CaringWorks, Inc.

Public Inspection Copy
For the Year Ended
December 31, 2022

TAX RETURNS



CARINGWORKS, INC. INSTRUCTIONS FOR FILING FORM 8879-TE

IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2022

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH: GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2023. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning ______ and ending

ng _____ 20**2**9

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN 56-2370081 CARINGWORKS, INC Name and title of officer or person subject to tax S. COLLARD, PRESIDENT & CEO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here Form 990-EZ check here Form 1120-POL check here . . b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5). . . . Form 990-PF check here 4a 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). 8b Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .10b 10a Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that | X | I am an officer of the above entity or | I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 11 | 3 | 4 | 6 | 5 | as my signature X I authorize SMITH & HOWARD ADVISORY, to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 05/15/2023 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification |6|7|8|8|2|7|9|2 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance, with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Refurns ERO's signature Date 05/15/2023 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Form **990** (2022)

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization B Check if applicable: CARINGWORKS 56-2370081 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 2785 LAWRENCEVILLE HWY, STE 205 (404)371-1230Initial return City or town, state or province, country, and ZIP or foreign postal code Amended **G** Gross receipts \$ DECATUR, GA 30033 11,480,133. return Application pending F Name and address of principal officer: H(a) Is this a group return for Yes CAROL S. COLLARD Χ Nο subordinates' 2785 LAWRENCEVILLE HWY, STE 205, DECATUR, GA 30033 Yes No H(b) Are all subordinates included? Tax-exempt status: If "No," attach a list. (see instructions) X | 501(c)(3) 501(c)(4947(a)(1) or Website: ► WWW.CARINGWORKSINC.ORG H(c) Group exemption number Form of organization: X Corporation Other > L Year of formation: 2002 M State of legal domicile: GA Summary Part I 1 Briefly describe the organization's mission or most significant activities: CARINGWORKS OFFERS CHRONICALLY HOMELESS CLIENTS ACCESS TO HOUSING AND CASE MANAGEMENT SUPPORT. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 14 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 14 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 102 Total number of volunteers (estimate if necessary) 6 15 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 10,810,708. 10,400,903 **COPY FOR** Program service revenue (Part VIII, line 2g) 684,118 669,290. PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,245 135. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE NONE Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,086,266. 11,480,133. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,674,324. 4,269,913. Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 3,933,733 4,627,210. 16a Professional fundraising fees (Part IX, column (A), line 11e) 21,140 31,140. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _____319,508. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,736,955 3,233,225. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,366,152 12,161,488. Revenue less expenses. Subtract line 18 from line 12 720,114 -681,355. s or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 2,568,581 2,606,004. Total liabilities (Part X, line 26) 21 280,744 999,522. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,287,837 1,606,482 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/15/2023 Sign Signature of officer Here ROL S. COLLARD PRESIDENT & CEO Type or print name and title Print/Type preparer's name 's signature PTIN Check Paid 05/15/2023 self-employed SABRE J LINAHAN P01372980 Preparer Firm's name > SMITH & HOWARD ADVISORY, 92-0749631 T_1T_1C Firm's FIN **Use Only** 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363 404-874-6244 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	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-SUFFICIENY & WELL-BEING.
_	Did the arranjestian undertake any significant program comings during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	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
5	services?
	If "Yes," describe these changes on Schedule O.
	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 \$10,849,486. including grants of \$4,269,913.) (Revenue \$669,290.)
	CARINGWORKS 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 AND BEHAVIORIAL
	HEALTH SERVICES. IN 2022, CARINGWORKS WORKED WITH OVER 1,000
	CLIENTS AT 24 SITES LOCATED THROUGHOUT SIX COUNTIES IN THE
	METROPOLITAN ATLANTA AREA. DURING 2022, 90% OF OUR CLIENTS
	REMAINED STABLY HOUSED.
41-	/Code: \/Cimenace \(\text{\text{Constraint}} \)
4D	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

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Part	IV Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022)
Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·		24c		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 Schedule L, Part I	25b		X
26	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			21
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		20-		3.5
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		21
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		37
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2022) Page **5**

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 102			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	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).			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va		6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	Vu		21
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	0.5		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
	and services provided to the payor?	7b		Δ.
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	76		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	70		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Λ
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		v
	Did the organization receive any payments for indoor tanning services during the tax year?			X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		37
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
4 -				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes." complete Form 6069.	17		

