TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prep	pared	For:
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CARE NET 44180 RIVERSIDE PARKWAY No. 200 LANSDOWNE, VA 20176

Prepared By:

MITCHELL & CO., P.C. 110 EAST MARKET ST. #200 LEESBURG, VA 20176

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-EO

IRS e-file Signature Authorization

for an Exempt Organization	
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For calendar year 2019, or fiscal year beginning JUL~1 , 2019, and ending JUN~30 , 20 20Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization **Employer identification number** CARE NET 54-1382723 Name and title of officer ROLAND C WARREN PRESIDENT & CEO Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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) ______ tb _____5,241,330. 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) ______2b _____ 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) ______ 3b _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) ______ 5b ___ 5a Form 8868 check here Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize MITCHELL & CO., P.C. to enter my PIN Enter five numbers, but do not enter all zeros as my signature on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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 in Pyth on the return's disclosure consent screen. Officer's signature Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 54186377749 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 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

OMB No. 1545-1878

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A	For ti	ne 2019 calendar year, or tax year beginning UL 1, 2019 and endi	ng JUN	30, 2020	
В	Check i	C Name of organization	D Er	nployer identifi	ication πumber
Г	Add	ess CADE NUM			
F	Nam char	8		54-13827	23
Ë	Initia retur Final	Number and street (or P.O. box if mail is not delivered to street address) Roon	n/suite E Te	lephone numbe	r
Ł	Iretur	<i>y</i>			5,515,886.
F	term ated Ame	nded LANGDOWNE VA 20176		ss receipts \$ s this a group re	
F	retur Appl tion				? Yes X No
_	pend	SAME AS C ABOVE			ncluded? Yes No
1	Tax-ex	tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	f "No," attach a	list. (see instructions)
		ite: ► WWW.CARE-NET.ORG	H(c) (Group exemptio	n numbér 🚩
			Year of forma	tion: 1986 N	A State of legal domicile; DC
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: EDUCATI	ON & CH	ARITABLI	E SERVICES
Governance		THROUGH CENTER SERVICES, PUBLIC EDUCATION & F	REGNAN	CY DECIS	ION LINE.
Ę	2	Check this box if the organization discontinued its operations or disposed of	more than 25	% of its net ass	
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	42
)ţţe	6	Total number of volunteers (estimate if necessary)			10
÷	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<	d	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
ø.				or Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	4,3	39,131	4,658,260.
nue	9	Program service revenue (Part VIII, line 2g)		03,899.	<u>582,515.</u>
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,494	3, <u>610.</u>
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61,318.	-3,055.
i	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		09,842.	5,241,330.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,000.	80,000.
	i	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
,,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		89,904.	2,676,847.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 723,041.		90,936.	93,821.
ä	b	Total fundraising expenses (Part IX, column (D), line 25) 723,041.		A BANG W. SANGA Marangan	
益		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,3	74,064.	2,384,296.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,1	04,904.	5,234,964.
		Revenue less expenses. Subtract line 18 from line 12		4,938.	6,366.
58			Beginning o	f Current Year	End of Year
終	20	Total assets (Part X, line 16)	3,6	73,941.	4,150,036.
t Assets or id Balances	21	Total liabilities (Part X, line 26)	8	51,010.	1,285,4 <u>58.</u>
碧		Net assets or fund balances. Subtract line 21 from line 20	2,8	22,931	2,864,578.
	rt II				
Jnde	r pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and	to the best of my	knowledge and belief, it is
rue,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has any l	mowledge. /	
		NAME OF THE PERSON OF THE PERS		1 4 20	20
Sign	ı	Signature of officer		Date (
lere		ROLAND C. WARREN, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Chack	PTIN
aid	į	JEFFREY D MITCHELL	10,30	- Ocu cuibiola	
rep	arer	Firm's name MITCHELL & CO., P.C.			54-1853459
se (Firm's address 110 EAST MARKET ST. #200			
,	,	LEESBURG, VA 20176		Phone no. 703	3-777-4900
Aour	tho IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2019)

Form 990 (2019) CARE NET Part IV Checklist of Required Schedules

				es N
	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Г		
	If "Yes," complete Schedule A		_	X _
	Garage of Contributors (:	2 .	X
•	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
	public office? If "Yes," complete Schedule C, Part I	. .	3	X
•	 Section 50 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection. 	et l	Į	
	during the tax year? If "Yes," complete Schedule C, Part II	.	<u>. </u>	X
•	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1	i	
,	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<u>. _</u>	X
6	and a second the second responsible to the second second second to the second s			i
·_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		_ X
7	sale of the server of the description of the server of the			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	omplete		-	
_	Schedule D, Part III	8	Ш,	X
9	and an entry are an entry are a custodian for	ĺ		
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	ivite.		200
	as applicable.			
6	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	118	ı X	
ŧ	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	, [X
C	e 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	110		X
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		1	
	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			† <u> </u>
	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		x
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	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	İ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	01-20-20	Form		20101
		. 2001		(4)

Pa	IT IV Checklist of Required Schedules (continued)	34143	3	Page
			Yes	s N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			_
20	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	+	<u> X</u>
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		x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	╁≏	+
- 70	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	245		x
h	Did the approximation to continue to the continue of the conti	1	7-	+-
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	. 240	+	
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	+-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. 240	+	┪
	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	. 234	\vdash	+
-	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	200	T	 ^*
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	385.27	34,3544	
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #	V APPLEATING	400/4180	420000
	"Yes," complete Schedule L, Part IV	28a	}	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 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			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			П
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
10.77	Note: All Form 990 filers are required to complete Schedule O	38	х	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7	44.8	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4	采 为情	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued) Nο 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 11 Section 501(c)(12) organizations, Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 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 10 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? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affillates, 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 filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, DC, GA, HI, KY, LA, MA, MD, MN, MS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 ROLAND C. WARREN - 703 554-8746 44180 RIVERSIDE PARKWAY, SUITE 200, LANSDOWNE. 20176

orm 990 (2019)	CARE	E NET

54-1382723

Page 7

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

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

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

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

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

Check this box if neither the organization r	or any related	org	aniz	<u>atior</u>	1 00	mpe	nsa	ted any current officer, o	director, or trustee.	
, (A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	1 (4	o not	Po: check	sitio	Π e than	nne	Reportable	Reportable	Estimated
	hours per	bo	x, unl	ess Di	erson	is bo		compensation	compensation	amount of
	week	\vdash	_	ne a	airect	or/tru	stee)	−l trom	from related organizations	other
	(list any	l eg					1	the		compensation
	hours for related	1 b	9	1		ated	ļ	organization	(W-2/1099-MISC)	from the
	organizations	trust		98	ligi.		(W-2/1099-MISC)		organization	
	below	Individual trustee or director Institutional trustee	tional	١.	lg og	t con	3			and related
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated	Former	İ		organizations
(1) THOMAS MASON	1.00	1-	 	Ť	1-	1	-		·	
CHAIR		x		X		ĺ		0.	0.	0.
(2) KATHLEEN PATTERSON, PHD	1.00	Ī		-			 			
CO-CHAIR		Х		X		ŀ		٥.	0.	0.
(3) DENNIS BROWN	1.00				-					
TREASURER		X	ĺ	X		ı	}	0.	0.	0.
(4) SHAUNTI FELDHAHN	1.00									
SECRETARY		Х		X				0.	0.	0.
(5) KIMBERLY KENNEDY ELSBREE	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) BRUCE HELLEN	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) JOSEPH INFRANCO	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) JERRY REGIER	1.00	ı				\Box				
BOARD MEMBER		X						0.	0.	0.
(9) DAVID MOJA	1.00				- 1					
BOARD MEMBER		X					ŀ	0.	0.	0.
(10) BONNIE WURZBACHER	1.00			7		\Box				
BOARD MEMBER		Х						0.	0.	0.
(11) ROLAND WARREN	55.00									
PRESIDENT & CEO				Х				242,441.	0.	19,711.
(12) CYNTHIA HOPKINS	40.00					ļ				·
VP OF CENTER SERVICES		_	_			X		103,095.	0.	13,960.
(13) VINCENT DICARO	40.00		1		- 1					
CHIEF OUTREACH OFFICER		4	4		_[:	X	\perp	118,587.	0.	23,243.
_			- [ı	-					
		_	_	4	4	_	_			
<u></u>						-]		•
_		+		4	-		+			
<u> -</u>						ı				
		+		+		+	+			
 -										
			L					<u>l_</u>		

Form 990 (2019) CARE NET									54-	-1382	723 Page
(A) Name and title	(B) Average hours per week	(do	not o	Pos heck ss pe	d High C) sition more rson li	l than (s bot)	one h an	ompensated Employer (D) Reportable compensation from	Reporta compens	ble ation	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-	ions	compensation from the organization and related organizations
- Alexander and the second and the s											
			_						· .		
		_	1		_	+					·
											·
1h Subtotal	·							464,123.			F.C. 01.4
Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A))	<u> </u>	0. 464,123.		0.	56,914. 0. 56,914.
Total number of individuals (including but no compensation from the organization	t limited to tho	se li:	sted	abo	ve)	who	rec	eived more than \$100,0	00 of reportat	ile	3
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	ch individual			 , . .					•	<u>.</u>	Yes No
 For any individual listed on line 1a, is the sur and related organizations greater than \$150, Did any person listed on line 1a receive or ac 	n of reportable 000? <i>If</i> "Yes,"	com com	ipen <i>plet</i>	satio e Sc	on a hedi	nd o ule .	l for	such individual		ľ	4 X
rendered to the organization? If "Yes." comp Section B. Independent Contractors	lete Schedule	J for	SUC	h pe	rsor	7		organization or individu	iai for services		5 X
Complete this table for your five highest com- the organization. Report compensation for tr (A)	pensated inde e calendar yea	penc r enc	dent ding	con with	tract	tors with	that in th	ne organization's tax yea	00,000 of com ar.	ipensatio	
(A) Name and business a	ddress]	101	ΊE				-	(B) Description of ser	vices	Co	(C) mpensation
						,	-				
							1				<u>,</u>
· · · · · · · · · · · · · · · · · · ·											
Total number of independent contractors (inc \$100,000 of compensation from the organiza	luding but not i	limite	ed to	the	ose li	istec	dab	ove) who received more	than		
					~				7	4年的第二个数	可是的過程的影響

Form 990 (2019) CARE NET
Part VIII Statement of Revenue

_				Check if Schedule (Осо	ntains a re	spons	e or note to any	line in this	s Part VIII	***************************************			
_										(A) al revenue	Related or function r	exempt	(C) Unrelated business reven	Revenue excluded from tax under sections 512 - 514
dributions Giffe Create	and Other Similar Amounts	1	b c d e f	Francisco e e e e e e e e e e e e e e e e e e e	tribu s, gra	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	la b c d e f 4 g \$	176,284 5,000 ,476,976	•				20	
		2	h a	CONFERENCE PROGRAM SPEAR	·····			Business Code 541900 541900	53	8,260 0,890	. 530,			
Program Service	Revenue		c d e	TRAINING				541900		7,550 4,075		550. 075.		
<u>a.</u>	1			All other program service Total. Add lines 2a-2f				>	582	2,515.		100 m		
		3 4 5	i	Investment income (inclu- other similar amounts) Income from investment of Royalties	of tax	c-exempt I		>		3,610.			· · · · · · · · · · · · · · · · · · ·	3,610.
		6 a	a (Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Re	al	(ii) Personal	-					22,550.
		7 a	dit a (Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	_	(i) Secu	rities	(ii) Other						
her Revenue		C	a : 0	und sales expenses Gain or (loss) Net gain or (loss)				>						
Othe		8 a	ir c P	Gross income from fundraising the cluding \$	line 1	of c). See								
	٤	c a	N G P	ess: direct expenses let income or (loss) from f cross income from gaming art IV, line 19	undr g acti	aising eve ivities. See	9a	············ •						
	10	c a						44,519.						
				et income or (loss) from s			ry	Business Code	-30	,037.	-30,0	37.		
Revenue	11	a b c	<u>o</u>	THER		 -	<u> </u>	900099	4	,432.				4,432.
Å		d e	To	l other revenue				>	4,	432.)	
	12		To	tal revenue. See instruction	s			> [,241,	330.	552,47	78.	0.	30,592.

Form 990 (2019) CARE NET Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo			mpiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		3,,,,,,,,,,,,	gonoru) capcingos	SAPERISES AND AND AND AND AND AND AND AND AND AND
	and domestic governments. See Part IV, line 21	80,000.	80,000.	100 mg/s (100 mg/s)	North Shoppid of
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			er endamenter aver a	Habita States
	organizations, foreign governments, and foreign			As a company of the second	er en et van de drag en
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	/		TOTAL COLORS IN A MINISTER OF	
5	Compensation of current officers, directors,				
	trustees, and key employees	264,134.	237,720.	13,207.	13,20
6	Compensation not included above to disqualified		20777201	13,2071	13,21
•	persons (as defined under section 4958(f)(1)) and				
	managed described in southern 4000(-) (0) (D)				
7	Other salaries and wages	1,878,632.	1,740,761.	80,885.	E 6 00
, 8	Pension plan accruals and contributions (include	1,0,0,032.	1,140,/01.	00,000	56,98
	section 401(k) and 403(b) employer contributions)	75,504.	71 210	1 007	0.4
9		300,343.		1,827.	2,46 10,70
	Other employee benefits			8,592.	10,70
0	Payroll taxes	158,234.	144,740.	8,567.	4,92
1	Fees for services (nonemployees):			,	
	Management				
b	Legal				
C	Accounting	82,144.		82,144.	
d	Lobbying		Determine the second se		
е	Professional fundraising services. See Part IV, line 17	93,821.		Secretary and the second	93,82
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	338,284.	304,431.	503.	33,35
2	Advertising and promotion				
3	Office expenses	33,130.	17,877.	2,354.	12,89
Ļ	Information technology	200,599.	157,962.	6,688.	35,94
,	Royalties				
i	Occupancy	210,334.	193,122.	8,899.	8,31
•	Travel	297,277.	264,523.	8,435.	24,31
}	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
}	Interest			··-	· ·
	Payments to affiliates		-		
	Depreciation, depletion, and amortization	9,676.	8,948.	409.	31
	Insurance	24,860.	23,117.	979.	76
	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If	6.4.8.7.0m. (4.6)	all and a second		
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			Think in the case of the second	
	PROGRAM AND TRAINING	535,420.	338,073.	750.	106 50
	PUBLIC COMMUNICATION AN	340,898.	286,018.	150.	196,59
	BUSINESS EXPENSE	112,239.	30,352.	864.	54,88
	PRINTING & PUBLICATION	86,892.	25,635.	17.	81,02
	All other expenses	112,543			61,24
		5,234,964.	73,004.	8,261.	31,27
	Total functional expenses. Add lines 1 through 24e	J, 434, 904.	4,278,542.	233,381.	723,04
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		.		
	educational campaign and fundraising solicitation.	340 000	005.015	_	
	Check here X if following SOP 98-2 (ASC 958-720)	340,898.	286,018.	0.	54,880

