13,033.
(13) TERENCE WILKINS	40.00	-				x		108,516.	0.	10,345.
CLINICAL DIRECTOR		+	+	╁	+	+^	-	100,510.	0.	10,515.
		+								
		+	+	+	+	+	\vdash			
	-	1								
		+	+	+	+	+				
		1								
		+	+	T	1	\top	1			
		1								
				_			_			QQQ (0040

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		า than o	one	Reportable	Reportable		Es	stimate	ed .
		hours per	box	, unle	ss pe	rson	is both or/trus	n an	compensation	compensatio			nount	of
		week (list any				T COM	17003		from the	from related organization			other pensa	tion
		hours for	direct						organization	(W-2/1099-MIS			om th	
		related	96 01	stee			nsate		(W-2/1099-MISC)	(** = 1000 ;;;;	, ,		anizat	
		organizations	trust	lal tru		ag.	adwo		,		Ī	an	d relat	ed
		below	individuai trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		line)	宣	필	₽	<u>ê</u>	E E	귤			\longrightarrow			
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					A.		79		P					
	0.14-4-1	<u></u>		.48		_			392,200.		0.	3	5,4	88.
	Subtotal Total from continuation sheets to Part V								0.		0.		J , =	0.
									392,200.		Ö.	3	5,4	
2	Total (add lines 1b and 1c) Total number of individuals (including but r							0 10		000 of reportable			<u> </u>	
~	compensation from the organization	or mined to the	030	IIGIC	Q (1)	5040	J) 1111		socieda (noio alen groo,	oco oi roportabio				3
	Compensation from the organization	10.0	Δ	7									Yes	No
3	Did the organization list any former officer	director, truste	ee. k	ev e	emp	love	e. or	hic	hest compensated emp	lovee on	1			
-	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the st													
-	and related organizations greater than \$15											4	X	
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes." con	-				_						5		X
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	lepe	nde	nt c	ontr	acto	rs ti	hat received more than \$	100,000 of comp	pensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	/ith (or wi	thir	the organization's tax y	ear.				
	(A)								(B)			(0		
	Name and business								Description of s	services	c	ompe	nsatio	n
VI	SIONS OF LIFE COUNSELIN	NG & CON	SU	LT	IN	G						100000	120 1200	
	4 CHAPMAN STREET, JONES								THERAPY AND			13	9,2	<u>57.</u>
	E INSTITUTE FOR MIND W								PSYCHIATRIC	SERVICES				
HIG	GHLAND AVE NE, SUITE 23	30-540,	AΤ	LA	NT	Α,						11	0,4	<u>95.</u>
	-w													
								_						
2	Total number of independent contractors (i		ot lir	nite	d to		_	ted	apove) who received m	ore tnan				
	\$100,000 of compensation from the organi	zation				-	2							

Form 990 (2019) CARINGW
Part VIII Statement of Revenue

			Check if Schedule O contains	a response	or note to any lin		(D)	(C)	(D)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	a	Federated campaigns	1a					
ant			Membership dues						
9			Fundraising events						
ifts Ir A			Related organizations 1d						
S, #			Government grants (contributions)	-	755,346.				
Sig			All other contributions, gifts, grants, an						
ber			similar amounts not included above	I I I I I I I I I I I I I I I I I I I	168,547.				
Ē			Noncash contributions Included in lines 1a-1f	1g \$					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f			7,923,893.			
					Business Code				
ایو	2		CLIENT RENTAL FEE:		531110	352,325.			
ž.			THERAPY, HEALTH &		900099	96,102.			
SE		Ç	AFFILIATE MGMT FEES		900099	10,440.	10,440.		
am		d				Avil			
Program Service Revenue		е							
4		f	All other program service revenue	,		450.065			
_			Total. Add lines 2a-2f			458,867.			
	3		Investment income (including divid						
	other similar amounts)						7		
	4		Income from investment of tax-exe	mpt bond i	proceeds	-/-			
	5		Royalties	(i) Real	(ii) Personal				
			. l. H	1,200	<u> </u>				
	6	a		0.					
		b	Less: rental expenses 6b Rental income or (loss) 6c	1,200					
			Rental income or (loss) 6c Net rental income or (loss)	1,200		1,200.			1,200.
	-			Securities	(ii) Other				
	•	а	assets other than inventory 7a	A	(7				
			Less: cost or other basis		7 4				
اه		U	and sales expenses 7b						
ᇗ			Gain or (loss) 7c		7				
her Revenue			Net gain or (loss)		>				
<u></u>	8		Gross income from fundraising events	100.00					
퉏	_		including \$	of					
			contributions reported on line 1c).	See					
			Part IV, line 18	8	а				
			Less: direct expenses	8	b				
			Net income or (loss) from fundrais		>				
	9	a	Gross income from gaming activiti						
			Part IV, line 19						
			Less: direct expenses		b				
			Net income or (loss) from gaming						
	10	а	Gross sales of inventory, less retu						
			and allowances						
			Less: cost of goods sold						
_		С	Net income or (loss) from sales of	niventory	Business Code				
S	4.4	_							
e e	111	a							
lar		b							
Miscellaneous Revenue		_	All other revenue		900099	4,763.			4,763.
Σ			Total. Add lines 11a-11d			4,763.			
	12		Total revenue. See instructions		_	8,388,723		0.	
									Form 990 (2019)