Part VI Governance, Management, and

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

Sect	ion A. Governing Body and Management			[21
0000	Ton A. Coverning Body and indiagement		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 14			
1a	Enter the hamber of vetting members of the governing body at the one of the tax year 11111	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
ı a		7a		Х
	one or more members of the governing body?			- 21
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
_	stockholders, or persons other than the governing body?	75		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	100	21	
40.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
	with a taxable entity during the year?	100		- 21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		
	C P			
17		T /co-	tion 5	:01/2\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ı (sec	נוטוו 5	υ I(C)
	Own website Another's website X Upon request Other (explain on Schedule O)			
40		.f ₁ ,_4		: - الم
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	וחנפו	est p	ouicy,
22	and financial statements available to the public during the tax year.	d.a		
20	State the name, address, and telephone number of the person who possesses the organization's books and recornildam. DIAZ 2785 LAWRENCEVILLE HWY, STE 205 DECATUR, GA 30033	uS		
	TILLE IN DIE 2705 EIMMENCEVILLE IMI, DIE 205 DECAION, GA 30055			

404-371-1230

Form **990** (2022)

Form 990 (2022) CARINGWORKS, INC. 56-2370081 Page **7**

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

___ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more box, unless person officer and a direct			re than one n is both an ctor/trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) DR. CAROL COLLARD	40.00									
CEO	NONE			Х				186,048.	NONE	16,046.
(2) CHRIS HESTER	40.00									
CFO	NONE			Х				150,209.	NONE	5,519.
(3) ASHLEE STARR	40.00									
C00	NONE			Х				108,707.	NONE	14,875.
(4) BARBARA PETERS	40.00									
DIR OF EXTERNAL AFFAIRS	NONE					Х		107,086.	NONE	15,795.
(5) STEPHANIE BURKES	40.00									
DIR OF RESIDENTIAL SERVICES	NONE					Х		109,504.	NONE	12,755.
(6) SOPHIA FRANKLIN	40.00									
CLINICAL DIRECTOR	NONE					Х		108,229.	NONE	12,834.
(7) OHELIA BROWN	40.00									
CFO - MARCH-AUGUST 2022	NONE			Х				55,120.	NONE	7,752.
(8) TYRON RACHAL	2.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(9) ALLYSON MCCARTHY	2.00									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(10) AISHA TUCKER-BROWN PHD	2.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(11) COURTNEY SHOWELL	2.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(12) COLIN EDELSTEIN	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NONE
(13) LAWRENCE ELDER	1.00									
DIRECTOR	1.00	Х						NONE	NONE	NONE
(14) RHONDA HIGHT	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE

Form **990** (2022)

Form 990 (2022)						l l	1:	haat Camananas	- d Fl	Page (
Part VII Section A. Officers, Directors, Tr		y⊵n	тріо			and F	ııg	1		`
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(do.)	not ch		ition	e than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	,				is both		from	related	other
	hours for			dad		tor/trust		the	organizations	compensation
	related	Individual trustee or director	Institutional	Offic	Key employee	Highest cc employee	Forme	organization	(W-2/1099-MISC)	
	organizations below dotted	dividual t	ituti	cer	em	nest	ner	(W-2/1099-MISC)		organization and related
	line)	or al tr	onal		oloy	con				organizations
		uste	trustee		ee	hei				
		Õ	stee			compensated				
15) RAY KUNIANSKY	1.00					۵				
DIRECTOR	NONE	X						NONE	NON	E NON
16) RICHARD MACKELFRESH	1.00							1.01.2	21021	
DIRECTOR	NONE	Х						NONE	NON	E NON
17) ADDISON MERIWEATHER	1.00							1,01,1	1,01,	1,01,
DIRECTOR	NONE	X						NONE	NON	E NON
18) LORRAINE MILLS	1.00	25						110111	11011	11011
DIRECTOR THROUGH MAY 2022	2.00	X						NONE	NON	E NON
19) SUNIL NICHOLAS	1.00	25						110111	11011	11011
DIRECTOR	NONE	X						NONE	NON	E NON
20) ANWAR REDDICK	1.00	21						INOINE	NON	<u> </u>
DIRECTOR	NONE	X						NONE	NON	E NON
21) BETH WHITE	1.00							NONE	NON	II IIOII
DIRECTOR	NONE	X						NONE	NON	E NON
22) MICHAEL COUGHLIN	1.00							NONE	NON	E NON
DIRECTOR	NONE	X						NONE	NON	E NON
DIRECTOR	INOINE							NONE	NON	II IIOII
	 	1								
	 									
	ļ									
4h Out total								824,903.	NON	E 85,576
1b Sub-total								NONE		
c Total from continuation sheets to Part VII, S	_							824,903.	NON	
d Total (add lines 1b and 1c)) re			E 85,576
reportable compensation from the organizatio						6			.	
										Yes No
3 Did the organization list any former office	er, directo	or, or	tru	ste	e,	key e	emp	oloyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the	sum of rei	oortah	ole c	om	ner	sation	กล	nd other compen	sation from the	
organization and related organizations gr										
individual										4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	fron	n anv	un	related organization	on or individual	
for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com										
compensation from the organization. Report of	compensati	on fo	r the	ca	lend	dar ye	ar e	ending with or with	nin the organizati	on's tax
year.										
(A)								(B)		(C)
SEE SCHEDULE O Name and business add	dress							Description of se	ervices	Compensation