3. 18. T.	LX						············ <u>····</u>
		Check if Schedule O contains a response or n	ote to any lin	e in this Part X		,	
			··· <u>.</u>	<u>_</u>	(A) Beginning of year		(B) End of year
ı	1	Cash - non-interest-bearing	••••	***************************************	338,745		
ĺ	2	Savings and temporary cash investments			2,638,524		3,004,886
	3	Pledges and grants receivable, net	• • • • • • • • • • • • • • • • • • • •	***************************************	134,947	• 3	
-	4	Accounts receivable, net		************	9,284	. 4	33,684
	5	Loans and other receivables from any current of	or former offic	er, director,		(株) (株)	
		trustee, key employee, creator or founder, sub-		butor, or 35%	Maria Carabbara da Afrika		
- 1		controlled entity or family member of any of the		5	The state of the s		
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe				6	
ats	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			472,316	• 8	
·	9				66,738	. 9	100,286.
	10a	Land, buildings, and equipment: cost or other		150 500			
ł		basis. Complete Part VI of Schedule D		173,530. 169,819.			9 azil <u>12 azil 20 8 30 80</u>
	ь		_10b	169,819.	13,387	• 10c	
- 1	11	Investments - publicly traded securities		11	239,421.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	·	13	-		
ſ	14	Intangible assets			14		
	15 16	Other assets. See Part IV, line 11	-1.12		2 (72 041	15	
_	17	Total assets. Add lines 1 through 15 (must equ			3,673,941.	_	
- 1	18	Accounts payable and accrued expenses	333,302.		428,079.		
- !		Grants payable Deferred revenue	367,708.	18	205 264		
	20	Tax-exempt bond liabilities			301,108.	1	305,364.
- 1		Escrow or custodial account liability. Complete F		and the Po		20	
1.		Loans and other payables to any current or form				21	
		trustee, key employee, creator or founder, subst		· ·			
		controlled entity or family member of any of thes				22	and the same and t
2		Secured mortgages and notes payable to unrela	- '			23	
12		Unsecured notes and loans payable to unrelated				24	
2		Other liabilities (including federal income tax, pay			-		
		parties, and other liabilities not included on lines					
		of Schedule D		i	150,000.	25	552,015.
2	6	Total liabilities. Add lines 17 through 25			851,010.	26	1,285,458.
		Organizations that follow FASB ASC 958, chec			and Company		i i navetaren e-ko
		and complete lines 27, 28, 32, and 33.		Ü	ones en contra de 1999	Spinger	Parameter and Company of the Company
2	7	Net assets without donor restrictions			2,587,931.	27	2,764,578.
28	8 1	Net assets with donor restrictions		235,000.	28	100,000.	
		Organizations that do not follow FASB ASC 95			\$1.50 P. O. O. O. B. I. M. I. S. (58)		
		and complete lines 29 through 33.					
29		Capital stock or trust principal, or current funds		29	The state of the s		
30	D F	Paid-in or capital surplus, or land, building, or equ			30	<u> </u>	
31		Retained earnings, endowment, accumulated inc	ome, or other	funds		31	
29 30 31 32					2,822,931.	32	2,864,578.
33	3 7	Total liabilities and net assets/fund balances			3,673,941.	33	4,150,036.

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

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

X

Form 990 (2019)

За

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

_		CAF	RE NET					Ť	54-1382723
P	art I	Reason for Public	c Charity Status	(All organizations mus	t complete	e this part.)	See instructions.		
The	e organ	ization is not a private fou	ındation because it is	s: (For lines 1 through 12	, check o	nly one bo	x.)		
1		A church, convention of	churches, or associa	ition of churches describ	oed in sec	ction 170(l	b)(1)(A)(i).		
2		A school described in se							
3		A hospital or a cooperati							
4		A medical research organ	nization operated in o	conjunction with a hospi	tal describ	ped in sec	tion 170(b)(1)(A)(iii). Ent	er the hospital's name
		city, and state:		•				,	are troopstate riality
5		An organization operated	for the benefit of a	college or university own	ed or ope	rated by a	governmental uni	t descr	ibed in
		section 170(b)(1)(A)(iv).			·	-	•		
6		A federal, state, or local of	government or gover	nmental unit described i	n section	170(b)(1)(Ά)(ν).		
7		An organization that norn						genera	al public described in
		section 170(b)(1)(A)(vi).			Ū			3	passo assertion in
8		A community trust descri	bed in section 170(I	o)(1)(A)(vi). (Complete P	art II.)				
9		An agricultural research c				ated in cor	iunction with a la	nd-grar	nt college
		or university or a non-land	d-grant college of agr	iculture (see instructions). Enter th	e name, ci	tv. and state of th	e colle	ne or
		university:		•	,			0 00110	30 Oi
0		An organization that norm	nally receives: (1) mor	re than 33 1/3% of its su	pport fron	n contribut	ions, membershin	fees a	and gross receipts from
	;	activities related to its exe	empt functions - subj	ect to certain exceptions	s. and (2) r	no more th	an 33 1/3% of its	sunnor	t from aross investment
	į	income and unrelated bus	siness taxable incom	e (less section 511 tax) f	rom busin	esses acq	uired by the organ	ization	after June 30, 1975
		See section 509(a)(2). (C		•			, g	,	witer build 60, 10, 6.
1		An organization organized	l and operated exclu-	sively to test for public s	afety. See	section	509(a)(4).		
2		An organization organized						out the	purposes of one or
	r	more publicly supported o	organizations describ	ed in section 509(a)(1)	or section	n 509(a)(2)	. See section 509	9(a)(3).	Check the box in
	!	ines 12a through 12d that	t describes the type o	of supporting organization	on and cor	nplete line	s 12e, 12f, and 12	(=,,-,- !a.	
а		Type I. A supporting org	janization operated, :	supervised, or controlled	i by its su	pported or	ganization(s), typic	cally by	aivina
		the supported organizati	ion(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees	of the s	upportina
		organization. You must							
b		Type II. A supporting org	ganization supervised	d or controlled in connec	tion with	its support	ed organization(s)	, by ha	vina
		control or management	of the supporting org	anization vested in the s	ame pers	ons that co	ontrol or manage t	he sup	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.			ū		'
C		Type III functionally inte	e grated. A supportir	ig organization operated	in connec	ction with,	and functionally in	ntegrate	ed with,
		its supported organization	n(s) (see instructions). You must complete	Part IV, S	ections A,	, D, and E.		•
d		Type III non-functional						organi	zation(s)
		that is not functionally in	tegrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and an	attenti	veness
		requirement (see instruct	tions). You must co r	mplete Part IV, Sections	s A and D	, and Part	v.		
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, T	ype III	
		functionally integrated, o		nally integrated supporti	ng organiz	zation.			
		he number of supported o		***************************************					
g	Provide	e the following information lame of supported	n about the supporte	d organization(s). (iii) Type of organization	I (in) le the see	ianization Notal			
	(1) 13	organization	(II) EIN	(iii) Type of organization (described on lines 1-10		janization listed iing document?	(v) Amount of mo		(vi) Amount of other
				above (see instructions))	Yes	No	support (see instru	cuons)	support (see Instructions)
					İ				
						<u> </u>			
					ļ				
						 			
			<u> </u>						
									•
									<u> </u>
al	·								<u> </u>
			(1) 15、 5、 90年 10 日 11 日 11 日 12 日 12 日 12 日 12 日 12 日	如此工作,但是工作,如何在一个人的一种工作,但是不是一个人的人	2015年1月1日 1日 (4) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				

Schedule A (Form 990 or 990-EZ) 2019 CARE NET

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

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

<u> </u>	etion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(6) Tetal
1	Gifts, grants, contributions, and				10,2310	(6) 2013	(f) Total
	membership fees received. (Do not]
	include any "unusual grants.")	3645299.	3632565	4130268.	4339131.	4658260.	20405523
2	Tax revenues levied for the organ-	}					103323
	ization's benefit and either paid to			1			
	or expended on its behalf	<u> </u>			<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to]
	the organization without charge	2545000		<u> </u>			
4	Total. Add lines 1 through 3	3645299.	3632565.	4130268.	4339131.	4658260.	20405523
5	The portion of total contributions		15-17-59-94-16				
	by each person (other than a	100 Sept. 112.00					
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the	1. 经有效数据 在		A Marie Const.			
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.	- HE OF THE OWNER OF THE			in the state of the same	a thusaire despit	963,790.
Sec	etion B. Total Support	<u> Kondensyl</u>	<u> </u>		多等度 多质 多形		<u> 19441733.</u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(1) 0047			
	Amounts from line 4	3645299.	3632565.	(c) 2017 4130268.	(d) 2018 4339131.	(e) 2019	(f) Total
	Gross income from interest,	00101350	3032303.	1130200.	4333131.	4058260.	20405523.
	dividends, payments received on						
	securities loans, rents, royalties,]	
	and income from similar sources	19,009.	19,378.	12,610.	13,893.	26,160.	01 050
	Net income from unrelated business				13,093.	40,10U.	91,050.
	activities, whether or not the						
	business is regularly carried on		,	Ì			
10	Other income. Do not include gain						
	or loss from the sale of capital		}	-			
	assets (Explain in Part VI.)	30,637.	3,707.	4,131.	21,028.	4,432.	63,935.
	Total support. Add lines 7 through 10						0560508.
12	Gross receipts from related activities, e	etc. (see instruction	ns)			12 4	466,595.
13	First five years. If the Form 990 is for t	the organization's	first, second, third	fourth, or fifth tax	year as a section	501(c)(3)	
(organization, check this box and ston	here					
	ion C. Computation of Public	Support Perc	entage				
4 1	Public support percentage for 2019 (lin	e 6, column (f) divi	ded by line 11, col	umn (f))		14	94.56 %
5 F	rubiic support percentage from 2018 S	Schedule A, Part II,	line 14			15	92 75 %
oa s	is 1/3% support test - 2019. If the or	ganization did not	check the box on	line 13, and line 14	is 33 1/3% or mo	e, check this box a	and
5 د د	top here. The organization qualifies as	s a publicly suppor	ted organization	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ X
טט	3 1/3% support test - 2018. If the org	ganization did not	check a box on lin	e 13 or 16a, and lir	ne 15 is 33 1/3% o	r more, check this	box
9 7 a 1	nd stop here. The organization qualific	es as a publicly su	pported organizati	on			▶□
ا D.	0% -facts-and-circumstances test -	2019. If the organ	uzation did not ch	eck a box on line 1	3, 16a, or 16b, and	d line 14 is 10% or	more,
n	nd if the organization meets the "facts	-and-circumstance	s" test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
и Б 1	neets the "facts-and-circumstances" te:	ou ine organizatio	n qualifies as a pu	blicly supported or	ganization	***************************************	▶□
'n	0% -facts-and-circumstances test - :		ii∠ation did not che	eck a box on line 1:	3, 16a, 16b, or 17a	a , and line 15 is 10 $^{\circ}$	% or
0	nore, and if the organization meets the rganization meets the facts-and-circur	nacio-anurumigums hetanoae" toot Th	o organizatian	K this box and sto	op here. Explain ir	Part VI how the	
3 P	rivate foundation. If the organization	did not check a ho	e organization qua	nines as a publicly :	supported organiz	ation	
			A 011 mag 10, 10a,	rou, ira, or (70, 0			
					Schedu	ile A (Form 990 or	· 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CARE NET Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support		iipioto i git ii.)		·		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Tot
 Gifts, grants, contributions, and 				(4) 4010	(0) 2010	17 100
membership fees received. (Do not	1		i			
include any "unusual grants.")		•				
2 Gross receipts from admissions,			 			
merchandise sold or services per-	1	1		1	İ	ĺ
formed, or facilities furnished in	1			i	1	i
any activity that is related to the organization's tax-exempt purpose		1				ł
3 Gross receipts from activities that		 				
are not an unrelated trade or bus-			1			
iness under section 513	1	1				

4 Tax revenues levied for the organ-]		
ization's benefit and either paid to						
or expended on its behalf				<u> </u>		
5 The value of services or facilities						
furnished by a governmental unit to	1				1	
the organization without charge		1	1			
6 Total. Add lines 1 through 5	, -1.	-			-	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received					 	
from other than disqualified persons that					1	
exceed the greater of \$5,000 or 1% of the	ļ				i i	
amount on line 13 for the year c Add lines 7a and 7b				<u>. </u>		
	en and the second		. 11 5 1 1 2	ERIOR, OF MEDICAL PROPERTY OF THE PROPERTY OF		
B Public support. (Subtract line 7c from line 6.) Rection B. Total Support					all was made at the street	<u> </u>
lendar year (or fiscal year beginning in)	(a) 2015	(h) 0040	(100/5		·····	
Amounts from line 6	(a) 2013	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Da Gross income from interest,		······································		····	ļ	
dividends, payments received on			i			
securities loans, rents, royalties	}	}	}			
and income from similar sources						
b Unrelated business taxable income		i				
(less section 511 taxes) from businesses			1			
acquired after June 30, 1975		l	ļ			
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on	1		İ			
Other income. Do not include gain	-					
or loss from the sale of capital		}	j			
assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)			i			
First five years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax y	year as a section :	501(c)(3) organizatio	on,
check this box and stop here	^	····				.
ction C. Computation of Public						
Public support percentage for 2019 (line	8, column (f), div	ided by line 13, co	lumn (f))		15	
Public support percentage from 2018 Sc	chedule A, Part III	line 15	***************************************		16	
tion b. Computation of investing	nent Income I	ercentage				
Investment income percentage for 2019	(line 10c, column	(f), divided by line	13, column (f))		17	
Investment income percentage from 20	18 Schedule A, Pa	art III. line 17	,		18	
33 1/3% support tests - 2019. If the org	anization did not	check the hox on	line 14. and line 15	i is more than 22	1/20/ and Una 471	
more than 33 1/3%, check this box and	stop here. The or	oanization qualifie	s as a nublich/ever	orted organization		
33 1/3% support tests - 2018. If the org	anization did not	check a hov on lin	is 14 or line too	onteu organizatio	than 22 1/20/	▶∟
line 18 is not more than 33 1/3%, check t	this boy and eten	hara The execute	ration avalifies	no little 10 IS MOre	man 33 1/3%, and	. –
Private foundation. If the organization of	id not check a ba	von ling 14 des	auuri qualilles as a	publicly supporte	organization	<u>P</u> _
o o o o o o o o o o o o o o o o o	is not one on a bo	A OFFILIE 14. 198. (JE 190. CDAČK This h	ox and see instru	Intione	<u> </u>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	Part IV Supporting Organizations (continued)		 '	_490 €
			Yes	No
1	1 Has the organization accepted a gift or contribution from any of the following persons?	441		
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	ar necessar,	72 5279837-95
	b A family member of a person described in (a) above?	11b	1	1-
_	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c	1	\dagger
<u>s</u>	ection B. Type I Supporting Organizations			<u></u>
			Yes	No
•	1 Did the directors, trustees, or membership of one or more supported organizations have the power to	6 1 2 1 3 4 4 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	150%	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1.25	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		and the	建 多
	controlled the organization's activities. If the organization had more than one supported organization,			1000 A 2000
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			\$ 6.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	######################################		
2	Did the organization operate for the benefit of any supported organization other than the supported			Service Control
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	2.19		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	7.74	75,04	
_	supervised, or controlled the supporting organization,	2	WEINE ELECT	
<u>Se</u>	ction 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			242
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	Copyright 5	ARMIN
<u>Se</u>	ction 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		316	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Purasan ee	228-2567-1250
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	(数据)		(Višter)
	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	STANDERS OF	Enclosed at
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ant district		(4) E
	significant voice in the organization's investment policies and in directing the use of the organization's	4.430		
	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	28.828.946. 0283	ENDAMEN
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
a	ine organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
Ċ	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).		
2	Activities Test. Answer (a) and (b) below.		es N	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			10 (10 H)
	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		
Ö	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20 April 10 A		177
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	15 mg (5) (6) 2 (7) (2)		10
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	