Form 990 (2019) CARINGWORKS, INC.
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			plete column (A).	TT
	Check if Schedule O contains a respon		his Part IX	(0)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	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	2,392,125.	2,392,125.		
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,	450 005	142 405	20 220	7,282.
	trustees, and key employees	170,997.	143,495.	20,220.	1,202.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			A	
	persons described in section 4958(c)(3)(B)	0.000.000	1 010 045	269,273.	96,982.
7	Other salaries and wages	2,277,200.	1,910,945.	209,213.	30,302.
8	Pension plan accruals and contributions (include	12 100	11 067	1,559.	562.
	section 401(k) and 403(b) employer contributions)	13,188.	11,067. 327,819.	66,173.	16,415.
9	Other employee benefits	410,407.	155,710.	21,941.	7,902.
10	Payroll taxes	185,553.	155,710.	21,341.	1,302.
11	Fees for services (nonemployees):				
а	Management		ACCO TOWNS		
b	Legal	46 424	38,501.	5,829.	2,094.
C	Accounting	46,424.	30,301.	3,023.	2,0541
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	47.3			
f	Investment management fees	- 10 Th			
g	Other. (If line 11g amount exceeds 10% of line 25,	1,565,108.	1,489,782.	60,835.	14,491.
	column (A) amount, list line 11g expenses on Sch 0.)	8,247.	526.	2,323.	5,398.
12	Advertising and promotion	132,617.	61,023.	68,796.	2,798.
13	Office expenses	27,612.	16,410.	10,554.	648.
14	Information technology	21,012.	10,410.	10,3311	0101
15	Royalties	168,690.	110,852.	57,838.	
16	Occupancy	38,498.	26,409.	9,484.	2,605.
17	Travel	30,490.	20, 403.	3/1010	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	428.	428.		
22	Depreciation, depletion, and amortization	78,476.	120.	78,476.	
23	Other expenses. Itemize expenses not covered	10/4/01			
24	above (List miscellaneous expenses on line 24e, if line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PROGRAM SUPPLIES	416,516.	416,516.		
a	TAXES & LICENSES	3,807.	2,650.	1,147.	10.
a	TAMES & BICHMOED	3,007.	_,		
C					
d	All other expenses	5,283.	118.	5,165.	
9 25	Total functional expenses. Add lines 1 through 24e	7,941,176.	7,104,376.	679,613.	157,187.
<u>25</u> 26	Joint costs. Complete this line only if the organization		, ,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				
_	11 Ioliowing dor 30-2 (Add 300-720)				Form 990 (2019)

Form 990 (2019)
Part X | Balance Shee

Par	tX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	802,282.	1	891,384.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	730,901.	3	1,086,544.
	4	Accounts receivable, net	89,028.	4	57,185.
	5	Loans and other receivables from any current or former officer, director,			
	_	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
_{so}	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	88,879.	9	47,570.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 95, 293.			
	b	Less: accumulated depreciation 10b 70,050.	0.	10c	25,243.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,711,090.	16	2,107,926.
	17	Accounts payable and accrued expenses	307,848.	17	377,021.
	18	Grants payable		18	
	19	Deferred revenue		19	26,909.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ø	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
夏		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	i	of Schedule D	207 040	25	403,930.
	26	Total liabilities. Add lines 17 through 25	307,848.	26	403,930.
		Organizations that follow FASB ASC 958, check here			
Ces		and complete lines 27, 28, 32, and 33.	1 267 570		1,703,996.
lan	27	Net assets without donor restrictions	1,367,578.	27	1,703,990.
Ba	28	Net assets with donor restrictions	33,004.	28	0.
Ę		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.		00	
S S	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1,403,242.	31	1,703,996.
Ne	32	Total net assets or fund balances	1,711,090.	32	2,107,926.
	33	Total liabilities and net assets/fund balances	1,111,090.	33	Form 990 (2019)

	990 (2019) CARINGWORKS, INC.	56-	<u>-2370081</u>	Pa	_{ge} 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,388		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,94		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>47.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,40	3,2	<u>42.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	_		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-14	5 <u>,7</u>	<u>93.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	
	column (B))	10	1,70	3 <u>,9</u>	96.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit	v	