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e	114,425.				
	f g	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f	436,737.				
ခ် င	h	Total. Add lines 1a-1f		10,810,708.			
			Business Code				
Program Service Revenue	2a	CLIENT RENTAL FEES	531110	551,582.	551,582.		
	b	THERAPY, HEALTH & WELLNESS SERVICES	900099	104,268.	104,268.		
		AFFILIATE MANAGEMENT FEES	900099	13,440.	13,440.		
an Ve	C						
Re	d	-					
ဥ	e						
_	f	All other program service revenue		660,000			
	<u>g</u> 3	Total. Add lines 2a-2f		669,290.			
		other similar amounts)		135.			135
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
Ð	b	Less: cost or other basis					
nu.	_	and sales expenses 7b					
š	С	Gain or (loss) 7c					
∝	d	N (' ' / ')		NONE			
her		• , ,		NONE			
ō	8a	Gross income from fundraising events (not including \$ of contributions reported on line	MONE				
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses	NONE	270			
	с 9а	Net income or (loss) from fundraising events Gross income from gaming		NONE			
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
Other 10	C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
	. Ju	returns and allowances	NONE				
	 		NONE				
	b c	Less: cost of goods sold Net income or (loss) from sales of inventory	-	NONE			
			Business Code	1,0111			
snc (l		Daoi 1033 Oude				
ne Tue	11a						
lla ver	b						
Miscellaneous Revenue	C						
Ĕ	d	All other revenue					
	e	Total. Add lines 11a-11d		NONE			
	12	Total revenue See instructions	I	11 490 133	669 29N		135

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,			(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
'	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,269,913.	4,269,913.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors, trustees, and key employees	544,277.	467,706.	61,263.	15,308.
6	Compensation not included above to disqualified	,	,		· ·
Ū	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	3,066,528.	2,635,119.	345,162.	86,247.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,325.	15,747.	2,063.	515.
9	Other employee benefits	720,367.	619,024.	81,083.	20,260.
10	Payroll taxes	277,713.	238,643.	31,259.	7,811.
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	710.		710.	
	Accounting	53,300.		53,300.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	31,140.			31,140.
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
	(A), amount, list line 11g expenses on Schedule O.)	1,819,440.	1,532,941.	162,970.	123,529.
12	Advertising and promotion	24,845.			24,845.
13	Office expenses	234,150.	107,474.	124,430.	2,246.
14	Information technology	68,741.	58,178.	8,502.	2,061.
15	Royalties	NONE			
16	Occupancy	205,481.	131,074.	74,407.	
17	Travel	46,903.	29,402.	17,474.	27.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	18,012.	18,012.		
23	Insurance	151,176.	127,776.	18,881.	4,519.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SUPPLIES	597,024.	596,874.	150.	
b	MISCELLANEOUS EXPENSES	13,443.	1,603.	10,840.	1,000.
С					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	12,161,488.	10,849,486.	992,494.	319,508.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
					- 000 (aaaa)

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Part X Balance Sheet

O contains a response o	r note	e to any line in this P	art X		
			(A) Beginning of year		(B) End of year
aring			881,016.	1	284,877.
y cash investments			149,909.	2	150,040.
ceivable, net			1,157,226.	3	1,343,370.
net			34,575.	4	30,084
ivables from any current o	r form	ner officer, director,			
e, creator or founder, substa	antial	contributor, or 35%			
nily member of any of these	perso	ons	NONE	5	NONE
eivables from other disqual	lified p	persons (as defined			
1)), and persons described i	-		NONE	6	NONE
vable, net			NONE	7	NONE
use			NONE	8	NONI
deferred charges			280,961.	9	98,567.
quipment: cost or other			·		
/I of Schedule D	10a	185,183.			
preciation		100,052.	64,894.	10c	85,131.
traded securities			NONE		NONE
ecurities. See Part IV, line 11			NONE		NONE
n-related. See Part IV, line 11			NONE		NONE
			NONE		NONE
t IV, line 11			NONE		613,935.
s 1 through 15 (must equal		ı	2,568,581.	16	2,606,004.
accrued expenses			241,518.	17	339,427.
		NONE		NONE	
			14,400.	19	NONE
lities		NONE		NONE	
ccount liability. Complete Pa			NONE		NONE
yables to any current or		_	NONE		NOINI
e, creator or founder, substa					
nily member of any of these			NONE	22	NONE
nd notes payable to unrelate			NONE		NONE
loans payable to unrelated t		· –	NONE		NONE
ding federal income tax, p	-	_	110111		IVOIVI
ilities not included on lines					
			24,826.	25	660,095.
nes 17 through 25			280,744.	26	999,522.
llow FASB ASC 958, check			200,711.	20	777,322.
7, 28, 32, and 33.					
nor restrictions			1,824,537.	27	1,250,920.
restrictions		<u></u> <u>.</u>	463,300.	28	355,562.
o not follow FASB ASC 958, 9 through 33.	, chec	k here			
orincipal, or current funds				29	
lus, or land, building, or equ		<u> </u>		30	
	-	_			
		L	2,287.837		1,606,482.
		_			2,606,004.
d b	palances	palances	wment, accumulated income, or other funds palances	palances	palances