Schedule A (Form 990 or 990-EZ) 2019 CARE NET Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organ	nizations	54-1382723 Page 6
1 Check here if the organization satisfied the Integral Part Test as	a qualifying trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions A
other Type III non-functionally integrated supporting organization	s must complete Se	ctions A through E.	and the door mod dollows
Section 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	3) 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	range spr		
instructions for short tax year or assets held for part of year):	100	ungan dina kanang g	era dagi kuru da at kelati dada
a Average monthly value of securities	1a	en and a second to the property of the second secon	And the state of t
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·-	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			(1944, 1944)
factors (explain in detail in Part VI):	A Compa		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	Cartes and the control of the State of the Control	
3 Subtract line 2 from line 1d.	3	· · · · · · · · · · · · · · · · · · ·	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater arr			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section R. line 8. Column A)	2		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

Enter greater of line 2 or line 3.
Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018e Excess from 2019

7 Excess distributions carryover to 2020. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2019 CARE	NET	54-1382723	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a ct., 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part rt V, Section E, lines 2, 5, and 6. Also complete this part for any additional complete this part for any additional complete the section E, lines 2, 5, and 6. Also complete this part for any additional complete the section E, lines 2, 5, and 6. Also complete this part for any additional complete the section E, lines 2, 5, and 6. Also complete this part for any additional complete the section E, lines 2, 5, and 6. Also complete this part for any additional complete the section E, lines 2, 5, and 6. Also complete this part for any additional complete the section E, lines 2, 5, and 6. Also complete this part for any additional complete the section E, lines 2, 5, and 6. Also complete this part for any additional complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete	r 17b; Part III, line 12; 1 and 2; Part IV, Section (V. Section B. line 1e: Part	- -
				
				
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name		Total Contributions	Excess Contributions
ANONYMOUS X		1,375,000.	963,790
			- ·
			~
	-		
		····	
tal Excess Contributions to Schedule A. Part II. Line 5			062 700

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CARE NET

Employer identification number 54-1382723

Schedule D (Form 990) 2019

_	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	/1	\ Funds and other seconds
4	Total number at and of year	(a) Donor advised funds	(a)) Funds and other accounts
2	Total number at end of year	<u></u>		
3		<u> </u>	-	
4	Aggregate value of grants from (during year)		 	
5	Aggregate value at end of year	22	 _	<u> </u>
J	Did the organization inform all donors and donor advisors in wri			
6	are the organization's property, subject to the organization's ex	ciusive legal contror?		Yes N
v	Did the organization inform all grantees, donors, and donor adv for charitable purposes and not for the benefit of the donor or d			
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the organ	eization anguared "Ves" on Form 000		Yes N
	Purpose(s) of conservation easements held by the organization	(chack all that and b	, Part IV, III	ne /.
•	Preservation of land for public use (for example, recreation	· · · · · · · · · · · · · · · · · · · 		
	Protection of natural habitat	·		cally important land area
	Preservation of open space	Preservation	of a certifie	d historic structure
2				
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	n of a conse	, C. (~2)
_	day of the tax year. Total number of conservation easements		Se.	Held at the End of the Tax Yea
a				<u> 2a </u>
b				<u>2b</u>
c C	Number of conservation easements on a certified historic structs	ure included in (a)		<u>2c </u>
d	Number of conservation easements included in (c) acquired after			i
9	listed in the National Register			2d
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by th	e organizat	ion during the tax
4	year Number of states where managers to the state of the			
- 5	Number of states where property subject to conservation easem		-	
J	Does the organization have a written policy regarding the periodi	1.1.0		
6	violations, and enforcement of the conservation easements it hol			Yes LNo
,	Staff and volunteer hours devoted to monitoring, inspecting, han	idling of violations, and enforcing cor	iservation e	asements during the year
7	Amount of expenses incurred in monitories incurred in the			
•	Amount of expenses incurred in monitoring, inspecting, handling \$ \\$	of violations, and enforcing conserva	ation easem	ents during the year
В		alle and a second second second second second second second second second second second second second second se		
•	Does each conservation easement reported on line 2(d) above sa and section 170(h)(4)(B)(ii)?	•		
				Yes L No
,	In Part XIII, describe how the organization reports conservation e	asements in its revenue and expense	statement	and
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statem	ents that d	escribes the
	organization's accounting for conservation easements. III Organizations Maintaining Collections of Ar	t Historical Traceuras or O	Ibau Cina	II an A anak
JATE TO STATE	Complete if the organization answered "Yes" on Form 990		uler Sittli	iiai Assets.
10		 		
a	If the organization elected, as permitted under FASB ASC 958, no	ot to report in its revenue statement a	and balance	sheet works
	of art, historical treasures, or other similar assets held for public e			of public
	service, provide in Part XIII the text of the footnote to its financial			
D	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and	balance she	eet works of
	art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furth	nerance of p	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X		>	· \$
	If the organization received or held works of art, historical treasure		l gain, provi	ide
	the following amounts required to be reported under FASB ASC 9			
а	Revenue included on Form 990, Part VIII, line 1			. \$
	8			· · · · · · · · · · · · · · · · · · ·
b /	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for		<u></u>	\$

1 100	nedule D (Form 990) 2019 CARE N	Collogtions of t	hat Linkasissis			_		<u>54-1</u>	384	23	Pag
3	**************************************	Conections of A	Art, mistorical 1	reasures	s, or Oth	ier S	<u>mila</u>	r Asse	ts (cc	ntinue	d)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other reco	rus, cneck any of th	ne following	that make	signi	icant ı	use of its	3		
_											
a				xchange pi							
b			e Other				-1				
Ç											
4	Provide a description of the organization's	collections and expla	in how they further	the organiz	zation's ex	empt i	ourpos	se in Par	t XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or	other simil	ar ass	ets				
<u> </u>	to be sold to raise funds rather than to be r	naintained as part of	the organization's	collection?				[Yes	[
਼ਾਰ —	reported an amount on Form 990, P	ngements. Comp art X, line 21.	lete if the organiza	tion answer	ed "Yes" c	n Fon	n 990,	Part IV	line 9,	or	_
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for contribution	ns or other	assets no	t inclu	ded				
	on Form 990, Part X?		,		405000110	Linola	aca		Yes	Г	٦.
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing table:						165	L	1
			moving table.			Г			Δ		
c	Beginning balance						4-		Amou	ınt	
	Additions during the year		***************************************	***************************************		···	1c				
е	Distributions during the year				•	··· ├	1d				
f	Ending balance	***************************************	,	•••••••••	*	· }-	1e	·			
-	Did the organization include an amount on F	orm 990 Part V line	21 for approve or			L	1f		٦		_
-b	If "Yes," explain the arrangement in Part XIII	Check have if the av	r 21, for escrow or (custodiai ac	count liabi	lity?	•••••	<u> </u>	_ Yes	Ļ	닐
ar	t V Endowment Funds. Complete	if the organization an	planation has been	orm 000 D	n Part XIII			····		<u>. L</u>	
o cena ce en	and district Control C	(a) Current year		ſ					1		
la	Beginning of year balance		(b) Prior year	(c) IW0 y	ears back	(d) T	ree yea	ars back	(e) Fo	ur year:	bac
			·	 -		<u> </u>					
	Contributions			 							
	Net investment earnings, gains, and losses			ļ							
	Grants or scholarships										
	Other expenditures for facilities			1	}						
	and programs			ļ							
	Administrative expenses								_		
_	End of year balance										
	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:							
a I	Board designated or quasi-endowment		%								
b F	Permanent endowment	%	_								
	Term endowment	%									
c .											
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
٦	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses		ion that are held ar	ıd administa	ered for the	o orga	nizatio	n			
1 a A	Are there endowment funds not in the posses		ion that are held ar	d administe	ered for the	e orga	nizatio	n			
a A	Are there endowment funds not in the posses by:	ssion of the organizat				•				Yes	No
1 a / b	Are there endowment funds not in the posses by: (i) Unrelated organizations	ssion of the organizat				•			3a(i)	Yes	No
1 a / b () ()	Are there endowment funds not in the posses by: (i) Unrelated organizations	ssion of the organizat			••••••			••••••	3a(ii)	Yes	No
1 a	Are there endowment funds not in the posses by: (ii) Unrelated organizations (ii) Related organizations f "Yes" on line 3a(ii), are the related organizat	ssion of the organizat	d on Schedule R?		••••••			••••••		Yes	No
1 a	Are there endowment funds not in the posses by: (i) Unrelated organizations (ii) Related organizations f "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the o	ssion of the organizat	d on Schedule R?		••••••			••••••	3a(ii)	Yes	No
1 a	Are there endowment funds not in the posses by: (i) Unrelated organizations (ii) Related organizations f "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the organizat VIII Land, Buildings, and Equipment	ssion of the organizat ions listed as require organization's endow	d on Schedule R? ment funds.					••••••	3a(ii)	Yes	No
1 a	Are there endowment funds not in the posses by: (i) Unrelated organizations (ii) Related organizations f "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the complete if the organization answered	ions listed as require organization's endowent. "Yes" on Form 990,	d on Schedule R? ment funds. Part IV, line 11a. Si	ee Form 996), Part X, li	ine 10.		••••••	3a(ii)	Yes	No
1 a	Are there endowment funds not in the posses by: (i) Unrelated organizations (ii) Related organizations f "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the organizat VIII Land, Buildings, and Equipment	ions listed as require organization's endowent. "Yes" on Form 990, (a) Cost or other	d on Schedule R? ment funds. Part IV, line 11a. Soner (b) Cost	ee Form 990), Part X, li	ine 10.	ated		3a(ii)		
a / t () () (b) li 	Are there endowment funds not in the posses by: (ii) Unrelated organizations (iii) Related organizations f "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the complete if the organization answered Description of property	ions listed as require organization's endowent. "Yes" on Form 990, (a) Cost or other basis (investment)	d on Schedule R? ment funds. Part IV, line 11a. Soner (b) Cost	ee Form 990), Part X, li	ine 10.	ated		3a(ii) 3b		
a / k (((iii) (iii) (iii) (iii)	Are there endowment funds not in the posses by: (i) Unrelated organizations (ii) Related organizations f "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the organization Complete if the organization answered Description of property and	ions listed as require organization's endowent. "Yes" on Form 990, (a) Cost or other basis (investment)	d on Schedule R? ment funds. Part IV, line 11a. Soner (b) Cost	ee Form 990), Part X, li	ine 10.	ated		3a(ii) 3b		
a / k (((iii) (ii	Are there endowment funds not in the posses by: (i) Unrelated organizations (ii) Related organizations f "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the organization answered Complete if the organization answered Description of property and Buildings	ions listed as require organization's endowent. "Yes" on Form 990, (a) Cost or other basis (investment)	d on Schedule R? ment funds. Part IV, line 11a. Scher (b) Costent) basis (ee Form 990 or other other)), Part X, li (e) Ac depa	ine 10. cumul reciati	ated		3a(ii) 3b		
ia / to (iii) (iii	Are there endowment funds not in the posses by: (i) Unrelated organizations (ii) Related organizations f "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the control of the control of the control of the control of property Land, Buildings, and Equipment of property and Buildings Leasehold improvements	ions listed as require organization's endow ent. "Yes" on Form 990, (a) Cost or oth basis (investment)	d on Schedule R? ment funds. Part IV, line 11a. Soner (b) Cost basis (ee Form 990 or other other)), Part X, li (c) Ac dep	ine 10. cumul reciati	ated on		3a(ii) 3b		
a L a L b L c L d E	Are there endowment funds not in the posses by: (i) Unrelated organizations (ii) Related organizations f "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the organization answered Complete if the organization answered Description of property and Buildings	ions listed as require organization's endowent. "Yes" on Form 990, (a) Cost or oth basis (investment)	d on Schedule R? ment funds. Part IV, line 11a. Soner (b) Cost basis (ee Form 990 or other other)), Part X, li (c) Ac dep	ine 10. cumul reciati	ated		3a(ii) 3b d) Bool		0.

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			·····
(B)			
(C)			
(D)			····
(E)		,	- · · · · · · · · · · ·
(F)			
(G)			-
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	·		and and some the
Part VIII Investments - Program Related.			and the second of the second second second
Complete if the organization answered "Yes" or	Form 990, Part IV, (in	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)	· · · · · · · · · · · · · · · · · · ·		
(3)			
(4)			
(5)			· · · · · · · · · · · · · · · · · · ·
(6)			
(7)			
(8)	<u> </u>		
(9)		 	
htal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	scription		(b) Book value
(1)			
(2)			
(3)			<u> </u>
(4)	-		
_(4)			
(5)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities.		-	
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on F		-	
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on F		-	(b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes		-	(b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY		-	
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes		-	80,000
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY		-	
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY (3) CARES ACT PPP LOAN		-	80,000
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on 8 (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY (3) CARES ACT PPP LOAN (4)		-	80,000
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY (3) CARES ACT PPP LOAN (4) (5)		-	80,00
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY (3) CARES ACT PPP LOAN (4) (5) (6)		-	80,00
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY (3) CARES ACT PPP LOAN (4) (5) (6) (7)		-	80,00
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY (3) CARES ACT PPP LOAN (4) (5) (6) (7)	form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	80,000

Schedule D (Form 990) 2019 CARE NET		54-1382723 Page
Part XI Reconciliation of Revenue per Audited Financial St	atements With Revenue per F	Return.
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1 5,551,167
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 00 000	
a Net unrealized gains (losses) on investments b Donated services and use of facilities	2a 35,281	•
The state of the s	2b	_
	2c	
	2d	
		2e 35,281.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 		3 5,515,886.
a Investment expenses not included on Form 990, Part VIII, line 7b	1.1	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12		$\frac{4c}{-274,556}$.
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expenses per	5 5,241,330.
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a	netuiii,
A Tabel and the second second		1 5,509,520.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1 5,509,520.
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d 274,556.	
e Add lines 2a through 2d	27273301	<u>2e</u> 274,556.
3 Subtract line 2e from line 1		3 5,234,964.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3,232,302.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c 0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5 5,234,964.
ran Air Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Part V, line 4	; Part X, line 2; Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.	•
DADM V ITHE O.	-	
PART X, LINE 2:		
MANACEMENT HAC EXTAINIAMED MILE ODGANICATION.	G	
MANAGEMENT HAS EVALUATED THE ORGANIZATION'	S TAX POSITIONS AND	CONCLUDED
THAT THE ORGANIZATION HAS TAKEN NO INCERTS	TN MAY DROUTGEONS W	
THAT THE ORGANIZATION HAS TAKEN NO UNCERTA	IN TAX PROVISIONS TH	HAT WOULD
REQUIRE ADJUSTMENT TO, OR DISCLOSURE IN, T	UP PINIANGTAT GRADULE	73777.0 m.o.
AND OF THE OF THE TO, OR DISCHOSORE IN, I	HE FINANCIAL STATEME	INTS TO
COMPLY WITH THE PROVISIONS OF THE GUIDANCE		
THE GOLDANCE	•	
PART XI 4B AND PART XII 2D		
OST OF GOODS SOLD NETTED AGAINST GROSS SAI	LES IN TAX RETURN	
	ALLI OILLY	
· · · · · · · · · · · · · · · · · · ·		
		<u> </u>