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2019)

or audits, explain why on 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

1011			NGWORKS, IN	IC.				5	6-2370081
Pa	rt I	Reason for Public C			nolete this	part.) See	e instructions	_	
		zation is not a private founda							
	organi	A church, convention of chu	uchos or accociation	of churches described	n section	170(h)(1)	YAYI).		
1	片	A school described in section					No -91-7-		
2	\vdash	A hospital or a cooperative					١		
3	片	A nospital or a cooperative r	tion energical in con	impotion with a bospital (taccrihad i	n section	ን • 17በ/ከነ/17ል	(iii). Enter	the hospital's name.
4			mon operated in con	junction with a nospital C	2636(1664)	1. 300401	, ,, ,,,,,,,	(III)	,
	_	city, and state: An organization operated for	-the benefit of a call	laga or university owned	or operate	d by a go	vernmental u	nit describe	d in
5	ш			ege or university owned	or operate	d by a go	rollillo italia	111 00001120	
		section 170(b)(1)(A)(iv). (C		و والمواليو وواد الاستان و الم	i 47	MLV4VAV			
6		A federal, state, or local gov	ernment or governm	ental unit described in s	ection 17	yanji jaju Hataomer	VJ. unit or from th	o general r	while described in
7	X	An organization that normal		itial part of its support in	ım a govei	mmentart	IFILE OF ITOSTI U	ie general p	Judic described in
		section 170(b)(1)(A)(vi). (Co			пХ				
8	Н	A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	11.)	d in contra	nation with a	land-grant	college
9		An agricultural research orga	anization described i	n section 1/U(b)(1)(A)(i)	k) operate	a in conju	and state of	the college	or
		or university or a non-land-g	rant college of agricu	inture (see instructions).	inter th e n	ame, city,	and state of	line conege	OI .
		university:		U 00 4 (00) 1 11	- 1 6	4_16416		sin food on	d gross receipts from
10		An organization that normal	ly receives: (1) more	than 33 1/3% of its supp	ort from C		33 1/30/ of it	iip iees, air	rom gross receipts from
		activities related to its exem	pt functions - subjec	t to certain exceptions, a	ina (2) no i	more man	ad by the er	s support i	for June 30 1975
		income and unrelated busin		(less section 511 tax) from	n busines:	ses acquir	ed by the ort	janizauon a	iter Julie 50, 1975.
		See section 509(a)(2). (Con			.t. C	EO	0(=)(4)		
11	\vdash	An organization organized a	and operated exclusi	vely to test for public sati	ety. See s	ection ou	13(8)(4).	rn cout tha	nurnases of one or
12		An organization organized a	and operated exclusi	vely for the benefit of, to	penorm u	e miction	Coo anation	EUD(*)(3) (theck the hov in
		more publicly supported org	ganizations describe	d in section 509(a)(1) of	section	ovetajiza	12a 12f and	12a	MICCR THE BOX 111
	_	lines 12a through 12d that o	describes the type of	supporting organization	and comp	neted ora	nization(e) t	ricy. unically by i	alvina
E	· L	Type I. A supporting orga	inization operated, si	upervised, or controlled t	y its supp	fatha diras	tore or trueto	oe of the si	ipporting
		the supported organization			majority o	i trie airec	tors or truste	es or the st	ipporting
		organization. You must c	omplete Part IV, Se	ctions A and B.	مرابا الماليان المراب		d organizatio	n/e) by bay	ina
k	·	Type II. A supporting orga	anization supervised	or controlled in connect	On Willia	s supporte	troi or mana	ao tho cunt	norted
		control or management of			me persor	is that coi	ILIOI OI IIIAIIA	ge u le sup	Jortea
	_	organization(s). You mus	t complete Part IV,	Sections A and G.	n.c.	ion with a	nd functions	lly integrate	ad with
•		Type III functionally inte						ny macgiaic	,
	_	its supported organization	n(s) (see instructions)). You must complete F	art IV, Se	cuons A,	ith its suppo	rted organi:	zation(s)
•	d <u>L</u>	Type III non-functionally	Integrated. A supp	orting organization oper	ateu in coi atra distri	hution rec	uirement and	l an attentiv	eness
		that is not functionally int						an auenu	(C) (C) (C)
	_	requirement (see instructi	ions). You must con	npiete Part IV, Sections	A and D,	and rart	Tuno I Tuno	II. Type III	
1	e	Check this box if the orga					турет, туре	ii, type iii	
		functionally integrated, or		nally integrated supporti	iy oryaniza	ation.			
		er the number of supported o		d ergenization(s)					
!		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o		(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see	nstructions)	support (see instructions)
_		***	-	above (see instruction)	-		-		
_									
_									1
_		· · · · · · · · · · · · · · · · · · ·	s						
									ļ
_		·							
To	tal	<u></u>					L	_	