Form 990 (2022) Page **12**

OIIII J	70 (2022)				ı u	gc • -
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	1,4	80,	<u> 133</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	2,1	61,	488
3	Revenue less expenses. Subtract line 2 from line 1	3		-6	81,	<u> 355</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,2	87,	<u>837</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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,6	06,	<u>482</u>
Part	. •					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			ſ		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," ex	xplain	on			
	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 cor	npiled	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 aud	ited or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	X	

SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CARINGWORKS, INC 56-2370081 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2022 Page 2

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,421,631.	7,923,893.	8,922,344.	10,400,903.	10,810,708.	44,479,479.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE	
4 5	Total. Add lines 1 through 3 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	6,421,631.	7,923,893.	8,922,344.	10,400,903.	10,810,708.	44,479,479.	
•	shown on line 11, column (f)						NONE	
6	Public support. Subtract line 5 from line 4						44,479,479.	
	tion B. Total Support	(-) 0040	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	(f) T-4-1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,421,631. NONE	7,923,893.	8,922,344. 2,398.	10,400,903.	10,810,708.	44,479,479.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	195,126.	4,763.				199,889.	
11	Total support. Add lines 7 through 10						44,684,346.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	2,502,156.	
13 Sec	First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	<u> </u>		l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)	
14	Public support percentage for 2022 (li			11 column (f))		14	99.54 %	
15	Public support percentage from 2021		· ·			15	99.04 %	
_	331/3% support test - 2022. If the org							
	box and stop here. The organization q	-						
b	331/3% support test - 2021. If the org	•		•				
	this box and stop here . The organization	on qualifies as a	publicly suppor	rted organizatio	n			
17a	10%-facts-and-circumstances test - 2	2022. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is	
	10% or more, and if the organization	n meets the fac	cts-and-circumst	tances test, che	eck this box ar	nd stop here. E	xplain in	
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	zation qualifies	as a publicly so	upported	
	organization							
b	10%-facts-and-circumstances test - 2	2021. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line	
	15 is 10% or more, and if the organization	zation meets th	e facts-and-circ	umstances test,	, check this box	k and stop here	. Explain	
	in Part VI how the organization meets			•	•			
	organization							
18	Private foundation. If the organization							
	instructions						<u> </u>	

Schedule A (Form 990) 2022 Page **3**

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.)

				, I	•	,	
	tion A. Public Support	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	endar year (or fiscal year beginning in)	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(I) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				5:5:1		504()(0)
14	First 5 years. If the Form 990 is for	•			•		` ` `
	organization, check this box and stop here.						
	tion C. Computation of Public Supp Public support percentage for 2022 (line 8,			mp (f))		45	0/
15 16	Public support percentage from 2021 Sche		-			15	<u>%</u>
						16	70
	tion D. Computation of Investment Investment income percentage for 2022 (lir			13 column (f)\		17	%
17							
18	Investment income percentage from 2021 S					18 ore than 331/3 %	
134	331/3% support tests - 2022. If the or 17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2021. If the orga						
D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
20	a. ioundation. Il tile organization t	ALC LITTER	a box on mic	, .ou, or 19b	, oncon tino bu	and Joe midth	40110110

Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and El numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such actio (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actic was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entiwith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
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ابيام	e A (Fo	rm 990	1) 2022

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44=		
h	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
C	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental antity. Describe in Part VI how you supported a governmental antity (see			a.l.
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so	<i>30 111311</i>	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

CARINGWORKS, INC. 56-2370081

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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1							
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.			
Se	ection 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					
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
	Multiply line 5 by 0.035.	6					
	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
-	emergency temporary reduction (see instructions).	6					
7		ly integra	ated Type III supporting	g organization			
	(see instructions).						