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	am				- 1	• •	entification number
CARE NI Part I Fundraising Activities			/a=1i +	- F 000 D N/		54-1382	
required to complete this pa	 Complete if the organization answrt. 	werea "Y	'es" o	in Form 990, Part IV,	line 17.	Form 990-E2	2 filers are not
 1 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written 	ised funds through any of the follow e Solicit s f Solicit g Speci	tation of tation of al fundra	non-q gove alsing	government grants rnment grants events			
key employees listed in Form 990, F b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	viduals or entities (fundraisers) purs					X Yes	
(i) Name and address of Individual or entity (fundralser)	(ii) Activity	(iii) fundi have c or con contrib	trol of	(iv) Gross receipts from activity	to (or	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
HSP DIRECT - 130 LAKEVIEW		Yes	No			-	
CENTER PLAZA, STE 300, THE HERITAGE COMPANIES - 2402	FUNDRAISING		Х	0.		46,956.	-46,956.
WILDWOOD AVE, SHERWOOD, AR	FUNDRAISING		х	0.		46,865.	-46,865.
		-					· .
					-		
·							
		4					
						j	
Total		•				93,821.	-93,821.
3 List all states in which the organization			tions	or has been notified i	it is exe		
or licensing. MI,TX,VT,CT,FL,AL,NJ,C		_					
SD, WY, AK, CA, CO, DC, GA, F	HI, LA, MD, MA, MN, MS,	NM N	Y , N	C, ND, SC, TN	, UT .	VA,WA,W	W.WI
				<u></u>			
							
N = 1111							

	hed art	7,30.22	the organization answe	ered "Yes" on Form 990, F	art IV. line 18. or report	4-1382723 Page ed more than \$15,000
		of fundraising event contributions and g	ross income on Form 9 (a) Event #1	990-EZ, lines 1 and 6b. Lis (b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ď	3		(event type)	(event type)	(total number)	col. (c))
Rovenio	5					
D Q	1	Gross receipts			-	
	2	Less: Contributions		_		
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Jenses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ğ	8	Entertainment				
	9	Other direct expenses				
İ		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lines.				_
Pa	rt,li	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	inswered "Yes" on For	m 990, Part IV, line 19, or	reported more than	· · · · · · · · · · · · · · · · · · ·
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
ರ	4	Rent/facility costs			······································	
	5	Other direct expenses			·	
	6 \	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7 [Direct expense summary. Add lines 2 through 8	5 in column (d)		>	
_	8 1	Net gaming income summary. Subtract line 7 fr	rom line 1, column (d)		>	
		r the state(s) in which the organization conduct				
		e organization licensed to conduct gaming acti p," explain:		states?		Yes No
-						
a V b li	Vere	any of the organization's gaming licenses revo		rminated during the tax ye	ear?	Yes No
		-	· ,	· · · · · · · · · · · · · · · · · · ·		

Schedule G (Form 990 or 990-EZ) 2019 CARE NET	54-1382723 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a 9
b An outside facility	13b 9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
	J.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
h If "Ves " enter the amount of gamine revenue reasing it but he area."	
b If "Yes," enter the amount of gaming revenue received by the organization > and the amount of gaming revenue retained by the distribution of gaming revenue retained by the distribution of gaming revenue retained by the distribution of gaming revenue retained by the distribution of gaming revenue retained by the distribution of gaming revenue retained by the distribution of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming revenue received by the distribution of gaming received by the distribution of gaming revenue received by the gaming received by the gaming revenue received by the gaming received by the gaming received by the gaming received by the gaming received by the gaming received by the gaming received by the gaming received by the gaming received by the gaming received by the gaming received by the gaming received by the gaming received by the	unt
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party:	
on 100s, white maine and address of the tilling party:	
Name	
Address	<u>. </u>
10 Onnibu	
Gaming manager information:	
Name >	,
	
Gaming manager compensation > \$	
Description of services provided	
	
	·
Director/officer Employee Independent contractor	
7 March 1 Hall 19	
7 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he
organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Both line 05 calculus (II)	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ıd Part III, lines 9, 9b, 10b,
100, 100, 100 to the Also provide any additional information. See instructions.	_
CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	FDC.
	EK9:
I) NAME OF FUNDRAISER: HSP DIRECT	· · · · · · · · · · · · · · · · · · ·
I) NAME OF FUNDRAISER: HSP DIRECT	<u> </u>
I) ADDRESS OF FUNDRAISER:	
-,	
30 LAKEVIEW CENTER PLAZA, STE 300, ASHBURN, VA 20147	
, , , , , , , , , , , , , , , , , , , ,	
NAME OF FUNDRAISER: THE HERTTAGE COMPANIES	
NAME OF FUNDRAISER: THE HERITAGE COMPANIES	
) ADDRESS OF FUNDRAISER: 2402 WILDWOOD AVE, SHERWOOD, AR 723	100
AT THE STEEL AT THE WILLIAM OUT AVE, SHERWOOD, AR 72.	120

Schedule G (Form 990 or 990-EZ) CARE NET Part IV Supplemental Information (continued)	54-1382723 Page 4
(continued)	
,	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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400	0	9
407-004	T	4
ONID ING.	0	
	2	8
	•	

Inspection Employer identification number ► Go to www.irs.gov/Form990 for the latest information. ➤ Attach to Form 990.

L							Employer identification number
Part General Information on Grants and Assistance	and Assistance						54-1382/23
1 Does the organization maintain records to substantiate the amount of the	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or sesion	e grants or assistance, the grantees' eligibility for the grants or assistance, and the geleration	
	stance?					dance, and the selection	, ,
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monii	toring the use of grant	funds in the United	States.			
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi \$5,000. Part II can	zations and Domestic be duplicated if additi	S Governments. Conal space is need	complete if the orga	inization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any oded.	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CARE NET FOUNDATION							
44180 RIVERSIDE PARKWAY LANSDOWNE, VA 20176	84-1639778	501C3	80,000	0	CASH FUNDED		TATAL TATAL
							OF ENALLONAL SUPPORT
					•		
				,			
				-			
	nd government orc	anizations listed in the	line 1 table				
	s listed in the line 1	table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					***************************************

Schedule I (Form 990) (2019)

Page 2 Schedule I (Form 990) (2019) (f) Description of noncash assistance 54-1382723 (e) Method of valuation (book, FMV, appraisal, other) CARE NET HAS A IN-HOUSE DEPARTMENT THAT REVIEWS SPECIFIC GRANT REQUESTS AND 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. Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients MONITORS THE ORGANIZATION. (a) Type of grant or assistance PART I, LINE 2: 932102 10-26-19

CARE NET

Schedule I (Form 990) (2019)

Part III

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

CARE NET

Questions Regarding Compensation

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

Employer identification number 54-1382723

Schedule J (Form 990) 2019

			Yes	No
1 a	77 The state of th		N. Carlo	12.4
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	200		
	First-class or charter travel Housing allowance or residence for personal use	754.5054		
	Travel for companions Payments for business use of personal residence		- 104	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
		100	n en	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	37.3.25230.144	CALL STATE
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	10,000	N. Zwi	VALUE OF
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	15.12.46.(15.1	
		3553	松素体	and the
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		1.7	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	W-68		
	establish compensation of the CEO/Executive Director, but explain in Part III.			Name of
	X Compensation committee		5	
	Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee		数量的	
	E== 1 Approval by the board of compensation committee		S Marie I	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling	15.5%		
	organization or a related organization:	1.00	7.0	
а	Possible a severage and analysis of several se		Service 1	v
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a	 -	$\frac{x}{x}$
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4b	\dashv	$\frac{\mathbf{x}}{\mathbf{x}}$
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	es es es a	<u> </u>
	The second the second and provide the applicable afflourts for each fleff in Part III.			
	Only section 501(a)(2) 501(a)(4) and 501(a)(20) aggregations must a must be section 5.0			
5	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:	24.00		
_				
		5a	\dashv	<u>X</u>
	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	NONE REVIOUS	X
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			e e
	contingent on the net earnings of:			
a	The organization?	6a		<u>X</u>
D	Any related organization?	6b	-entagen for	X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		CONTRACTOR AND ADDRESS.	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	Ann Karan	<u>X</u>
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

CARE NET

Schedule J (Form 990) 2019

Page 2

54-1382723

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

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxahle	(E) Total of eath	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(B)(()-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
(1) ROLAND WARREN PRESIDENT & CRO	©	242,441.	0.	0	7,783.	11 928	769 160	
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Schedule J (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CARE NET

Employer identification number 1382723

Schedule O (Form 990 or 990-EZ) (2019)

J4-1362723
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NETWORK OF PREGNANCY CENTERS, ORGANIZATIONS, AND INDIVIDUALS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLIC EDUCATION WORKS WITH COMMUNITIES ACROSS THE NATION TO EDUCATE
AND HELP IT'S PREGNANCY CENTER AFFILIATES AND CHURCH PARTNERS, WHICH
PROVIDE FREE ASSISTANCE TO WOMEN AND MEN FACED WITH PREGNANCY
DECISIONS.
EXPENSES \$ 438,389. INCLUDING GRANTS OF \$ 80,000. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE IRS FORM 990 WAS REVIEWED BY THE FINANCE COMMITTEE AND REPORTED ON TO
THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS IN THE PERSONNEL POLICY MANUAL. THIS IS
MONITORED CONSTANTLY AND IN DETAIL ANNUALLY WITH EACH EMPLOYEE AS PART OF
THE ANNUAL EMPLOYEE EVALUATION/REVIEW.
FORM 990, PART VI, SECTION B, LINE 15:
CARE NET HAS A COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE OBTAINS
SURVEYS AND STUDIES TO DETERMINE APPROPRIATE COMPETITIVE COMPENSATION.
EXECUTIVE COMPENSATION IS APPROVED BY THE COMMITTEE AND THE BOARD.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, CA, CO, DC, GA, HI, KY, LA, MA, MD, MN, MS, ND, NH, NM, NY, SC, TN, UT, VA, WA, WI, WV, SD

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

932211 09-06-19

Name of the organization CARE NET	Employer identification number 54-1382723
FORM 990, PART VI, SECTION C, LINE 19:	
CARE NET MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERE	EST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE ORGANIATION HAS A COMMITTEE FORMALLY DESIGNATED TO OVE	RSEE THE
AUDIT.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

CARE NET

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

► Attach to Form 990.

Open to Public Inspection

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

2019

OMB No. 1545-0047

(g) Section 512(b)(13) controlled Employer identification number 54 - 1382723ટ × Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets ø status (if section Public charity 501(c)(3)) LINE 1 Total income Exempt Code section 501(C)(3) Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Legal domicile (state or foreign country) /IRGINIA PLANNED GIVING PROGRAMS TO Primary activity MANAGE AND ADMINISTER Primary activity 3 SUPPORT CARE NET For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN CARE NET FOUNDATION - 46-0951472 44180 RIVERSIDE PARKWAY, STE 200 of related organization of disregarded entity 20176 LANSDOWNE VA Partil

Schedule R (Form 990) 2019

Page 2

CARE NET Schedule R (Form 990) 2019

Parting 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. 54-1382723

General or Percentage managing ownership			ire related	Sect 512(b) contre	Ves No		
(j) General or managing, partner?	Yes No		e or mo	(h) Percentage ownership			
Code V-UBI amount in box 20 of Schedule			Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Percend-of-year own			
u) ortionate tions?	ON THE RESERVE TO THE		line 34,				
Dispro	3		Part IV,	(f) Share of total income			
(g) Share of end-of-year assets			rm 990,				
end-			es" on Fo	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			vered "Y	Type (C corp			
	i i		ion answ	trolling y			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-614)			organizat	(d) Direct controlling entity			
(e) Predominant income (related, unrelated, coluded from tax unde sections 512-514)			ite if the				_
			 Comple	(C) Legal domiclle (state or foreign country)			
(d) Direct controlling entity			on or Trust.	(b) Primary activity			
(C) Legal domicile (state or foreign country)			s a Corpo g the tax y	Prim			
(b) Primary activity			anizations Taxable a poration or trust durin	Z -			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2019

932162 09-10-19

Page 3

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					J
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Part 1, 1, 10, 10, 10, 10, 10, 10, 10, 10, 1	is with one or more re	lated organizations listed		Yes No	اه
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	2	irica organizationis ilsted	III Parts II-1V?	100 mm 10	
 b Gift, grant, or capital contribution to related organization(s) 				1a X	ا
(S)				1b X	
d Loans or loan guarantees to or for related organization(s)				1c X	1
e Loans or loan guarantees by related organization(s)				1d X	l
				_	
f Dividends from related organization(s)	•				
	•••••••••••••••••••••••••••••••••••••••			×	
					.1.
					.l.
				+	.1.
J Lease of racilities, equipment, or other assets to related organization(s)				√ ;	.1.
A page of foodlition on the second				X F	. Isa
	inization(s)			×	J
 M Performance of services or membership or fundraising solicitations by related organization(s) 	nization(s)			× =	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	***************************************		1m	
 Sharing of paid employees with related organization(s) 	(a)			-tr	[]
				10 X	l
Reimbursement paid to related organization(s) for expenses					44
				T _D	garage and a second
	***************************************				1
r Other transfer of cash or property to related organization(s)				では、	I.S.
s Other transfer of cash or property from related property from selected property from related property from r				7- X	ğ
2 If the answer to any of the above is "Yes." see the instructions for information				18	1
see the mountainon on who must complete this line, including covered relationships and transaction thresholds.	no must complete thi	s line, including covered r	elationships and transaction thresholds.		1
(a)	<u>(g)</u>	3	tonic in the second		ı
Name of related organization	Transaction type (a-s)	Amount involved	(d) Method of determining amount involved	olved	
(1) CARE NET FOUNDATION	ບ	5 000	WAT - CA CIT		ı
2) CARE NET FOUNDATION			ray - Cash		i
	Я	74,000.	FMV - CASH		
(3)					1
					1
(5)					1
(9)					ı
82-10-19					

54-1382723

Schedule R (Form 990) 2019 CARE NET

PartW 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.