Schedule A (Form 990 or 990-EZ) 2019 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 you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3959751.	5798807.	6001161.	6421631.	7923893.	30105243.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					-	
_	furnished by a governmental unit to					:	
	the organization without charge						
4	Total. Add lines 1 through 3	3959751.	5798807.	6001161.	6421631.	7923893.	30105243.
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,						
	h (6)						
	Public support. Subtract line 5 from line 4.						30105243.
	ction B. Total Support						501032131
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		3959751.	5798807.	6001161.	6421631.		30105243.
_	Amounts from line 4	33337318	37300076	0001101.	0421031.	73230331	301032131
8	Gross income from interest,						
	dividends, payments received on		.40				
	securities loans, rents, royalties,	E0 277				1,200.	59,577.
	and income from similar sources	58,377.	100			1,200.	33,311.
9	Net income from unrelated business		Brown St.				
	activities, whether or not the					-	
	business is regularly carried on			-			
10	Other income. Do not include gain	4.79					
	or loss from the sale of capital	254 500	40 545	450 040	105 106	4 762	750 104
	assets (Explain in Part VI.)	354,709.	18,517.	179,019.	195,126.	4,/63.	752,134.
11							30916954.
12	Gross receipts from related activities,					12	458,867.
13	First five years. If the Form 990 is for						
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				00.00
	Public support percentage for 2019 (li		•			14	97.37 %
	Public support percentage from 2018					15	96.76 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	i <mark>ere.</mark> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ				-		▶□
18	Private foundation. If the organizatio						
					· · · · · · · · · · · · · · · · · · ·	dule A (Earm 900	

Schedule A (Form 990 or 990-EZ) 2019 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 below, please complete Part II.)

Section A. F	Public Support	ion, prodes sump					
	r fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, gran	ts, contributions, and hip fees received. (Do not y "unusual grants.")						
merchand formed, or any activit	eipts from admissions, ise sold or services per- facilities furnished in y that is related to the on's tax-exempt purpose						
are not an	eipts from activities that unrelated trade or bus- er section 513						
4 Tax reveni	ues levied for the organ- enefit and either paid to led on its behalf						
5 The value furnished	of services or facilities by a governmental unit to ization without charge						
6 Total. Add	d lines 1 through 5						
	included on lines 1, 2, and I I from disqualified persons						
b Amounts incl from other the exceed the g	uded on lines 2 and 3 received an disqualified persons that reater of \$5,000 or 1% of the ne 13 for the year		:				
	7a and 7b		A A				
	pport. (Subtract line 7c from line 6.) Total Support		A. 12				
Calendar vear (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	from line 6						
dividends securities	ome from interest, , payments received on loans, rents, royalties, ne from similar sources						
	business taxable income on 511 taxes) from businesses						
•	fter June 30, 1975	100					
-	10a and 10b	4					
11 Net incor activities whether	ne from unrelated business not included in line 10b, or not the business is carried on						
12 Other inc	ome. Do not include gain om the sale of capital xplain in Part VI.)						
13 Total supr	Inrt. (Add lines 9, 10c, 11, and 12,)		<u>!</u>		770		
14 First five	years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	ation,
check thi	s box and stop here			<u></u>			
Section C.	Computation of Publi	c Support Pe	rcentage	1 (0)		15	
	pport percentage for 2019 (l					16	%
16 Public st	pport percentage from 2018	Schedule A, Par					
	Computation of Inves			line 12 column ff	<u> </u>	17	%
17 Investme	nt income percentage for 20	019 (line 10c, coll	ımn (t), aividea by	line 13, column (i	"		%
18 Investme	ent income percentage from	ZU18 Schedule A	not check the bey	on line 14 and li	ne 15 is more than		
19a 33 1/3%	support tests - 2019. If the	organization did	not check the box	lifiae ae a publich	supported organia	ration	▶□
more tha	n 33 1/3%, check this box as support tests - 2018. If the	nu stop nere. IN	not check a boy o	nice as a publicly n line 14 or line 1	9a. and line 16 is m	ore than 33 1/3%.	and
b 33 1/3%	support tests - 2018. If the not more than 33 1/3%, che	organization did ack this boy and :	ston here. The ora	anization qualifie	s as a publicly supr	orted organization	▶ □
ine 18 is	oundation. If the organization	on did not check	a box on line 14. 19	9a, or 19b, check	this box and see in	structions	▶ □
LU FIIVALE	WHITE MENDER IN MITO OF YOUR PERSON						