Schedule A (Form 990) 2022

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	tion E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2022		าร	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>а</u>	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	e Excess from 2022				

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Name of the organization			Employer identification number				
CARINGWORKS, INC.			56-2370081				
Organization type (check of	one):		30 2370001				
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treate	ed as a private fou	undation				
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated a	s a private founda	tion				
	501(c)(3) taxable private foundation						
, ,	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule.	eneral Rule and a S	Special Rule. See				
General Rule							
_	ion filing Form 990, 990-EZ, or 990-PF that received, during ey or property) from any one contributor. Complete Parts I an Il contributions.	=	_				
Special Rules							
regulations unde 16b, and that red	ion described in section 501(c)(3) filing Form 990 or 990-EZ r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schebeived from any one contributor, during the year, total contributor on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, li	edule A (Form 990 butions of the grea), Part II, line 13, 16a, or ater of (1) \$5,000; or				
contributor, durir literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, during contributions total during the year for General Rule app	ion described in section 501(c)(7), (8), or (10) filing Form 99 ng the year, contributions <i>exclusively</i> for religious, charitable, alled more than \$1,000. If this box is checked, enter here the or an <i>exclusively</i> religious, charitable, etc., purpose. Don't coplies to this organization because it received <i>nonexclusively</i> report more during the year	etc., purposes, but total contributions omplete any of the eligious, charitable	ut no such s that were received parts unless the e, etc., contributions				
_	nat isn't covered by the General Rule and/or the Special Rule IV, line 2, of its Form 990; or check the box on line H of its F						

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization CARINGWORKS, INC.

Employer identification number 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_	N/A	\$2,308,693.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$2,505,507.	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	N/A	\$1,777,178.	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
4	N/A	\$987,689.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$334,947.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$325,156.	Person X 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 ne	eded.
(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

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

(c)

FMV (or estimate)

(a) No.

from

(d)

(b)

Schedule B (Form 990) (2022) Page **4**

CARINGWORKS, INC. 56-2370081 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ 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 (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

Name of organization

SCHEDULE D (Form 990)

Department of the Treasury

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.

2022
Open to Public

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number CARINGWORKS, INC. 56-2370081 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
Using the organization's acquisition, accession, and other records, check any of the following that make significant use of	of its					
collection items (check all that apply):						
Public exhibition d Loan or exchange program						
Scholarly research e Other						
Preservation for future generations						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part						
XIII.						
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar						
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes	No					
t IV Escrow and Custodial Arrangements.	110					
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.						
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not						
included on Form 990, Part X?	No					
If "Yes," explain the arrangement in Part XIII and complete the following table:						
Amount						
Beginning balance						
Additions during the year						
Distributions during the year						
Ending balance						
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No					
If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.						
t V Endowment Funds.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.						
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	hack					
	buok					
Beginning of year balance						
Contributions						
Net investment earnings, gains,						
and losses						
Grants or scholarships						
Other expenditures for facilities						
and programs						
Administrative expenses						
End of year balance						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:						
Board designated or quasi-endowment %						
Permanent endowment %						
Term endowment %						
The percentages on lines 2a, 2b, and 2c should equal 100%.						
Are there endowment funds not in the possession of the organization that are held and administered for the						
organization by:	No					
(i) Unrelated organizations						
(ii) Related organizations						
If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?						
Describe in Part XIII the intended uses of the organization's endowment funds.						
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10						
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (investment)						
Land						
Buildings						
Leasehold improvements						
Equipment	2.2					
Other						
Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

	INC.	56	5-2370081 Page
Part VII Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	on: et value		
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	LID / II	0.00	D ()/ " 45
Complete if the organization answered		U, Part IV, line 11d. See Form 990,	
- , , ,	escription		(b) Book value
(1)LEASE ROU ASSET			613,935
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.).		613,935
Part X Other Liabilities.	/		
Complete if the organization answered line 25.	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	n 990, Part X,
	ation of liability	I	(h) Dook value
	otion of liability		(b) Book value
(1) Federal income taxes			
(2)DUE TO PHHI			20,509
(3)OPERATING LEASE LIABILITY			639,586
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

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

660,095.

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	11,480,133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,480,133.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		11/100/1001
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,480,133.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	12,161,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	12,161,488.
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	12,161,488.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE "CODE"), AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE OF 1986, AS AMENDED.

ACCORDINGLY, THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES EXCEPT FOR ANY UNRELATED BUSINESS INCOME WHICH IS SUBJECT TO UNRELATED BUSINESS INCOME TAX.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE TAX YEARS ENDING BEFIRE DECEMBER 31, 2019.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Ν