(i) (k) General or Percentage managing ownership						
or Perc						
(j) Seneral nanagir partner	Ves No	 		-		
UBI box 20 lle K-1	λ (can)					
Code V- amount in of Schedu						į
(h) Disproportionate allocations?	Ves No					
(g) Share of end-of-year assets						
(f) Share of total						
(e) Are all partners sec. 501(c)(3) orgs.?	ß					
Predominant income (related, unrelated, excluded from tax under sections 512-514)						
(c) Legal domicite (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2019

Part VII Supplemental Information	54-1382723 Page !
Provide additional information for recognoses to acceptance on Calcate to D. O	
Provide additional information for responses to questions on Schedule R. See instructions.	
•	
	· · · · · · · · · · · · · · · · · · ·
·	

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Pre	oai	rec	ΙF	or:
-----	-----	-----	----	-----

CARE NET 44180 RIVERSIDE PARKWAY No. 200 LANSDOWNE, VA 20176

Prepared By:

MITCHELL & CO., P.C. 110 EAST MARKET ST. #200 LEESBURG, VA 20176

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

jinning	JUL	1	, 2019, and ending	JUN	30	, 20 2

OMB No. 1545-1878

		UL 1 , 2019, and ending JUN 30	, 20 <u>20</u>	2010
Department of the Treasury Internal Revenue Service		the IRS. Keep for your records.		2019
Name of exempt organization	GO to www.ns.gow.re	or the latest information.	Employer ide	ntification number
CARE NET				
Name and title of officer			<u> 54-138</u>	32723
ROLAND C WARRI	en -			
PRESIDENT & CI				
	Return and Return Information (
on line 1a, 2a, 3a, 4a, or 5a	i, below, and the amount on that line for th	O and enter the applicable amount, if any, fro e return being filed with this form was blank, t on the return, then enter -0- on the applicable	hen leave line	th 2h 3h 4h or 5h
1a Form 990 check here	b Total revenue, if any (Form	m 990, Part VIII, column (A), line 12)	1b	5,241,330,
2a Form 990-EZ check her	e 🕨 📖 b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check I	nere <u> </u>	20-POL, line 22)	3b	
4a Form 990-PF check her	e P b Tax based on investm	nent income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance Due (Form 8868,	line 3c)	5b	
Part II Declaration	on and Signature Authorization o	of Officer		
the date of any refund. If applicabit) entry to the financial in return, and the financial instination 1-888-353-4537 no later than processing of the electronic payment. I have selected a porganization's consent to ele	olicable, I authorize the U.S. Treasury and institution account indicated in the tax prepitution to debit the entry to this account. To 2 business days prior to the payment (set payment of taxes to receive confidential infersonal identification number (PIN) as my sectronic funds withdrawal.	hission, (b) the reason for any delay in procests designated Financial Agent to initiate an elearation software for payment of the organization revoke a payment, I must contact the U.S. To tlement) date. I also authorize the financial instrument or the organization and resignature for the organization's electronic retusion.	ectronic funds ion's federal ta reasury Financ stitutions involv	withdrawal (direct xes owed on this ial Agent at red in the
Officer's PIN: check one bo	•			
A lauthorize MIT	CHELL & CO., P.C.		o enter my PIN	
	ERO firm na	ame		Enter five numbers, bu do not enter all zeros
is being filed with a enter my PIN on th	a state agency(ies) regulating charities as pa e return's disclosure consent screen. organization, I will enter my PIN as my sigr	cally filed return. If I have indicated within this art of the IRS Fed/State program, I also autho nature on the organization's tax year 2019 ele	rize the aforem	entioned ERO to
indicated within thi	s return that a copy of the return is being fil r my PIN on the return's disclosure consen	led with a state agency(ies) regulating charitie	s as part of the	e IRS Fed/State
Officer's signature	·	Date >		
Part III Certification	on and Authentication			-
	six-digit electronic filing identification			
number (EFIN) followed by yo	•	54186377749 Do not enter all zeros]	,
I certify that the above numer confirm that I am submitting t e-file Providers for Business F	his return in accordance with the requireme	n the 2019 electronically filed return for the ore ents of Pub. 4163, Modernized e-File (MeF) Ir	ganization indi oformation for /	cated above. I Authorized IRS
ERO's signature 🕨		Date		
	ERO Must Retain Thi	s Form - See Instructions		· · · · · · · · · · · · · · · · · · ·
		ie IRS Uniess Requested To Do So	i	

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

2019

JUL 1,

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending JUN 30,

OMB No. 1545-0047 Open to Public Inspection

2020

В	Check if	C Name of organization	D Employer ident	ification number
Γ_	Addre	ess Care atem		
	Name		54-1382	723
一	Initial	Doom.	suite E Telephone numb	per
F	Final	AA180 RIVERSIDE PARKWAY 200	(703) 5	54-873 <u>4</u>
-	termi ated	/	G Gross receipts \$	5,515,886.
	Amen	ded LANSDOWNE, VA 20176	H(a) Is this a group	return
F	Applie	F Name and address of principal officer: ROLAND C. WARREN	for subordinat	es? Yes X No
	pendi	SAME AS C ABOVE	H(b) Are all subordinates	s included? Yes No
1	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		a list. (see instructions)
J	Nebsi	te: NWW.CARE-NET.ORG	H(c) Group exempt	
K	orm o	forganization: X Corporation Trust Association Other ▶ L	Year of formation: 1986	M State of legal domicile: DC
	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities: EDUCATIO	ON & CHARITABI	LE SERVICES
Activities & Governance		THROUGH CENTER SERVICES, PUBLIC EDUCATION & P	REGNANCY DECI	SION LINE.
Tag	2	Check this box if the organization discontinued its operations or disposed of		
Ze Ze	3			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		
S S	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		
Ϋ́Ē	6	Total number of volunteers (estimate if necessary)		
cţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 39		
			Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)	4,339,131	
둤	9	Program service revenue (Part VIII, line 2g)	703,899	582,515.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,494	
П.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,318	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,109,842	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	150,000	
		Benefits paid to or for members (Part IX, column (A), line 4)	2,489,904	
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	90,936	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		93,021.
Ž,		Total fundraising expenses (Part IX, column (D), line 25) 723,041.	2,374,064	. 2,384,296.
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,104,904	
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4 020	
		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Yea	
t Assets or			3,673,941	
SSet	20	Total assets (Part X, line 16)	851,010	
Net A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	2,822,931	
	22	Signature Block	1 2/022/332	2700270.00
		lities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of r	ny knowledge and belief, it is
ULIG	oorrac	thes of perjuly, it declare that triave examined this return, more and accompanying consisted the state of th	parer has any knowledge.	.,
u ne,	CONTE	it, and complete. Declaration of property (other than officer) to deced on an another of which pro-		
Cia	•	Signature of officer	Date	7
Sign Her		ROLAND C. WARREN, PRESIDENT & CEO		
nei	-	Type or print name and title		
-		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	ı	JEFFREY D MITCHELL	10-30-20 self-emp	P00461359
	arer	Firm's name MITCHELL & CO., P.C.		54-1853459
-	Only	Firm's address 110 EAST MARKET ST. #200		
		LEESBURG, VA 20176	Phone no. 7	03-777-4900
May	the II	as discuss this return with the preparer shown above? (see instructions)		X Yes No

_	Form 990 (2019)	2723	Page 2
P	Part III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part ill		. X
1	ACKNOWLEDGING THAT EVERY HUMAN LIFE BEGINS AT CONCEPTION AND IS	WORTH	ΙΥ
		YONE	
	CONSIDERING ABORTION BY PRESENTING THEM WITH REALISTIC ALTERNAT		
	AND CHRIST-CENTERED SUPPORT THROUGH OUR LIFE-AFFIRMING (CONTINU	ED)	-
2	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
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	o in the state of	rpenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and	i
	revenue, if any, for each program service reported.		
4a	/ (Hevelide &	-25,9	
	CENTER SERVICES OPERATIONS PROVIDED TRAINING, SUPPORT AND MAT	ERIAL	S
	TO MORE THAN 1,100 PREGNANCY CENTERS AND THEIR 21,000 PLUS STAFF	AND	
	VOLUNTEERS WHO PROVIDE FREE CHARITABLE ASSISTANCE TO THE GENERAL		
	PUBLIC, PARTICULARY WOMEN DEALING WITH PREGNANCY RELATED CONCERN	s.	
4b	b (Code:) (Expenses \$2,006,040. including grants of \$) (Revenue \$	578,44	10 .
τω:		3/8,44 ALL TE	
	CUIDDADE CUE MESTO EL MESTO COME MESTO COME	WOMEN	1.0
	IN PROMOTING LIFE AFFIRMING DECISIONS.	M OTTEM	 ,
		··	
		•	
c	/ triovenue a		<u> </u>
	PUBLIC AND CENTER OUTREACH SERVICES-INFORMED AND INSPIRED THE PUBLIC AND INSPI	BLIC B	Y
	CREATING AND DISSEMINATING MULTIMEDIA EDUCATIONAL CONTENT ON VARI		
	ASPECTS OF PREGNANCY CENTER MINISTRY AND CULTRUAL ENGAGEMENT USIN	īG	
	SOCIAL MEDIA, THE INTERNET, AND TRADITIONAL MEDIA.		
			· · · · · · · · · · · · · · · · · · ·
	·		
	In . A		
	(Expenses \$ 438,389 · Including grants of \$ 80,000 ·) (Revenue \$)		
е	Total program service expenses ► 4,278,542.		
	ı	orm 990 ((2019)

Form 990 (2019) CARE NET Part IV Checklist of Required Schedules

			_ Ye	s No
1	The state of the s			
	If "Yes," complete Schedule A	1		
2	o The state of Conductor of Contributors	2	X	┷
3	5-3-3-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
4	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4				
	during the tax year? If "Yes," complete Schedule C, Part II	4	┿-	<u> </u>
5	the first of the f			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	+	X
6	The state of the s		ĺ	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	┼	X
′	o proserve open apace,	ļ		
۰	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
_	Schedule D, Part III	8	∔	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		1	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	
	If "Yes," complete Schedule D, Part IV	_9_	1	X
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	<u>L.</u> .	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	graph.	1000	100
	as applicable.	22		
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	X	
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		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Ì	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	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		х
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	140		
•	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_16		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		v	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	X	
				v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		<u>x</u>
				v
20a	complete Schedule G, Part III	19		X
zva h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
24	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			
022002	domestic government on Part IX, column (A), line 1? # "Yes," complete Schedule I, Parts I and II	21	X	

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 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 X 26 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 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? # "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 X 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 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 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 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Х Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ______ 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

	m 990 (2019) CARE NET art V Statements Regarding Other IRS Filings and Tax Compliance (continue	54-138	272	3 1	Page :				
-	<u>conunue</u>	<u>a)</u>		T _{Va}	T				
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1	200	Yes	No				
	filed for the calendar year ending with or within the year covered by this return	2a 4	2						
	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	urns?		X	e applicati				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)	2543						
3	Pid the organization have uprelated husings gross income of \$1,000 or many study at the constant		1 .	as (deathar)	X				
;	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul	le O	3b	+	 				
4	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X				
- 1	if "Yes," enter the name of the foreign country	* *************************************	District of	1.46	244				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).							
5	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
l	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
(5b 5c		X				
68		he organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a	ļ	x				
ŧ	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts							
	were not tax deductible?	***************************************	6b		l				
7	Organizations that may receive deductible contributions under section 170(c).		法人						
a	or the party for goods and St	ervices provided to the payor?	7a		X				
b	, and an adjusted the state of the goods of solvices provided:	***************************************	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required							
	to file Form 8282?	·····	7c		X				
d	, and the state of	7d							
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	The state of the year, pay promitting, directly of indirectly, of a personal persona								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the							
	sponsoring organization have excess business holdings at any time during the year?		8		W - J				
9.	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9a						
±∩ 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	***************************************	9b	Company of S	a Shriada terson				
10	Section 501(c)(7) organizations. Enter:	1 1							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	遊廳						
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b							
a		11							
b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a							
D		l l							
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b							
	If "Vog " ontog the amount of how around below to the design of the control of th	1 1	12a	Jarothia A	estellare.				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b							
a	Is the organization licensed to issue qualified health plane in more than any atoms.								
~	Note: See the instructions for additional information the organization must report on Schedule O.		13a	3010744	HERMES				
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	401.							
С	Enter the amount of reserves on hand	13b							
14a	Did the organization receive any payments for indoor tarning convices during the tay years	13c	2000 N. St.	的指数的	v				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduli	- 0	14a	\dashv	<u>X</u> _				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner.	e O	14b						
	excess parachute payment(s) during the year?	ativi I VI	45		х				
	If "Yes," see instructions and file Form 4720, Schedule N.		15						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X				
	If "Yes," complete Form 4720, Schedule O.		10	ALM A					
_		<u></u>	sometimes of	10 CO 10 C	contributions				

Form 990 (2019) CARE NET 54-1382723 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 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 10 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? X 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, DC, GA, HI, KY, LA, MA, MD, MN, MS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ____ Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ROLAND C. WARREN - 703 554-8746

44180 RIVERSIDE PARKWAY, SUITE 200, LANSDOWNE,

20176

orm 990 (2019)	CARE NET	E4 1202702	. 7
Dart VIII Compone	action of Officers Division	54-1382723	Page /

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizate (A)	(B)	T	CITIZE		(C)	upe	risai			
Name and title	Average hours per week	bo:	Position (do not check more than one box, unless person is both an officer and a director/trustee)				th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) THOMAS MASON	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THOMAS MASON CHAIR	1.00	X		X				0.	0.	•
(2) KATHLEEN PATTERSON, PHD	1.00	-				 	H	- · · ·	<u> </u>	0.
CO-CHAIR		x		x				0.	Ò.i	0.
(3) DENNIS BROWN	1.00	J .								
TREASURER (4) SHAUNTI FELDHAHN	1 00	X		X				0.	0.	0.
SECRETARY	1.00	x		x						_
(5) KIMBERLY KENNEDY ELSBREE	1.00	Λ		^	_			0.	0.	0.
BOARD MEMBER		х		_				0.	0.	0.
(6) BRUCE HELLEN BOARD MEMBER	1.00	37								
(7) JOSEPH INFRANCO	1 00-	X		-		-		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
(8) JERRY REGIER	1.00			寸		\dashv	\dashv			0.
BOARD MEMBER		Х			ı			0.	0.	0.
(9) DAVID MOJA	1.00			\neg		7	\neg			
BOARD MEMBER		X]	j		ı	0.	0.	0.
(10) BONNIE WURZBACHER	1.00									
BOARD MEMBER (11) ROLAND WARREN		X		_	_	_[.		0.	0.	
PRESIDENT & CEO	55.00	ı	.	X				242 441		
(12) CYNTHIA HOPKINS	40.00	-+	+	-	\dashv	-+	\dashv	242,441.	0.	<u> 19,711.</u>
VP OF CENTER SERVICES	=0.00					x l		103,095.		12 000
(13) VINCENT DICARO	40.00	7	- -	\dagger	+	+	+	103,053.	0.	13,960.
CHIEF OUTREACH OFFICER					<u> </u> :	x		118,587.	0.	23,243.
				1						
		+	+	+	\dashv	+	+			
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932007 01-20-20			_Ļ		_ــــــــــــــــــــــــــــــــــــــ	Щ.				