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sect	ion A. All Supporting Organizations			A1 =
			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) helow	3a		
h	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			
	experiention made the determination	3b		
_	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.	3c		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If			
40	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
U	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.	4b	_	
	Did the organization support any foreign supported organization that does not have an IRS determination			
G	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)			
		4c		
F-	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? if "Yes,"			
ра	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;			
	numbers of the supported organizations added, substituted, or followers of the supported organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5а		
	Type I or Type II only. Was any added or substituted supported organization part of a class already			
D	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
6	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			
		6		
	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
7	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
_	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8		8		
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more			
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
		9a		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
1) Did one or more disqualified persons (as defined in fine say floid a solution in Part VI.	9b		
	the supporting organization had an interest? If "Yes," provide detail in Part VI. 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.	9с		
	from, assets in which the supporting organization also had an interest in res, provide detail in the supporting organization associated an interest in res, provide detail in the supporting organization associated and a supporting organization associated and a supporting organization associated and a supporting organization associated an interest in res, provide detail in the supporting organization associated an interest in res, provide detail in the supporting organization associated an interest in res, provide detail in the supporting organization associated and interest in research as the supporting organization associated and interest in research as the supporting organization associated as the supporting organization as the suppo			
10:	Was the organization subject to the excess business holdings fales of section 4546 because of section 4546 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		10a	1	
	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.)

10b

3<u>a</u>

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

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

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

0.1	dule A (Form 990 or 990-EZ) 2019 CARINGWORKS, INC.			56-2370081 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	ov. 20, 1970 (explain	in Part VI). See instructions. A
•	other Type III non-functionally integrated supporting organizations must con	nplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
-8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	1 180	
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		

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-functionally integrated Type III supporting organization (see instructions).

5

6

7

8

1

Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2019

Current Year

5

7

Multiply line 5 by .035.

Section C - Distributable Amount

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

	OF THOUSANDED	TNO	5.	6-2370081 Page 7
Sche	dule A (Form 990 or 990 EZ) 2019 CARINGWORKS, Type III Non-Functionally Integrated 509(a)(3) Supporting Orga		0-2370001 Fage7
		alial anbbouning orga	(Continued)	Current Year
	on D - Distributions			Quitent real
	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes or supported		
	organizations, in excess of income from activity	- of a second againstions		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	
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.			
	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 2019 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by line 9 amount	m	<i>(</i> :1)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
ь	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	The state of the s			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	16. Y		
4	Distributions for 2019 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
3	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2020. Add lines 3j			
,				
	and 4c.			
8	Breakdown of line 7: Excess from 2015			
_				
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	Form 990 or 990-EZ) 2019 CARINGWORKS, INC.	56-2370081	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section Section B. line 1e; Par	
		-	
			<u></u>
		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
			<u>.</u>
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	<u> </u>		

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

C	ARINGWORKS, INC.	56-2370081				
Organization type (check o	one):					
Filers of:	Section:					
Form 990 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 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization Note: Only a section 501(is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.				
General Rule						
For an organization	on filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions tota by one contributor. Complete Parts I and II. See instructions for determining a contribut	ling \$5,000 or more (in money or tor's total contributions.				
Special Rules						
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 10 tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the ar IZ, line 1. Complete Parts I and II.	Sa, or 16b, and that received from				
year, total contril	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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF), ts Form 990-PF, Part I, line 2, to				

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

Name of organization

Employer identification number

CARINGWORKS, INC.

56-2370081

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 40 MARIETTA STREET NW, 15TH FLOOR ATLANTA, GA 30303	\$ <u>1,655,830.</u>	Person X Payroll
(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	\$ <u>2,985,308</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
3	GEORGIA DEPARTMENT OF HOUSING AND FINANCE AUTHORITY 60 EXECUTIVE PARK S. ATLANTA, GA 30329	\$1,053,536.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 4	Name, address, and ZIP + 4 CITY OF ATLANTA 818 POLLARD BLV., NE, SUITE 301A ATLANTA, GA 30315	\$305,651.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and Air T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CARINGWORKS, INC.

56-2370081

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

CARINGWORKS,	INC.		
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56-2370081

Part III	5 Complete columns (a) through (a) and the following line ent	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)
(a) Na	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			
-		(e) Transfer of gift	
		(0) 174110101 01 9111	•
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Ful pose of girt	(0) 000 01 g.11	(1)
-		(a) Turnetsu of with	
		(e) Transfer of gift	
	Transferee's name, address, a	nd 7ID + 4	Relationship of transferor to transferee
H	Transferee's flame, address, a	III ZIF T T	Troid do not in a de la constante de la consta
1			
(a) No.	41.5	(a) Han of with	(d) Description of how gift is held
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of flow gift is field
-			
		(e) Transfer of gif	t
	Transferee's name, address, a	and 7ID + 4	Relationship of transferor to transferee
H	(ransieree's name, address, a	Ind ZIF + 4	netationship of authore of the authority
	-		
(a) No. from			(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now girt is need
		(e) Transfer of gif	t
	TOTAL SEC. AND SEC.		Balakian da kanadana ta tanadana
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
- 1			
1	<u> </u>	1	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CARINGWORKS INC. **Employer identification number** 56-2370081