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

OMB No. 1545-0047

Name of the organization	<u></u>				Employer identification	on number
CARINGWORKS, INC.					56-237008	
Part I Fundraising Activities. Comp				Yes" on Form 99	0, Part IV, line 1	7.
Form 990-EZ filers are not re-	·			antivitian Charles	II that apply	
1 Indicate whether the organization rais a X Mail solicitations	=		_			
a X Mail solicitations b X Internet and email solicitations	e f			non-government g government grants		
c Phone solicitations	g			ising events	•	
d X In-person solicitations	У	Spec	Jai luliula	ising events		
2a Did the organization have a written or	oral agreement v	with any ind	dividual (in	cluding officers d	irectors trustees	
or key employees listed in Form 990,						X Yes No
b If "Yes," list the 10 highest paid indiv		(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be
compensated at least \$5,000 by the o	organization.					
(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by) organization
SEE SUPPLEMENT INFORMATION		Yes	No		col. (i)	
1		100	110			
2						
3						
3						
4						
5						
6						
7						
8						
9						
10						
Total				NONE		-31,140.
3 List all states in which the organizat	ion is registered of	or licensed	to solicit	contributions or	has been notified	it is exempt from
registration or licensing.						

10a

If "Yes," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

12 Is	oes the organization conduct gaming activities with nonmembers? Yes No the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	the organization a drantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	ormed to administer charitable gaming?
	dicate the percentage of gaming activity conducted in: he organization's facility
b A	n outside facility
	nter the name and address of the person who prepares the organization's gaming/special events books and ecords:
N	ame ▶
A	ddress ▶
	oes the organization have a contract with a third party from whom the organization receives gaming
re b If	evenue? Yes No "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
ar	mount of gaming revenue retained by the third party > \$
	"Yes," enter name and address of the third party:
N	ame ▶
Ad	ddress ▶
16 G	aming manager information:
N	ame ▶
G	aming manager compensation ▶\$
D	escription of services provided ►
	Director/officer
	landatory distributions:
	the organization required under state law to make charitable distributions from the gaming proceeds to
b E	etain the state gaming license? Yes No nter the amount of distributions required under state law to be distributed to other exempt organizations r spent in the organization's own exempt activities during the tax year ▶ \$
Part IV	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

56-2370081 CARINGWORKS, INC.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES ______

NAME:

KIMBERLY KYLE

ADDRESS:

2640 CHARLESGATE AVE DECATUR, GA 30030

ACTIVITY :

GRANT WRITING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY :

NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 31,140.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -31,140.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2022

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Name of the organization						Employer identification	on number
CARINGWORKS, INC.						56-2370081	
Part I General Information on Grants an	d Assistanc	е				•	
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand dures for mo	ce? nitoring the use	of grant funds in th	e United States.			x Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
_(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and Enter total number of other organizations lis 	_	-					

Schedule I (Form 990) (2022) CARINGWORKS, INC. 56-2370081 Page **2**

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 UTILITIES & RENT/HOUSING ASSISTANCE	839	4,165,392.			
2CLIENT ASSISTANCE	839	104,521.			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PAYMENTS FOR RENT, SECURITY DEPOSITS, UTILITIES, ETC. ARE MADE ON BEHALF
OF RECIPIENTS DIRECTLY TO THE PROVIDERS AFTER THE ELIGIBILITY OF SUCH
RECIPIENTS TO RECEIVE ASSISTANCE HAS BEEN DETERMINED. NO FURTHER
MONITORING IS DEEMED NECESSARY.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

CARINGWORKS, INC.