	Section A. Officers, Directors, Tru		ploy	yees			ghe	st C	1	1		1
	(A) Name and title	(B) Average	(C) Position				n		(D)	(E)		(F)
	wame and title	hours per		o nat e x, unle	check	more	than		Reportable compensation	Reportable compensation		Estimated amount of
		week	off	icer a					from	from rela		other
		(list any	director			1	İ		the	organizat		compensation
		hours for related	9 of	<u>a</u>			sated		organization	(W-2/1099-I	MISC)	from the
		organizations	truste	a trus	1	æ	mper		(W-2/1099-MISC)			organization and related
		below	ndividual trustee or	Institutional trustee	ь Б	кеу етрюуее	Highest compensated employee	量				organizations
		line)	혈	lasti	Officer	<u>ş</u>	F E	Готты				
	•		-									
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1b	Subtotal		• • • • • •				>	▶	464,123.		0	56,914.
	Total from continuation sheets to Part VII							▶	0.		0.	0.
<u>a</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no							<u> </u>	464,123.		0.	56,914.
2	compensation from the organization	n minea to trio	Se 11	steu	apo	ivej	wno	rece	eived more than \$100,0	uu of reportab	le	3
	- Samuella								·			Yes No
3	Did the organization list any former officer,	director, trustee	e, ke	y en	aplo	yee,	or h	ighe	est compensated emplo	yee on	S.	
	line 1a? If "Yes," complete Schedule J for su									· · · · · · · · · · · · · · · · · · ·	[3 X
4	For any individual listed on line 1a, is the sur	n of reportable	con	npen	satio	on a	nd o	ther	compensation from the	organization		- W 1 1 1 1 1 1 1 1 1
5	and related organizations greater than \$150, Did any person listed on line 1a receive or ac	oou <i>: f"Yes,"</i> crue compens	com ation	ipieti o froi	e Sc m ar	hed W III	<i>ule</i> u nrels	l for	such individual	al for continon		4 X
•	rendered to the organization? If "Yes," comp										À	5 X
Sec	tion B. Independent Contractors		2_15/			, 00,	,					<u> </u>
1	Complete this table for your five highest com-										pensatio	on from
	the organization. Report compensation for the	ie calendar yea	r en	ding	with	or	with	<u>in th</u> 1		r.		
	(A) Name and business a	ddress 1	101	JF.					(B) Description of ser	vices	Co	(C) mpensation
								1	<u> </u>			
								<u> </u>				
							_	_				
					_			\vdash				
_												
2	Total литber of independent contractors (inc	luding but not l	imit	ed to	the	se l	istec	abo	ove) who received more	than	(40.0)46 (30.0)46	raine (Color) apropriate (Color) La La Cara (Color) apropriate (Color)
	\$100,000 of compensation from the organiza					0						

Form **990** (2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded Related or exempt Unrelated Total revenue function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns 1a 176,284. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 5,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,476,976. similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 4,658,260 Business Code 530,890. 2 a CONFERENCE 541900 530,890. Program Service Revenue b PROGRAM SPEAKING EVENT 541900 47,550. 47,550. c TRAINING 541900 4,075. 4.075 f All other program service revenue 582,515. Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 3,610. 3,610. Income from investment of tax-exempt bond proceeds 22,550. 22,550 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b b Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns $|_{10a}|244,519$ and allowances 106274,556. b Less: cost of goods sold -30,037. -30,037c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER 900099 4,432. 4.432 d All other revenue 4,432. e Total. Add lines 11a-11d 5,241,330. 0. 552,478. 30,592. Total revenue. See instructions

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respo				,
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	,		5.70 SAME (1.5)	\$1.00 (1.00 (A. 1.00))
	and domestic governments. See Part IV, line 21	80,000	. 80,000.		Description of the second
2	Grants and other assistance to domestic				n States of Alfa States Chie
	individuals. See Part IV, line 22				a same brooks
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				10 140 S. Oak 14
4	Benefits paid to or for members			photo: 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	4.5
5	Compensation of current officers, directors,	· · · · · · · · · · · · · · · · · · ·			the second secon
	trustees, and key employees	264,134.	<u>2</u> 37,720.	13,207.	13,20
6	Compensation not included above to disqualified				,,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,878,632.	1,740,761.	80,885.	56,98
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<u>7</u> 5,504.	71,210.	1,827.	2.46
9	Other employee benefits	300,343.		8,592.	2,46 10,70
0	Payroll taxes	158,234.	144,740.	8,567.	4,92
1	Fees for services (nonemployees):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	, , , 2
а	Management				
b	Legal				· · · · · · · · · · · · · · · · · · ·
c	Accounting	82,144.		82,144.	
	Lobbying			02/2110	· .
е	Professional fundraising services. See Part IV, line 17	93,821.	13° - 12° -		93,82
	Investment management fees		e and a security of the comment of the second control of the second second of	eset or other passes are also and also are also as a second	23,02
	Other. (If line 11g amount exceeds 10% of line 25,	·			
	column (A) amount, list line 11g expenses on Sch 0.)	338,284.	304,431.	503.	33,35
	Advertising and promotion			505.	
	Office expenses	33,130.	17,877.	2,354.	12,89
ļ.	Information technology	200,599.	157,962.	6,688.	35,94
	Royalties		20172021	0,000.	JJ, J4.
	Occupancy	210,334.	193,122.	8,899.	8,31
	Travel	297,277.	264,523.	8,435.	24,319
	Payments of travel or entertainment expenses			0,433.	<u> </u>
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	· · · · · ·			
	nterest				· · · · · · · · · · · · · · · · · · ·
	Payments to affiliates				
[Depreciation, depletion, and amortization	9,676.	8,948.	409.	319
	nsurance	24,860.	23,117.	979.	764
(Other expenses, Itemize expenses not covered				
а	bove (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A)				
a	mount, list line 24e expenses on Schedule 0.)				
	PROGRAM AND TRAINING	535,420.	338,073.	750.	196,597
_	PUBLIC COMMUNICATION AN	340,898.	286,018.		54,880
_	BUSINESS EXPENSE	112,239.	30,352.	864.	81,023
_	PRINTING & PUBLICATION	86,892.	25,635.	17.	61,240
	Il other expenses	112,543.	73,004.	8,261.	31,278
	otal functional expenses. Add lines 1 through 24e	5,234,964.	4,278,542.	233,381.	723,041
	oint costs. Complete this line only if the organization	, = ,		200,001.	,43,04I
	eported in column (B) joint costs from a combined	ľ			
	ducational campaign and fundraising solicitation.	ŀ			
	heck here X if following SOP 98-2 (ASC 958-720)	340,898.	286,018.	0.	54,880

Form 990 (2019)
Part X Balance Sheet

<u>rai</u>		Check if Schedule O contains a response or no	te to er	ny line in this Part X			<u> </u>
		CHOOK! GOTTOUGH C CONTAINS & TOSPONSO OF THE	10 10 4	ly little in the react X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			338,745.		230,921.
ł	2	Savings and temporary cash investments		15*1*******	2,638,524.	2	3,004,886.
	3	Pledges and grants receivable, net		134,947.	3	25,000.	
	4		******************************	9,284.	4	33,684.	
	5	Loans and other receivables from any current o	r officer, director,				
]		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
ŀ	6	Loans and other receivables from other disqual		15.3			
ŀ		under section 4958(f)(1)), and persons describe		6			
क	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		***************************************	472,316.	8	512,127.
۷	9				66,738.	9	100,286.
	10 a			4		100	
		basis. Complete Part VI of Schedule D					
ļ	b	Less: accumulated depreciation		169,819.	13,387.	10c	
	11	Investments - publicly traded securities		11	239,421.		
	12	Investments - other securities. See Part IV, line	· · · · · · · · · · · · · · · · · · ·	12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,673,941.	15	4 150 036
	<u>16</u>	Total assets. Add lines 1 through 15 (must equ			333,302.	16	4,150,036.
	17	Accounts payable and accrued expenses		333,302.	17	428,079.	
	18 19	Grants payable	367,708.	18 19	305,364.		
- 1	20	Deferred revenue			307,700.	20	303,304.
- 1	20 21	Escrow or custodial account liability. Complete I				21	<u></u>
- 1.	22	Loans and other payables to any current or form				4	
Liabilities		trustee, key employee, creator or founder, subst		Į,			
ig		controlled entity or family member of any of thes		ľ		22	
<u>ا</u> 2	23	Secured mortgages and notes payable to unrela				23	
		Unsecured notes and loans payable to unrelated				24	
;		Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			150,000.	25	552,015.
:	26	Total liabilities. Add lines 17 through 25			851,010.	26	1,285,458.
		Organizations that follow FASB ASC 958, che-	k here	X		3,9515	
Ses		and complete lines 27, 28, 32, and 33.				2001 2011	
<u>a</u>	27	Net assets without donor restrictions			2,587,931.	27	2,764,578.
B 2		Net assets with donor restrictions			235,000.	28	100,000
립		Organizations that do not follow FASB ASC 95	8, che	ck here 🕨 🛄			
Net Assets or Fund Balances		and complete lines 29 through 33.					数点。12.12.22.22.22.22.22.22.22.22.22.22.22.2
<u>د</u> ا		Capital stock or trust principal, or current funds			29		
Se		Paid-in or capital surplus, or land, building, or eq				30	
٤ ا پَدِ		Retained earnings, endowment, accumulated inc			0.000.000	31	0.000
		Total net assets or fund balances		2,822,931.	32	2,864,578.	
3	33	Total liabilities and net assets/fund balances			3,673,941.	33	4,150,036.

Form **990** (2019)

	m 990 (2019) CARE NET	54-	1382723	Page 12
P	art 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)	11	5,241	,330.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,234	
3	Revenue less expenses. Subtract line 2 from line 1	3		,366.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,822	,931.
5	Net unrealized gains (losses) on investments	5		,281.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	2,864	,578.
Pa	rt XII Financial Statements and Reporting			·
	Check if Schedule O contains a response or note to any line in this Part XII		•••••	X
			Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		19175	n dive
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ().		
2a	and the state of t		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	(37)E W	第一段股 期
	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 \ 2	ζ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		212222
	review, or compilation of its financial statements and selection of an independent accountant?		2c X	.
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	dule O.	X W	The Samuel
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing		Sta Andread Anna State (Marie Co. 19)	**************************************
	Act and OMB Circular A-133?		3a	x
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit		
	or guidite, explain why on Sahadula O and departing any stong taken to undergo such audite			- 1

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Name of the organization

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

Inspection Employer identification number

_		CAR	E NET						54-1382723					
P	art I	Reason for Public	Charity Status	(All organizations must	complete	this part.)	See instructions							
The	organ	ization is πot a private four												
1		A church, convention of o	hurches, or associat	tion of churches describe	ed in sect	ion 170(b))(1)(A)(i).							
2		A school described in sec												
3		A hospital or a cooperativ					(iii).							
4		A medical research organ						(iii). Ente	er the hospital's name.					
		city, and state:					() () ()	,	,					
5		An organization operated	for the benefit of a c	ollege or university own	ed or opera	ated by a c	overnmental un	it descri	bed in					
		section 170(b)(1)(A)(iv).		•	•		•							
6		A federal, state, or local g		mental unit described in	section	170(b)(1)(A	λ)(ν).							
7	X							a genera	l public described in					
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
		university:												
10			ally receives: (1) mor	e than 33 1/3% of its sui	port from	contribution	ons, membershi	n fees a	and gross receipts from					
		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
		See section 509(a)(2). (Co		•										
11		An organization organized		sively to test for public sa	afety. See	section 5	i09(a)(4).							
12		An organization organized						v out the	purposes of one or					
		more publicly supported o												
		lines 12a through 12d that												
а		Type I. A supporting org							giving					
		the supported organizati												
		organization. You must												
b		Type II. A supporting org	janization supervised	d or controlled in connec	tion with i	ts support	ed organization(s), by ha	ving					
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ntrol or manage	the sup	ported					
		organization(s). You mus	st complete Part IV,	Sections A and C.										
С		Type III functionally inte	egrated. A supportir	ng organization operated	in connec	tion with,	and functionally	integrate	ed with,					
		its supported organizatio	n(s) (see instructions). You must complete	Part IV, S	ections A,	D, and E.							
d		Type III non-functionally	y integrated. A supp	porting organization ope	rated in co	nnection v	vith its supporte	d organi	zation(s)					
		that is not functionally in	tegrated. The organi	zation generally must sa	tisfy a disti	ribution red	quirement and a	n attenti	veness					
		requirement (see instruct	ions). You must co i	mplete Part IV, Section	s A and D	and Part	V.							
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III						
		functionally integrated, o		nally integrated supporti	ng organiz	ation.								
f		the number of supported of				. ,								
<u>g</u>		de the following information			1 (iv) to the ora	anization listed								
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	m your govern	ing document?	(v) Amount of m support (see inst	•	(vi) Amount of other					
		organizatori .		above (see instructions))	Yes	No	support (see inst.	uctions)	support (see instructions)					
		· .			 									
				•	i									
		·							· · · · · · · · · · · · · · · · · · ·					
		· - · · · - · ·			 									
			· · · · · · · · · · · · · · · · · · ·											
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Schedule A (Form 990 or 990-EZ) 2019 CARE NET Part II Support Schedule for Organization 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 average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the box on line 5.7 or 8 of Part I or if the average of the complete only if you checked the complete only if you checked the average of the complete only if you checked the complete only if you checked the complete only if you checked the complete only if you checked the complete only if you checked the complete only if you checked the complete only if you checked the complete only if you checked the complete only if you checked the young the young the young the young the young the young the young the young the young the young the young the young the young the young the young t

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

Se	ection A. Public Support			<u> </u>	· ·		
Cai	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		i				
	include any "unusual grants.")	3645299.	3632565.	4130268	4339131.	4658260.	20405523.
2	Tax revenues levied for the organ-]					
	ization's benefit and either paid to					İ	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	[ļ		
	the organization without charge						
4	Total. Add lines 1 through 3	3645299.	3632565.	4130268.	4339131.	4658260.	20405523.
5	The portion of total contributions		ag foreign I A	1:45-50-0	derivações de la des	a management of	
	by each person (other than a					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	governmental unit or publicly		and the second				
	supported organization) included		3 (A. 18-18)	A CONTRACTOR OF THE		100	
	on line 1 that exceeds 2% of the					Paris Section	
	amount shown on line 11,						
	column (f)		25 (5 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	are a second	Standard & I	10 Carry 319	963,790.
	Public support. Subtract line 5 from line 4.				A SECULAR SECTION	A - AND THE SECTION	19441733.
	ction B. Total Support			····			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	3645299.	3632565.	4130268.	4339131.	4658260.	20405523.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10 000	10 250	10 510	40.00		
_	and income from similar sources	19,009.	19,378.	12,610.	13,893.	26,160.	91,050.
9	Net income from unrelated business					İ	
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain]				
	or loss from the sale of capital	20 627	2 707	4 4 2 4	04 000		
	assets (Explain in Part VI.)	30,637.	3,707.	4,131.	21,028.	4,432.	63,935.
	Total support. Add lines 7 through 10		<u>(10 m) (20 元元年</u> (1)		的 建活动的 外的 化		0560508.
	Gross receipts from related activities, e						466,595.
	First five years. If the Form 990 is for to organization, check this box and stop		Tirst, secona, thira	, τοurtn, or titth tax	year as a section	501(c)(3)	
	tion C. Computation of Public		entage		·····		P
	Public support percentage for 2019 (lin		<u>-</u>	lumn (f))		14	94.56 %
	Public support percentage from 2018 S						94.56 % 92.75 %
16a	33 1/3% support test - 2019. If the or	ganization did not	check the box on	line 13. and line 14	1 is 33 1/3% or mo	re check this hox	
	stop here. The organization qualifies as						
	33 1/3% support test - 2018. If the or			e 13 or 16a, and li	ne 15 is 33 1/3% c	or more, check this	
	and stop here. The organization qualifi						
17a	10% -facts-and-circumstances test -	2019. If the orga	nization did not ch	eck a box on line	13, 16a, or 16b, an	d line 14 is 10% or	more.
	and if the organization meets the "facts						
	meets the "facts-and-circumstances" te						
	10% -facts-and-circumstances test -					a, and line 15 is 10	
i	nore, and if the organization meets the	"facts-and-circum	stances" test, che	ck this box and si	t op here. Explain i	n Part VI how the	
(organization meets the "facts-and-circui	nstances" test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
	Private foundation. If the organization						▶□
				-	· · · · · · · · · · · · · · · · · · ·	ule A (Form 990 o	r 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 CARE NET 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						(,, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not	1]			
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-			i			
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that				, -		-
	are not an unrelated trade or bus-				,		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				· ·		
	or expended on its behalf						
5	The value of services or facilities	1					
	furnished by a governmental unit to]					
	the organization without charge						
6	Total. Add lines 1 through 5						
7 2	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ŀ	Amounts Included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b	Santi Bos Co. Ha better dan 170	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Section to the second section of the section of		- Life in the second second second	
	Public support. (Subtract line 7c from line 6.)		STATE OF THE STATE OF	San San San San San San San San San San	SANGWEG CHUPAN SE SE	67、北京与原始设置	·
			#10040		l	 	
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gross income from interest,						
IUa	dividends, payments received on					1	
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income				<u> </u>		
v	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
^	Add lines 10a and 10b						
11	Net income from unrelated business				**	·	
	activities not included in line 10b,						
	whether or not the business is regularly carried on					i	
12	Other income. Do not include gain				<u> </u>		
	or loss from the sale of capital						
13	assets (Explain in Part VI.)		· · · · · · · · · · · · · · · · · · ·			-	
	First five years. If the Form 990 is for	the organization's	first, second. third	fourth, or fifth tax	x vear as a section	501(c)(3) organizati	ion.
	The state of the s				-		. —
Sec	tion C. Computation of Public						
15	Public support percentage for 2019 (lit	ne 8, column (f), div	ided by line 13, co	lumn (f))		15	%
	Public support percentage from 2018					16	%
	tion D. Computation of Invest		Percentage				
17	Investment income percentage for 20	19 (line 10c, colum	n (f), divided by line	∋ 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the o						s not
	more than 33 1/3%, check this box and						
	33 1/3% support tests - 2018. If the c						
	line 18 is not more than 33 1/3%, chec						▶□
0.	Private foundation. If the organization	did not check a bo	ox on line 14 19a.	or 19h, check this	s hox and see inst	ructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	art IV Supporting Organizations (continued)			
			Yes	No
11			1400	
:	 A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 		U.S.M.	
	below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c	·	
<u>Se</u>	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ur e	
	controlled the organization's activities. If the organization had more than one supported organization,		1 2	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			10,4
	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,		a se	
	supervised, or controlled the supporting organization.	2		
Sec	ction 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	10.50	化学 证	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		2.7	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	2007,200,200	and the state of t
Sec	ction 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	SI SIMP	(-) (EM)	
	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	244		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ESSENCE S	in a second second
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		3445	調告
	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		AND CALLS
3	By reason of the relationship described in (2), did the organization's supported organizations have a			744.T
	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	ares :		175
	supported organizations played in this regard.	3	Print Mahampan Co.	y - A api y maga
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		7 Q.	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	332 (
	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		SCIES VILI
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	3000	14	
	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	erusionis i	أفاتلك صيده
3	Parent of Supported Organizations. Answer (a) and (b) below.	12 (80)		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		※続き	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	::::::::::::::::::::::::::::::::::::::	51-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	71.55 A	. W. S	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	Least 1.550kin 1545	