	CARINGWORKS, INC.	Funda or Other Similar Funds	or Accounts. Complete if the
Parl	I Organizations Maintaining Donor Advised	Funds of Other Similar Funds	Of Accounts: Complete in the
-	organization answered "Yes" on Form 990, Part IV, line 6	3	(b) Funds and other accounts
		(a) Donor advised funds	(b) Fullus and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
	A warmente velue at and of year		
_	not the amendmention inform all denote and denot advisors in Wr	iting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex	clusive legal control?	
	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant lunds can be	dsed only
•	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	contening
	to the state to be a self-to		
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
•	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
2	day of the tay year		Hold at the Life of the
_	Total number of conservation easements		
a	Total acreage restricted by conservation easements		
D	Number of conservation easements on a certified historic structure.	cture included in (a)	
C.	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struc	ture
d	u . 11 de - National Degistor		20
_	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	ne organization during the tax
3	_		
	year ►	ement is located	_
4	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	
5	the concentration agreements it	holds?	
	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation easements during the year
6	Staff and volunteer nours devoted to morntoning, inspecting,		
_	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in morntoning, inspecting, trans-	, ,	
	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?		Yes No
	in Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement and
9	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial state	ments that describes the
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
	With a examination elected, as permitted under FASB ASC 95	3, not to report in its revenue statemen	t and balance sheet works
15	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	ica provide in Part XIII the text of the footnote to its finan	icial statements that describes these it	erns.
	15 the agreemination elected, as permitted under FASB ASC 95	8, to report in its revenue statement an	d balance sheet works or
K	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	urtherance of public service,
	provide the following amounts relating to these items:	,	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			> \$
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treations.	asures, or other similar assets for finan	cial gain, provide
2	If the organization received or held works of art, historical de- the following amounts required to be reported under FASB A	SC 958 relating to these items:	
	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1		\$
;	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		Schodule D (Form 990) 2019

Sche		INGWORKS, INC.				<u>370081</u>	
Par	rt III Organizations Maintai						∌ d)
3	Using the organization's acquisition,	accession, and other record	s, check any of the	following that make	significant use of its	3	
	collection items (check all that apply)	:					
а	Public exhibition	d	Loan or exc	change program			
þ	Scholarly research	e	Other				
c	Preservation for future generat	ions					
4	Provide a description of the organiza	tion's collections and explair	n how they further t	he organization's ex	empt purpose in Pai	rt XIII.	
5	During the year, did the organization				_		
	to be sold to raise funds rather than					Yes	No_
Par	rt IV Escrow and Custodial	-	ete if the organization	on answered "Yes" o	on Form 990, Part IV	, line 9, or	
	reported an amount on Form		·				
1a	Is the organization an agent, trustee,	custodian or other intermed	iary for contribution	ns or other assets no	t included		
	on Form 990, Part X?				L	Yes	No
b	If "Yes," explain the arrangement in I	Part XIII and complete the fol	lowing table:				
						Amount	
¢	Beginning balance	,			1c		
d	Additions during the year	*******			1d		
е	Distributions during the year			,	1e		
f	Ending balance						
2a	Did the organization include an amou	unt on Form 990, Part X, line	21, for escrow or c	ustodial account liab	oility?	Yes	∐_ No
b	If "Yes," explain the arrangement in I						<u> </u>
Par	rt V Endowment Funds. Co	mplete if the organization an	swered "Yes" on F				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	k (e) Four ye	ars back
1a	Beginning of year balance						
þ	Contributions						
C	Net investment earnings, gains, and	losses					
d	Grants or scholarships		30. 2	<u>.</u>			
е	Other expenditures for facilities		A STATE OF THE STA				
	and programs						
f	Administrative expenses						
g			in.				
2	Provide the estimated percentage of	the current year end balance	e (line 1g, column (a	a)) held as:			
а	Board designated or quasi-endowme	ent 🕨	_%				
b	Permanent endowment	%					
C		%					
	The percentages on lines 2a, 2b, and	2c should equal 100%.					
3a	Are there endowment funds not in the	e possession of the organiza	ation that are held a	ınd administered for	the organization		
	by:						es No
	(i) Unrelated organizations			,,	******		\dashv
	(ii) Related organizations						-
b	If "Yes" on line 3a(ii), are the related	-				3b	
4	Describe in Part XIII the intended use		wment funds				
rai	rt VI Land, Buildings, and E	• •		D E 200 D	V E 10		
	Complete if the organization					1.0 Ps 1	
	Description of property	(a) Cost or o			Accumulated	(d) Book	/alue
		basis (investr	nent) basis	s (other)	depreciation		
1a	Land						
b	•						
C	Leasehold improvements				E1 170	10	442
d				59,622.	51,179.		<u>,443.</u>
	Other			25,671.	18,871.		,800. ,243.
Total	Add lines 1a through 1e /Column /c	0 must squal Form 000 Part	Y column (R) line	10c)		43	, 440.