Part I Questions Regarding Compensation

Employer identification number

56-2370081

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	Initiation provided any of the following to or for a person listed on Form e Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) cked, did the organization follow a written policy regarding payment of the expenses described above? If "No," complete Part III to iation prior to reimbursing or allowing expenses incurred by all and the CEO/Executive Director, regarding the items checked on line is corganization used to establish the compensation of the check all that apply. Do not check any boxes for methods used by a sation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation survey or study X Approval by the board or compensation committee Form 990, Part VII, Section A, line 1a, with respect to the filling in equity-based compensation arrangement?				Yes	No
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 Payments for business use of personal use Payments for business use of personal use of personal use of personal exities (such as maid, chauffeur, chef) Payment Payment	e Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence ayments Personal services (such as maid, chauffeur, chef) cked, did the organization follow a written policy regarding payment of the expenses described above? If "No," complete Part III to lation prior to reimbursing or allowing expenses incurred by all and the CEO/Executive Director, regarding the items checked on line corganization used to establish the compensation of the check all that apply. Do not check any boxes for methods used by a sation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation survey or study X Approval by the board or compensation committee Form 990, Part VII, Section A, line 1a, with respect to the filing -of-control payment? supplemental nonqualified retirement plan? supplemental nonqualified retirement plan? 4a X sons and provide the applicable amounts for each item in Part III. O1(c)(29) organizations must complete lines 5-9. t VII, Section A, line 1a, did the organization pay or accrue any ings of: 5a X 5b X III. t VII, Section A, line 1a, did the organization provide any nonfixed 7 X Gea X Gea X Geb X T Y Corried in Regulations section 53.4958-4(a)(3)? If "Yes," describe	12	Check the appropriate hav(es) if the organization provided any of the following to or for a person listed on Form		162	NO
First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Tax indemnification and gross-up payments Discretionary spending account Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 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? 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 Compensation committee Written employment contract Compensation contract Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 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: Receive a severance payment from a supplemental nonqualified retirement plan? 4a b Participate in or receive payment from an equity-based compensation arrangement? 4b c Participate in or receive payment from an equity-based compensation arrangement? 4c 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)(2) organizations must complete lines 5-9. 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: 1 The organiz	Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) cked, did the organization follow a written policy regarding payment of the expenses described above? If "No," complete Part III to iation prior to reimbursing or allowing expenses incurred by all ng the CEO/Executive Director, regarding the items checked on line in the check all that apply. Do not check any boxes for methods used by a sation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation survey or study X Approval by the board or compensation committee Form 990, Part VII, Section A, line 1a, with respect to the filing in equity-based compensation arrangement? supplemental nonqualified retirement plan? nequity-based compensation arrangement? t VII, Section A, line 1a, did the organization pay or accrue any sof: 1001(c)(29) organizations must complete lines 5-9. t VII, Section A, line 1a, did the organization pay or accrue any sof: 1101 1112 112 113 114 115 115 116 116 117 118 119 119 119 110 110 110 110	ıu				
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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. 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: a The organization? b Any related organization? f"Yes" on line 5a or 5b, describe in Part III. 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: a The organization? b Any related organization? f"Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	sons and provide the applicable amounts for each item in Part III. 01(c)(29) organizations must complete lines 5-9. t VII, Section A, line 1a, did the organization pay or accrue any is of: 5a	b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
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: a The organization? b Any related organization? f "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: a The organization? b Any related organization? f "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	t VII, Section A, line 1a, did the organization pay or accrue any sof: 5a X 5b X III. t VII, Section A, line 1a, did the organization pay or accrue any nings of: 6a X 6b X III. VII, Section A, line 1a, did the organization provide any nonfixed ? If "Yes," describe in Part III 0, Part VII, paid or accrued pursuant to a contract that was subject cribed in Regulations section 53.4958-4(a)(3)? If "Yes," describe	С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
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: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	t VII, Section A, line 1a, did the organization pay or accrue any sof: 5a		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
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: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	t VII, Section A, line 1a, did the organization pay or accrue any sof: 5a					
compensation contingent on the revenues of: a The organization? b Any related organization? 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: a The organization? b Any related organization? 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	s of: Sa		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
compensation contingent on the revenues of: a The organization? b Any related organization? 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: a The organization? b Any related organization? 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	s of: Sa	5				
a The organization? b Any related organization? 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: a The organization? b Any related organization? 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	t VII, Section A, line 1a, did the organization pay or accrue any nings of: 6a X 6b X III. VII, Section A, line 1a, did the organization provide any nonfixed ? If "Yes," describe in Part III 7 X 0, Part VII, paid or accrued pursuant to a contract that was subject cribed in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
b Any related organization? 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: a The organization? b Any related organization? 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	t VII, Section A, line 1a, did the organization pay or accrue any nings of: Color of the color	а		5a		Х
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: a The organization?	III. t VII, Section A, line 1a, did the organization pay or accrue any nings of: 6a X 6b X III. VII, Section A, line 1a, did the organization provide any nonfixed ? If "Yes," describe in Part III	b		5b		Х
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: a The organization?	t VII, Section A, line 1a, did the organization pay or accrue any hings of: 6a X 6b X III. VII, Section A, line 1a, did the organization provide any nonfixed ? If "Yes," describe in Part III					
compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b 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	hings of: Comparison of com	6				
a The organization?	III. VII, Section A, line 1a, did the organization provide any nonfixed ? If "Yes," describe in Part III					
b Any related organization?	III. VII, Section A, line 1a, did the organization provide any nonfixed ? If "Yes," describe in Part III	а		6a		Х
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	VII. Section A, line 1a, did the organization provide any nonfixed? If "Yes," describe in Part III		· · · · · · · · · · · · · · · · · · ·			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	VII, Section A, line 1a, did the organization provide any nonfixed ? If "Yes," describe in Part III					
	? If "Yes," describe in Part III	7				
payments not described on lines 5 and 67 if "Yes." describe in Part III	0, Part VII, paid or accrued pursuant to a contract that was subject cribed in Regulations section 53.4958-4(a)(3)? If "Yes," describe	•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	cribed in Regulations section 53.4958-4(a)(3)? If "Yes," describe	8				\vdash
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		•				
			() ()	8		x
	on also follow the rebuttable presumption procedure described in	g	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9 It "Yes" on line 8 did the organization also follow the rebuttable presumption procedure described in	· · ·	•	Regulations section 53.4958-6(c)?	9		
· · · · · · · · · · · · · · · · · · ·	-		Kequiations section 53.4958-b(c)?	⊢ 9	l	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 CARINGWORKS, INC. 56-2370081 Page $\bf 2$