Schedule A (Form 990 or 990-EZ) 2019 C	ARE	NET
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54-1382723 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Orga	anizations	54-1502/25 Page
1 Check here if the organization satisfied the Integral Part Test as a	qualifying trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
other Type III non-functionally integrated supporting organizations	must complete !	Sections A through E.	
Section 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		
ection B - Minimum Asset Amount	"	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	34054	o magazipo o car pentualis e esp	
instructions for short tax year or assets held for part of year):	21.0		
a Average monthly value of securities	1a		The state of the s
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	····	
e Discount claimed for blockage or other	36.469.0		
factors (explain in detail in Part VI):			3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Acquisition indebtedness applicable to non-exempt-use assets	2	THE RESERVE OF THE PROPERTY OF	e de la production de la company de la compa
3 Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount		· · · · · · · · · · · · · · · · · · ·	-
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6	:	
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8	-	" <u>"</u>
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5	Photo Pittara Pitara in the same of	
Distributable Amount. Subtract line 5 from line 4, unless subject to	3 3		
emergency temporary reduction (see instructions).			
Check here if the current year is the organization's first as a non-func	6		·

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Section D - Distributions	-(-)(-) - wpp	anizations (continued)	Current Year
1 Amounts paid to supported organizations to accomplish ex	kempt purposes	· · · · · · · · · · · · · · · · · · ·	Outlott Tour
2 Amounts paid to perform activity that directly furthers exer		······································	
organizations, in excess of income from activity	, , ,		
3 Administrative expenses paid to accomplish exempt purpo	ses of supported organization	s	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)		12114	
6 Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which	the organization is responsive	3	
(provide details in Part VI). See instructions.			
9 Distributable amount for 2019 from Section C, line 6	·		
10 Line 8 amount divided by line 9 amount		······································	
	(1)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6		Annual programme manifestation	
2 Underdistributions, if any, for years prior to 2019 (reason-			
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014	162007522910215-1215-1215-127020	Sent Tree Strong Consultation	
b From 2015			
c From 2016			
d From 2017			
e From 2018		the particular transfer of	CONTRACTOR CASTORIES
f Total of lines 3a through e			
g Applied to underdistributions of prior years		The experimental and the second of the secon	
h Applied to 2019 distributable amount			The state of the s
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D,	27 ALEXANDER - 1 (1977)		Green and Detail Design
line 7:			
a Applied to underdistributions of prior years		**************************************	
b Applied to 2019 distributable amount		algoretischen gebeute sein	z maniera za resta za seria de la companiera de la compan
c Remainder. Subtract lines 4a and 4b from 4.	The second secon		
5 Remaining underdistributions for years prior to 2019, if		** こう / ** ** ** ** ** ** ** ** ** ** ** ** *	
any. Subtract lines 3g and 4a from line 2. For result greater			6.2
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h			emocraticos garante transcribenta (A. Construction) in Charlet (A. P. Construction) (A. Construction)
and 4b from line 1. For result greater than zero, explain in	Francisco Constitution		
Part VI. See instructions.	1. 第二角四位用的1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The second secon	
7 Excess distributions carryover to 2020. Add lines 3j	The state of the s	Constitution of the consti	
and 4c.			
8 Breakdown of line 7:	Section of the sectio	27 A 1700 P. AUGUST 18 18 18 18 18 18 18 18 18 18 18 18 18	
a Excess from 2015		TRIMINE CONTRACTOR OF THE STATE	
b Excess from 2016			
c Excess from 2017		The state of the s	
d Excess from 2018			
e Excess from 2019	The state of the s		
	The second of the second secon		orm 990 or 990 E71 2010

Schedule A (Form 990 or 990-EZ) 2019

Part VI	(Form 990 or 990-EZ) 2019 CARE Supplemental Information	Provide the state of	54-1382723 Pag
	line 1: Part IV. Section D. lines 2 and	Provide the explanations required by Part II, line 10; Part II, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio I 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lint t V, Section E, lines 2, 5, and 6. Also complete this part for a	line 17a or 17b; Part III, Ilne 12; n B, lines 1 and 2; Part IV, Section C,
_			
<u> </u>			
			
	•		
	· · · · · · · · · · · · · · · · · · ·		
	,		
<u> </u>			
<u>.</u>			
 -			
-			
			

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANONYMOUS X	1,375,000.	963,790
		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		_
		<u> </u>
		.
· · · · · · · · · · · · · · · · · · ·		·
		<u> </u>
al Excess Contributions to Schedule A, Part II, Line 5		963,790.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CARE NET

Employer identification number 54-1382723

Schedule D (Form 990) 2019

P	art I Organizations Maintaining Donor Advise	d Funds or Oth	er Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			Sompleto II the
		(a) Donor a	dvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			<u> </u>
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		s held in donor advised f	iunds
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor as	dvisors in writing tha	t grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	<u></u>		Yes No
Pa	irt II Conservation Easements. Complete if the org	anization answered	"Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).	
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hi	istorically important land area
	Protection of natural habitat		Preservation of a co	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation con	tribution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b			400100000000000000000000000000000000000	
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired af			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, (or terminated by the orga	nization during the tax
	year >			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period		ection, handling of	
	violations, and enforcement of the conservation easements it h	************	••••••	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations,	and enforcing conservat	ion easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and	enforcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above		* * * * * * * * * * * * * * * * * * * *	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			Yes No
3	balance sheet, and include, if applicable, the text of the footnot			
	organization's accounting for conservation easements.	te to the organization	i s rinanciai statements ti	nat describes the
Par	till Organizations Maintaining Collections of A	Art. Historical Tu	easures or Other	Similar Assats
73,s	Complete if the organization answered "Yes" on Form 9		0000000, 01 001101	ommai Assots.
 1a	If the organization elected, as permitted under FASB ASC 958,		Vanue statement and he	lanas abaat waste
•	of art, historical treasures, or other similar assets held for public			
	service, provide in Part XIII the text of the footnote to its financial	al statements that de	erribee these items	ince of public
b	If the organization elected, as permitted under FASB ASC 958,			a choot works of
-	art, historical treasures, or other similar assets held for public ex			
	provide the following amounts relating to these items:	ambition, education,	or researourin fundieranc	e of public service,
	(i) Revenue included on Form 990, Part VIII, line 1			▶ •
	If the organization received or held works of art, historical treasu			
	the following amounts required to be reported under FASB ASC			Provide
	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X	***************************************		\$
	For Paperwork Reduction Act Notice, see the Instructions fo			Schedule D (Form 990) 2019

	edule D (Form 990) 2019 CARE NE						<u>54-13</u>	382723	Page 2
PE	rt III Organizations Maintaining C								ued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of	the following th	nat make s	significant	use of its		
	collection items (check all that apply):								
а	Public exhibition		d 🔲 Loan o	r exchange pro	gram				
b	Scholarly research	·	e Other						
c	Preservation for future generations		_						
4	Provide a description of the organization's c	ollections and explai	n how they furth	er the organiza	tion's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m							Yes	☐ No
Pa	rt IV Escrow and Custodial Arran	gements. Comp	ete if the organi	zation answere	d "Vae" or	Form 900	Dert IV		INO
70.00	reported an amount on Form 990, Pa		icto ii tilo organi	Lation answere	1 103 OI	11 0111 330	J, railiv,	iii 10 3, 01	
10	Is the organization an agent, trustee, custod		liant for contribu	tions or other s		اممار بمامما			
Id								٦,,	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:						
								Amount	
С	Beginning balance								
d	Additions during the year							<u>.</u>	.,
е	Distributions during the year					. <u>1e</u>			
f	Ending balance					. 1f			
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow	or custodial acc	ount liabil	lity?	🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has b	en provided or	Part XIII				
Pa	rt V Endowment Funds. Complete i	if the organization ar	swered "Yes" o	n Form 990, Pa	rt IV, line	10.			
		(a) Current year	(b) Prior yea	r (c) Two ye	ars back	(d) Three y	ears back	(e) Four v	ears back
1a	Beginning of year balance		<u> </u>			<u>,, </u>		,,,,,,,,,,	
b	Contributions								
c	Net investment earnings, gains, and losses			· · · - · · · · ·					
d	Grants or scholarships			- 					
	Other expenditures for facilities								3 tons (00)
е	·				l				
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	•	e (line 1g, colum	n (a)) held as:					
а	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
C	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are hel	d and administe	red for th	e organiza	tion		
	by:							Y	es No
	(i) Unrelated organizations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						3a(i)	ļ
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule	R?				3b	
4	Describe in Part XIII the intended uses of the				*************		************		
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	l "Yes" on Form 990	Part IV. line 11:	a. See Form 990) Part X I	line 10			
	Description of property	(a) Cost or of		ost or other	T	cumulate	 	(d) Book v	
	Description of property	basis (investm	1 ' '	sis (other)		preciation	"	(a) Dook	alue
4-	[and		, Da	olo (outoi)		neciation			
	Land				10 CONTRACTOR #		1000000		
	Buildings			30 000	-	20 00			
	Leasehold improvements			30,000.	 	30,00			0.
	Equipment			90,070.	<u> </u>	86,72		3	347.
	Other			53,460.		53,09	5.		364.
Total.	Add lines 1a through 1e. (Column (d) must eq	iual Form 990. Part Σ	(. column (B), lin	∍ 10c.)				3,	711.

(a) Description of security or category (including name of security)	on Form 990, Part IV, lin	ne 11b. See Form 990, Part X, line 12.	
(4) = ((b) Book value	(c) Method of valuation: Cost or	end-of-year market val
1) Financial derivatives			
2) Closely held equity interests	<u>.</u>		
3) Other			
(A)			
(B)			· · · · · · · · · · · · · · · · · · ·
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		The first of the second	erzetti da teta arasa Validada
Part VIII Investments - Program Related.			
	n Form 000 Dod N. line	14-0 5 000 5 000	
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	11c. See Form 990, Part X, line 13.	
(1)	(b) DOOK Value	(c) Method of valuation: Cost or el	nd-of-year market val
(2)	<u> </u>		
		<u> </u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
- 1 day 1 m s - 1 m s			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			F _ NF L 30 (\$10).
art IX Other Assets.			
art IX Other Assets.	Form 990, Part IV, line 1		
art IX Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line rescription		
Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line 1 scription		
Complete if the organization answered "Yes" on (a) December 1	Form 990, Part IV, line 1 scription		
Complete if the organization answered "Yes" on (a) Dec (1)	Form 990, Part IV, line 1 scription		
Complete if the organization answered "Yes" on (a) Description (2) (3)	Form 990, Part IV, line 1 scription		
Complete if the organization answered "Yes" on (a) Description (2) (3)	Form 990, Part IV, line 1 scription		
Complete if the organization answered "Yes" on (a) De: (1) (2) (3) (4)	Form 990, Part IV, line 1		
Complete if the organization answered "Yes" on (a) December (1) (2) (3) (4) (5)	Form 990, Part IV, line 1 scription		
Complete if the organization answered "Yes" on (a) December (1) (2) (3) (4) (5)	Form 990, Part IV, line 1 scription		
Complete if the organization answered "Yes" on (a) Description (2) (3) (4) (5) (6)	Form 990, Part IV, line 1		
Complete if the organization answered "Yes" on (a) December (1) (2) (3) (4) (5) (6) (7)	scription		
Complete if the organization answered "Yes" on (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15	scription		
Complete if the organization answered "Yes" on (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. art X. Other Liabilities.	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. Unit X Other Liabilities. Complete if the organization answered "Yes" on F	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) 8) 9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. Complete if the organization answered "Yes" on F (a) Description of liability	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. The Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes 2) PLEDGED TO RELATED PARTY	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec. (1) (2) (3) (4) (5) (6) (7) (8) 9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes 2) PLEDGED TO RELATED PARTY	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes 2) PLEDGED TO RELATED PARTY 3) CARES ACT PPP LOAN	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes 2) PLEDGED TO RELATED PARTY 3) CARES ACT PPP LOAN 4)	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. art X Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes 2) PLEDGED TO RELATED PARTY 3) CARES ACT PPP LOAN 4) 5)	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY (3) CARES ACT PPP LOAN (4) (5) (6)	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY (3) CARES ACT PPP LOAN (4) (5) (6) (7)	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability 1) Federal income taxes 2) PLEDGED TO RELATED PARTY 3) CARES ACT PPP LOAN 4) 5) 6) 7) 8)	scription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" on (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 15. Complete if the organization answered "Yes" on F (a) Description of liability (1) Federal income taxes (2) PLEDGED TO RELATED PARTY (3) CARES ACT PPP LOAN (4) (5) (6)	Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	(b) Book value

	edule D (Form 990) 2019 CARE NET		54-13	82723	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial	•	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	ts	1	<u>5,551,</u>	<u> 167.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 05 004			
а	Net unrealized gains (losses) on investments		- 4		
ь	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	_		
d	Other (Describe in Part XIII.)		_	25	201
	Add lines 2a through 2d		2e	35, 5,515,	281.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	э,этэ,	000.
4			1886		
a		4a -274,556	-		
D	Other (Describe in Part XIII.) Add lines 4a and 4b		THE PARTY OF THE P	_274	E E C
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. lin		4c 5	<u>-274,</u> 5,241,	
	t XII Reconciliation of Expenses per Audited Financia), <u>241</u> ,	330.
50.0 FR	Complete if the organization answered "Yes" on Form 990, Part	• •	i i o tui i i i		
1		17, 110 124	1 !	5,509,	520
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			,,,,,,,	520.
_ a	Donated services and use of facilities	2a		•	
b	Prior year adjustments				
c	Other losses	I I			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d		2e	274,	556.
3	Subtract line 2e from line 1			,234,	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		7.0354		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii			,234,	964.
Par	XIII Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4; Part IV, lines 1b and 2b; Part V, line	4; Part X, line	2; Part XI,	
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional information.			
	T				
PAR	T_X, LINE 2:				
		0.71 0 -7.11 -0.00			
MAN.	AGEMENT HAS EVALUATED THE ORGANIZATION	ON'S TAX POSITIONS AND	CONCL	UDED	
mrra.					
THA	T THE ORGANIZATION HAS TAKEN NO UNCE	RTAIN TAX PROVISIONS T	OW TAH!	ULD	
ם פוס	TIDE ADTROMENMENT MA AD DIGGLOGUE IN	MILE ETMANGTAL COMMON		_	
KEQ	JIRE ADJUSTMENT TO, OR DISCLOSURE IN	, THE FINANCIAL STATEM	LENTS T	0	
COM	PLY WITH THE PROVISIONS OF THE GUIDA	MOR			
COM.	FIL WITH THE PROVIDIONS OF THE GOIDAL	NCE •		 	
					