Schedule D (Form 990) 2019

(1) Federal income taxes (2)(3)(4)(5)(6) (7)

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

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

(8)

Schedule D (Form 990) 2019	CARINGWORKS,	INC.
Scriedule D (Form 990) 2019	CULTIQUOTIED !	TT40

Sche	dule D (Form 990) 2019 CARINGWORKS, INC.			56-2	370081 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statement	ts With I	Revenue per Re	turn.	• • •
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-			0 200 722
1		*************		1	8,388,723.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ہم ا			
a	Net unrealized gains (losses) on investments Donated services and use of facilities				
b	Recoveries of prior year grants				
c d	Other (Describe in Part XIII.)	1 1			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,388,723.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,388,723.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	eturn	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	8,087,969.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		40.0		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	11000			
C	Other losses	2c			
d	Other (Describe in Part XIII.)		146,793.		
е	Add lines 2a through 2d			2e	146,793.
3	Subtract line 2e from line 1			3	7,941,176.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5				5	7,941,176.
_	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b	and 2b; Part V, line 4	Part X	, lìne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inforn	nation.		
			-		
PA	T X, LINE 2:				
	ODGANIZATION IS EVENDE EDON INCOME MAVES I	מוום מווי	NO MO CECO	TANT	E01/3\ 3C
1 H I	ORGANIZATION IS EXEMPT FROM INCOME TAXES I	ORSUF	MT TO SECT	TON	DUI(A) AD
ORO	ANIZATIONS DEFINED IN SECTION 501(C)(3) OF	THE I	NTERNAL RE	VENU	E CODE OF
198	6, AS AMENDED. ACCORDINGLY, NO PROVISION FO	R FEI	ERAL INCOM	E TA	XES HAS
BEI	N MADE. THE ORGANIZATION HAS EVALUATED THE	EFFEC	T OF GAAP	GUIL	ANCE ON
AC(COUNTING FOR UNCERTAINTY IN INCOME TAXES. MA	NAGEN	MENT BELIEV	ES I	HAT THE
ORC	ANIZATION CONTINUES TO SATISFY THE REQUIREM	MENT C	F A TAX-EX	EMPT	1
OD (ANIZATION AND, THEREFORE, HAD NO UNCERTAIN	TNCON	ም ጥል¥ DOST	ͲΤ Ω Ν	іс ат
ORC	ANIZATION AND, IMEREFORE, MAD NO UNCERTAIN	INCOL	IE IAK POSI	1101	ID AI
DEC	EMBER 31, 2019.				

PAI	T XII, LINE 2D - OTHER ADJUSTMENTS:		···		

BAD DEBT EXPENSE

Schedule D (Form 990) 2019	CARINGWORKS,	INC.		56- <u>23</u> 70081	Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Information	rmation _(continued)	2			
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public 2019 OMB No. 1545-0047 Inspection

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

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

Employer identification number 56-2370081 X Yes 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed INC Part I General Information on Grants and Assistance criteria used to award the grants or assistance? CARINGWORKS, Name of the organization

2

(h) Purpose of grant or assistance (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table (p) EIN 1 (a) Name and address of organization or government

Schedule I (Form 990) (2019)

56-2370081 CARINGWORKS, INC.

Schedule I (Form 990) (2019)

Part III

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) RECIPIENTS TO RECEIVE ASSISTANCE HAS BEEN DETERMINED. NO FURTHER MONITORING ETC. ARE MADE ON BEHALF OF Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. RECIPIENTS DIRECTLY TO THE PROVIDERS AFTER THE ELIGIBILITY OF SUCH 0 ö (d) Amount of non-cash assistance 2,189,914. 202,211. (c) Amount of cash grant UTILITIES, 982 (b) Number of recipients 46 SECURITY DEPOSITS, (a) Type of grant or assistance UTILITIES AND RENT/HOUSING ASSISTANCE IS DEEMED NECESSARY. PAYMENTS FOR RENT, LINE 2: CLIENT ASSISTANCE PART I,

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CARINGWORKS, INC.

Employer identification number 56-2370081

P	art I Questions Regarding Compensation	7000		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			77
а	The organization?	5a		<u>X</u>
D	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of: The organization?			
		6a	\rightarrow	X
D	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

CARINGWORKS, INC.