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 (i) 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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC 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	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	(i)	176,048.	10,000.	NONE	3,000.	13,046.	202,094.	NONE
	(ii)							
	(i)	150,209.	NONE	NONE	NONE	5,519.	155,728.	NONE
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			_	_			
	(i)							
	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022 CARINGWORKS, INC. 56-2370081 Page 3

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 7

BONUSES ARE BASED ON PERFORMANCE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 56-2370081

CARINGWORKS, INC.

FORM 990, PART VI, SECTION B, LINE 11B

THE 990 IS DISTRIBUTED TO ALL BOARD MEMBERS AND IS DISCUSSED AT A REGULAR BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C

BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN THE CONFLICT POLICY ANNUALLY AND THESE ARE REVIEWED AND RETAINED IN THE BOARD RECORDS.

FORM 990, PART VI, SECTION B, LINE 15

THE EXECUTIVE COMMITTEE CONSULTS VARIOUS NON-PROFIT COMPENSATION STUDIES

AND BENCHMARKS THE SALARIES AGAINST THESE AS APPROPRIATE.

THE CEO/PRESIDENT CONSULTS VARIOUS NON-PROFIT COMPENSATION STUDIES AND BENCHMARKS THE SALARIES AGAINST THESE AS APPROPRIATE.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

CARINGWORKS, INC.

Employer identification number

56-2370081

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

THE INSTITUTE FOR MIND WELLNESS, LLC 245 N HIGHLAND AVE NE, STE 230-540

ATLANTA, GA 30307 PSYCHIATRIC SERVICES 184,335.

Name of the organization			Employer identification	n number
CARINGWORKS, INC.			56-2370081	
·				
FORM 990, PART IX - OTHER FEES				
=======================================				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONTRACT LABOR	1,026,696.	988,496.	38,200.	
CONSULTING	308,463.	74,787.	112,564.	121,112.
CONTRACT - MEDICAL	221,785.	221,785.		
CONTRACT - INTERPRETERS	181,844.	179,613.	2,231.	
PAYROLL FEES	11,912.	10,082.	1,473.	357.
OTHER PROFESSIONAL	68,740.	58,178.	8,502.	2,060.
TOTALS				
	1,819,440.	1,532,941.	162,970.	123,529.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number CARINGWORKS, INC. 56-2370081

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
		Primary activity Legal domicile (state	Primary activity Legal domicile (state Total income	Primary activity Legal domicile (state Total income End-of-year assets

one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) PROGRESS HOPE HOUSE, INC 58-2658989							
2785 LAWRENCEVILLE HWY, #205 DECATUR, GA 30033	SEE PART VII	GA	501(C)(3)	7	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 CARINGWORKS, INC. 56-2370081 Page 2

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		General 20 managir 1 partner		(k) Percentage ownership
		oounity)					Yes	No		Yes	No					
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2022 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	_	X
b	Gift, grant, or capital contribution to related organization(s)				1b		Χ
	Gift, grant, or capital contribution from related organization(s)				1c		Χ
	Loans or loan guarantees to or for related organization(s)				1d		Χ
	Loans or loan guarantees by related organization(s)				1e		Χ
f	Dividends from related organization(s)				1f		Χ
g	Sale of assets to related organization(s)				1g		Χ
	Purchase of assets from related organization(s).				1h		Χ
i	Exchange of assets with related organization(s)				1i		Χ
	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	_	Χ
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				-	Х	_
m	Performance of services or membership or fundraising solicitations by related organization(s)					Х	_
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	_	Χ
0	Sharing of paid employees with related organization(s)				10	X	_
	Reimbursement paid to related organization(s) for expenses				1p		Χ
q	Reimbursement paid by related organization(s) for expenses				1q	X	
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s).			<u> </u>	1s		Χ
	If the answer to any of the above is "Yes," see the instructions for information on who must complete		·	action thre			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of deter	mining	1
	·	type (a - s)			unt invol		
(4)							
(1)				+			
(2)							
(2)							
(3)							
(3)							_
(4)							
(4)							
(4) (5)							_

Yes No

Schedule R (Form 990) 2022 CARINGWORKS, INC. 56-2370081 Page $\bf 4$

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Are all sed 501 organiz	partners tion (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No	
(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, COLUMN (B)

PROGRESSIVE HOPE HOUSE, INC

PRIMARY ACTIVITY: PROVIDE ADDICTION TREATMENT AND TRANSITIONAL HOUSING

SERVICES TO THE HOMELESS.