יאגק	r XI_4B AND PART XII 2D				
COS	OF GOODS SOLD NETTED AGAINST GROSS	SALES IN TAX RETURN			
		IN INDIONN			
_		• • • • • • • • • • • • • • • • • • • •			

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Internal Revenue Service

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

Employer identification number

CARE N	eT				54-1382	2723
Part I Fundraising Activities	Complete if the organization ans	wered "	Yes" o	n Form 990, Part IV,		
required to complete this pa						
 Indicate whether the organization ra X Mail solicitations X Internet and email solicitation Phone solicitations In person solicitations 	e Solici	tation o	f non-g f gove	government grants	· · ·	
 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	Part VII) or entity in connection with ividuals or entities (fundraisers) purs	profess	ional fi	undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
HSP DIRECT - 130 LAKEVIEW		Yes	No			
CENTER PLAZA, STE 300,	FUNDRAISING		х	0.	46,956.	-46,956.
THE HERITAGE COMPANIES - 2402 WILDWOOD AVE, SHERWOOD, AR	FUNDRAISING		x	0.	46,865.	-46,865.
					93,821.	-93,821.
List all states in which the organization or licensing. MI, TX, VT, CT, FL, AL, NJ, C					•	
SD,WY,AK,CA,CO,DC,GA,E						

	nedule G (Form 990 or 990-EZ) 2019 CARE I art II Fundraising Events. Complete of of fundraising event contributions and	f the organization answere	ed "Yes" on Form 990, Po 0-EZ, lines 1 and 6b, List	art IV. line 18, or reporte	1-1382723 Page ed more than \$15,000 ints greater than \$5,000
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ē	*	(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
_	3 Gross income (line 1 minus line 2)				
	4 Cash prizes	-			
ا	5 Noncash prizes				
CHOCK EXPENSES	6 Rent/facility costs				
2	7 Food and beverages			·	
5	8 Entertainment				
1	9 Other direct expenses				· · · · · · · · · · · · · · · · · · ·
1	10 Direct expense summary. Add lines 4 through			>	
1	11 Net income summary. Subtract line 10 from	line 3. column (d)			
	Till Gaming Complete if the annual states	Loss III			
	Gaming. Complete if the organization	n answered "Yes" on Form	990, Part IV, line 19, or	reported more than	<u> </u>
ai	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form	990, Part IV, line 19, or	reported more than	(d) Total samina (add
	Gaming. Complete if the organization	n answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than	(d) Total gaming (add col. (a) through col. (c)
	Gaming. Complete if the organization	n answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c)
	Gaming. Complete if the organization	n answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes Noncash prizes	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes Noncash prizes 4 Rent/facility costs	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c)
	### Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. ### Gross revenue ### Cash prizes ### Noncash prizes ### Rent/facility costs ### Other direct expenses	(a) Bingo Yes % No	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes% No	reported more than (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary. Add lines 2 throug	(a) Bingo Yes % No h 5 in column (d)	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes% No	reported more than (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 onter the state(s) in which the organization conductors.	(a) Bingo Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities:	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes% No	reported more than (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
all s	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state(s) in which the organization conduct the organization licensed to conduct gaming and the organization licensed	(a) Bingo Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these st	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes% No	reported more than (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
all s	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 onter the state(s) in which the organization conductors.	(a) Bingo Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these st	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes% No	reported more than (c) Other gaming Yes% No	col. (a) through col. (c)

b if "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019 CARE NET	54-1382723 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	med
to administer charitable gaming?	Yes 🔲 No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ne amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name >	
Address >	
16 Gaming manager information:	
Name	
	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	— —
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	Yes No
organization's own exempt activities during the tax year > \$	ent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	d (v): and Part III, lines 9, 9h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	- (-), (
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDS	RATSERS.
, , , , , , , , , , , , , , , , , , ,	MIDERD.
I) NAME OF FUNDRAISER: HSP DIRECT	
LY MILL OF FONDERIDER. HOP DIRECT	
I) ADDRESS OF FUNDRAISER:	
30 LAKEVIEW CENTER PLAZA, STE 300, ASHBURN, VA 20147	
I) NAME OF FUNDRAISER: THE HERITAGE COMPANIES	
I) ADDRESS OF FUNDRAISER: 2402 WILDWOOD AVE, SHERWOOD, AR	72120

Schedule G (Form 990 or 990-EZ) CARE NET	54-1382723 Page 4
Schedule G (Form 990 or 990-EZ) CARE NET Part IV Supplemental Information (continued)	
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	4-
	
	
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SCHEDULE I (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

2019

Inspection

OMB No. 1545-0047

information.	
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or the	
rm990 fc	
s.gov/Fc	
www.ir	
Go to	

CARE NET							Employer identification number
Part General Information on Grants and Assistance	and Assistance						54-1382723
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants of the grants of assistance and the grants of assistance and the grants of assistance and the grants of a second sec	to substantiate the	amount of the grants	or assistance, the	grantees' elicibility	for the change of		
criteria used to award the grants or assistance?	stance?	•		grammed cirginality	ior une grants or assis	stance, and the selection	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than \$5,000. Part II can be duplicated	Domestic Organia \$5,000. Part II can	zations and Domestic be duplicated if addition	omestic Governments. Con if additional space is needed.	omplete if the orga ed.	Inization answered "Y	omestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any if additional space is needed.	IV, line 21, for any
(a) Name and address of organization or government	(9)		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CARE NET FOUNDATION					other)		
44180 RIVERSIDE PARKWAY LANSDOWNE, VA 20176	84-1639778	50103	80 000	ć	713 % C		
					CASH FUNDED		OPERATIONAL SUPPORT
			18				
				•			
							1
				•			
 Clinet total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government org	anizations listed in the	line 1 table				•
1 -	see the Instruction	Lable					•

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CARE NET

Employer identification number 54-1382723

P	artia Questions Regarding Compensation			т
		EX. (4.300)	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		1000	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		1974	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			22.00
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	A Bakin		i Malasau.
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	i learge gra	1.20 SESSION 1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		144.5	
	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.			
	X Compensation committee		表	
	Independent compensation consultant X Compensation survey or study	107.5		
	Form 990 of other organizations X Approval by the board or compensation committee	10000	NA.	
				2.00
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	250		
	organization or a related organization:	4		
а	Receive a severance payment or change-of-control payment?	4a	<u> </u>	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	7 4957	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	100		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			8.435
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:			
а	The organization?	5a		X
b	Any related organization?	5b	10000	X
	If "Yes" on line 5a or 5b, describe in Part III.	4		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	100	表示	
	contingent on the net earnings of:	12.5		
а	The organization?	6a	ļ	X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u> </u>	

CARE NET Schedule J (Form 990) 2019

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

Page 2

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).

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.

ž L	umns (F) Compensation in column (B) reported as deferred on prior Form 990			0.																										
	(E) rotal of columns (B)(i)-(D)		262,152.																											
(D) Nontaxable	<u> </u>	7	77,728																											
(C) Retirement and	other deferred compenisation	7.783	0																										+	
and/or 1099-MISC compensation	(iii) Other reportable compensation	0																												
W-2 and/or 1099-W	(ii) Bonus & incentive compensation		0																											
(B) Breakdown of W-2	(i) Base compensation	242,44	0																							 		1		
		(1) ROLAND WARREN (1) PRESIDENT & CEO			(9)	(ii)	(1)	(ii)	6	(ij)	(0)	(ii)	0	(ii)	(0)	(0)	(0)	(ii)	(0)	(1)	(9)	(ii)	<u>e</u>	(6)		(5)	(1)	6	=======================================	(2)

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 CARE NET Part III Supplemental Information	54-1382723 Page 3
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.	lso complete this part for any additional information.
932113 10-21-19	Schedule J (Form 990) 2019

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

CARE NET

Employer identification number 5.4 - 1382723

Schedule O (Form 990 or 990-EZ) (2019)

CARE NET 54-1302/23
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NETWORK OF PREGNANCY CENTERS, ORGANIZATIONS, AND INDIVIDUALS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLIC EDUCATION WORKS WITH COMMUNITIES ACROSS THE NATION TO EDUCATE
AND HELP IT'S PREGNANCY CENTER AFFILIATES AND CHURCH PARTNERS, WHICH
PROVIDE FREE ASSISTANCE TO WOMEN AND MEN FACED WITH PREGNANCY
DECISIONS.
EXPENSES \$ 438,389. INCLUDING GRANTS OF \$ 80,000. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE IRS FORM 990 WAS REVIEWED BY THE FINANCE COMMITTEE AND REPORTED ON TO
THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS IN THE PERSONNEL POLICY MANUAL. THIS IS
MONITORED CONSTANTLY AND IN DETAIL ANNUALLY WITH EACH EMPLOYEE AS PART OF
THE ANNUAL EMPLOYEE EVALUATION/REVIEW.
FORM 990, PART VI, SECTION B, LINE 15:
CARE NET HAS A COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE OBTAINS
SURVEYS AND STUDIES TO DETERMINE APPROPRIATE COMPETITIVE COMPENSATION.
EXECUTIVE COMPENSATION IS APPROVED BY THE COMMITTEE AND THE BOARD.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, CA, CO, DC, GA, HI, KY, LA, MA, MD, MN, MS, ND, NH, NM, NY, SC, TN, UT, VA, WA, WI, WV, SD

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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization CARE NET	Employer identification number 54-1382723
Verific et al.	1 2± 1307173
	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19:	
CARE NET MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY. AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE ORGANIATION HAS A COMMITTEE FORMALLY DESIGNATED TO OVE	RSEE THE
AUDIT.	
AUDII.	
	·
· :	<u> </u>
	•

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public Inspection 2019

OMB No. 1545-0047

Employer identification number 54-1382723

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

Part (Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. CARE NET

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) Tend-of-year assets		(f) Direct controlling entity
		1				
Partic Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34, be	scause it had one	r more related tax-exer	npt
(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	Section 512(b)(13) controlled entity?

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

Schedule R (Form 990) 2019

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LINE 1

501(C)(3)

VIRGINIA

LANNED GIVING PROGRAMS TO MANAGE AND ADMINISTER

44180 RIVERSIDE PARKWAY, STE 200 CARE NET FOUNDATION - 46-0951472

LANSDOWNE, VA 20176

SUPPORT CARE NET

54-1382723

Page 2

CARE NET Schedule R (Form 990) 2019

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

(f) (k) General or Percentage managing ownership			re related	Section 512(b)(13) controlled entity?			Cohodula Different Control
	Ves No		ine or mo	(n) Percentage ownership			i c
Code V-UBI amount in box 20 of Schedule	(50) mo-1) 1.32		Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related (c) (d) (e) (h)	Share of Perendenders on assets) Judge
() rtionate ions?	Ves No		V, line 34,				
(g) Share of Dispendent-year assets	<u> </u>		m 990, Part l	Share			
-			"Yes" on For	Type of entity (C corp, S corp, or trust)			
(f) Share of total income			answered	T T		·	
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			ne organizatior (d)	Direct e			
Predomir (related, excluded fi			omplete if t	Legal domicile (state or foreign country)			
(d) Direct controlling entity			n or irust,	Primary activity			
(c) Legal domicile (state or foreign		·	g the tax y	Prim			
(b) Primary activity		anizatione Taxable a	poration or trust durin	Z			
(a) Name, address, and EIN of related organization			organizations treated as a corporation or trust during the tax year. (a) (b)	Name, address, and EIN of related organization			932162 09-10-19

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	۱
During the tax year, did the organization engage in any of the following t	s with one or more rela	ted organizations listed	in Parts II-IV?			
a Hecelpt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				6		×
 b Gift, grant, or capital contribution to related organization(s) 				⊬	×	
c Gift, grant, or capital contribution from related organization(s)				╆	 ×	
d Loans or loan guarantees to or for related organization(s)				3	╁	>
Loans or loan quarantees by related organization(s)		***************************************		<u> </u>	1	()
	***************************************			<u>ə</u>		×
6 Dividende from an analysis of annual annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an an annual and an annual and an annual and an an an an an an an an an an an an an						
- Dividends from related organization(s)				±		×
g Sale of assets to related organization(s)				-		×
h Purchase of assets from related organization(s)				n 4		
		***************************************		= - -	Ť	(-
j Lease of facilities, equipment, or other assets to related organization(s)					+	4 >
					200	4
k Lease of facilities, equipment, or other assets from related organization(s)						? \$` \ Þ
				¥	1	<u>ا</u> ه
Defension of services of Hierington of Indianaling Solicitations for related organization(s)	ization(s)			=		×
	ıization(s)			£		×
	(s)uc			÷		×
 Sharing of paid employees with related organization(s) 				٩		l×
				2		
				٩		×
q Reimbursement paid by related organization(s) for expenses				₽		×
				- 100 - 100	500	
r Other transfer of cash or property to related organization(s)				1		∄×
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(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volveď		
(1) CARE NET FOUNDATION	ນ	5,000.	FMV - CASH			1
(2) CARE NET FOUNDATION	щ	74.000.	FMV - CASH			
(3)						
(4)						
(5)						
(9)						
932163 09-10-19			Schedule R (Form 990) 2019	R (Form	990) 2(019

54-1382723

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.

(2)	(4)		odillo.	}						
Name, address, and EIN	(u) Drimon, continity	(o)	(p)	(a) (b)	Œ	(6)	(F)	(0)	9	3
of entity	rimary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec. 501(c)(3) orgs.?	Share of total	ᆲᅩ	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage librations? of Schedule K-1 partner? ownership	General or managing partner?	Percentage ownership
			(LIG 710 GIDINGS	Yes No		dssells	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 CARE NET	54-1382/23 Page 9
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
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	1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>
	
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