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

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

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

	Г	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(l)(a)	in column (b) reported as deferred on prior Form 990
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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.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CARINGWORKS, INC.

Employer identification number 56-2370081

Name of the organization CARINGWORKS, INC.	Employer identification number 56-2370081
AVAILABLE TO THE PUBLIC UPON REQUEST.	1 33 23,0002
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTORS - INTERPRETERS:	
PROGRAM SERVICE EXPENSES	105,836.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	105,836.
CONTRACTORS - MEDICAL:	<u> </u>
PROGRAM SERVICE EXPENSES	148,045.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	148,045.
CONSULTING EXPENSE:	
PROGRAM SERVICE EXPENSES	47,593.
MANAGEMENT AND GENERAL EXPENSES	14,884.
FUNDRAISING EXPENSES	9,490.
TOTAL EXPENSES	71,967.
CONTACTORS- SOCIAL ENTERPRISE :	
PROGRAM SERVICE EXPENSES	18,598.
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,598.
HR CONSULTANT :	
332212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2
CARINGWORKS, INC.	Employer identification number 56-2370081
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	13,800.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,800.
PAYROLL FEES :	
PROGRAM SERVICE EXPENSES	6,921.
MANAGEMENT AND GENERAL EXPENSES	1,048.
FUNDRAISING EXPENSES	376.
TOTAL EXPENSES	8,345.
BEHAVIORAL HEALTH CONTRACT SERVICES :	
PROGRAM SERVICE EXPENSES	1,162,789.
MANAGEMENT AND GENERAL EXPENSES	31,103.
FUNDRAISING EXPENSES	4,625.
TOTAL EXPENSES	1,198,517.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,565,108.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT EXPENSE	-146,793.
	<u> </u>

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2019

OMB No. 1545-0047

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

INC.

CARINGWORKS,

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number

56-2370081

(g) Section 512(b)(13) ٩ × controlled Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. ε Direct controlling End-of-year assets **@** status (if section Public charity 501(c)(3)) Total income Exempt Code **©** section Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) TEXAS TREATMENT AND TRANSITIONAL Primary activity Primary activity HOUSING SERVICES TO PROVIDE ADDICTION PROGRESSIVE HOPE HOUSE, INC. - 58-2658989 Name, address, and EIN (if applicable) Name, address, and EIN of related organization 2785 LAWRENCEVILLE HWY, STE 205 of disregarded entity DECATUR, GA 30033 Part Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

Page 2

56-2370081

INC.

CARINGWORKS, Schedule R (Form 990) 2019 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

General or Percentage managing ownership partner?				Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(h) section Section (i) Section (ii) Ownership controlled entity?			Schedule R (Form 990) 2019
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				4, because it had c	(g) Share of Perend-of-year ow			Scheduk
Usproportionate allocations?				rt IV, line 3-				
(g) Share of end-of-year assets				ırm 990, Pa	(f) Share of total income		-	
	W	7	0	ed "Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income				on answer				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				he organizati	(d) Direct controlling entity			
				omplete if 1	(c) Legal domicile (state or foreign country)			
(d) Direct controlling entity				on or Trust.	(b) Primary activity			
(C) Legal domicile (state or foreign country)	П			is a Corpo ig the tax y	Prim			
(b) Primary activity				anizations Taxable a poration or trust durin	Z -			
(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			332162 09-10-19

Schedule R (Form 990) 2019 CARINGWORKS, INC.

56-2370081 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	8
1 During the tax year, did the organization engage in any of the following transactions with one	or more related organiza	transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (t) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			4		×
b Giff, grant, or capital contribution to related organization(s)			1b		×
c Gift, grant, or capital contribution from related organization(s)			2		×
d Loans or loan guarantees to or for related organization(s)			P		×
 Loans or loan guarantees by related organization(s) 			9		×
f Dividends from related organization(s)			#		×
g Sale of assets to related organization(s)			19		×
h Purchase of assets from related organization(s)			=		×
i Exchange of assets with related organization(s)			=		×
j Lease of facilities, equipment, or other assets to related organization(s)			÷		×
			¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)			두		×
			Ę		×
 Sharing of paid employees with related organization(s) 			10	1	×
			4	1	×
q Reimbursement paid by related organization(s) for expenses			19	1	×
			+		×
s Other transfer of cash or property from related organization(s)			18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	omplete this line, includir	ng covered relationships and transaction thresholds.			
(a) (b) Name of related organization Transactio type (a·s)	(b) (c) (c) Transaction Amount involved type (a·s)	(d) nvolved Method of determining amount involved	volved		
(1)					
(2)					
(4)					
(5)					1
(9)					
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership					
(i) eneral c nanaging partner?					
(h)					
(h) Jisproportionate Jocations					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) 0193.? Yes No	N ₂				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)			2 +		
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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