

619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

November 1, 2021

Mr. Kirt Wiggins Caring Network, NFP 1200 Roosevelt Road, Suite 114 Glen Ellyn, Illinois 60137

Dear Mr. Wiggins:

The federal income tax return for the year ended June 30, 2021 for Caring Network, NFP will be electronically filed; accordingly, we are providing the following:

FORM 8879-EO IRS e-file SIGNATURE AUTHORIZATION FOR AN EXEMPT ORGANIZATION

06/30/21 U.S. RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990 (Your copy only)
06/30/21 ILLINOIS ATTORNEY GENERAL'S CHARITABLE ORGANIZATION ANNUAL REPORT — FORM AG990-IL

We must receive your signed authorization (Form 8879-EO) before we can electronically transmit your return. Please return the signed authorization to Selden Fox, Ltd. as soon as possible, but before November 15, 2021. Upon receipt of your signed authorization, we will electronically transmit the federal return to the Internal Revenue Service.

The original Illinois return should be signed, dated, and filed in accordance with the filing instructions. The bound copy is for your use and should be retained for your files.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions concerning the returns or if we may be of further assistance.

Very truly yours,

SELDEN FOX, LTD.

Joseph G. Meyer

President

JGM/po

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

Prepared for	CARING NETWORK, NFP 1200 ROOSEVELT ROAD NO. 114 GLEN ELLYN, IL 60137
Prepared by	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
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	RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.
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.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\ JUL\ 1$, 2020, and ending $\ JUN\ 30$, 20 $\ 21$

OMB No. 1545-0047

Department of the Treasury

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

► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number CARING NETWORK, NFP 36-3154700 Name and title of officer or person subject to tax MR. KIRT WIGGINS PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____ 2,569,328. 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b **b** Total tax (Form 1120-POL, line 22) ______ 3b 3a Form 1120-POL check here 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) _____6b 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or I I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I múst contact the U.S. Treasury Financial Agent át 1-888-353-4537 no later than 2 business dáys prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize SELDEN FOX, LTD. to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 36221060523 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 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/01/2021 ERO's signature **ERO Must Retain This Form - See Instructions**

023051 11-03-20

LHA For Paperwork Reduction Act Notice, see instructions.

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

and ending JUN 30, 2021 Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer identific	cation number
Г	Address	S CARING NEWWORK NED		
F	Name change	Doing business as	36-31547	0 0
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	Final return/	1200 ROOSEVELT ROAD 114	630-493-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,654,361.
	Amende		H(a) Is this a group re	
	Applica tion		for subordinates	
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	····· — —
\overline{T}	Tax-exe	mpt status: X 501(c)(3)		list. See instructions
		CARINGNETWORK.COM	H(c) Group exemption	
K	Form of o	organization: X Corporation Trust Association Other ▶ L Y	ear of formation: 1981 N	
	art I	Summary		
-ω	1 E	Briefly describe the organization's mission or most significant activities: PREGNANC	Y COUNSELING .	AND
Governance	\$	SERVICES FOR FAMILIES IN DUPAGE COUNTY, ILLI	NOIS	
ri Li	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	6
ر ق	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		5
es	5 7	otal number of individuals employed in calendar year 2020 (Part V, line 2a)		35
₹	6 7	otal number of volunteers (estimate if necessary)		30
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		0.
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	1,935,469.	2,649,801.
Revenue	9 F	Program service revenue (Part VIII, line 2g)	0.	4.500
₽.	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	7,971.	4,560.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-99,836.	-85,033.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,843,604.	2,569,328.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	10,000.
		Benefits paid to or for members (Part IX, column (A), line 4)	1,086,980.	1,186,256.
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,000,900.	0.
e	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă	B	Total fundraising expenses (Part IX, column (D), line 25) 438,532.	574,137.	650,083.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,661,117.	1,846,339.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	182,487.	722,989.
<u></u>	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
Net Assets or	20 T	otal assets (Part X, line 16)	2,335,080.	End of Year 2,873,635.
ASS	20 1 21 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	303,730.	119,296.
Net	22 1	Net assets or fund balances. Subtract line 21 from line 20	2,031,350.	2,754,339.
P	art II	Signature Block	, ,	, , , , , , , , , , , , , , , , , , , ,
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	/ knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	gn	Signature of officer	Date	
He				
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	id I	PAUL J. ROZEK	11/01/21 if self-employe	_d №00542258
	· -	Firm's name SELDEN FOX, LTD.	Firm's EIN	36-2985770
Use	e Only	Firm's address 5 619 ENTERPRISE DRIVE		
		OAK BROOK, IL 60523-8835	Phone no.63	0-954-1400
Ma	y the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

Га	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	CARING NETWORK WORKS TO PREVENT UNPLANNED PREGNANCIES AND TO P	
	COUNSEL AND PRACTICAL ASSISTANCE TO INDIVIDUALS AND FAMILIES I	MPACTED
	BY AN UNPLANNED PREGNANCY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	Yes LAL No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	/ exnenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total 6	
		expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,151,393. including grants of \$10,000. (Revenue \$)
	COUNSELING, RESOURCING, AND LIMITED MEDICAL SERVICES INCLUDING	i
	PREGNANCY TESTS AND ULTRASOUNDS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	No. 1	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,151,393.	
		Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	-25	
b	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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	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		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Contraction and a contract Advance of the contract of the contract Advance of the contract of			

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
C		200		х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29		29		25
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
0.4	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	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	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			v
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
. م	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Effect the number of Forms w-2d included in line 1a. Effect of infocusive			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	000	<u></u>

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 35 5 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 1 and 2a is grafer from 250, you may be required to 6-file give instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has if fed a Form 900 of the this year? If YeV 10 file 30, provide an explanation on Schedule O 4c 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 in a foreign country such as a bank account, securities account, or other financial account in a foreign country such as a bank account, securities account, or other financial account in a foreign country such as a bank account, securities account, or other financial accountry (FBAF). 5c If Yes to fine the name of the foreign country such as a bank account, securities account, or other financial accountry (FBAF). 5c If Yes to fine the name of the foreign country such as a bank account, securities account, or other financial accountry (FBAF). 5c If Yes to fine the name of the foreign country such as a bank account, securities account, or other financial accountry (FBAF). 5c If Yes to did the organization that it was or is a party to a prohibitot as shelter transaction? 5c If Yes to did the organization that it was or is a party to a prohibitot as shelter transaction? 5c If Yes to did the organization that it was or is a party to a prohibitot as shelter transaction solid any contributions that were not tax deductibles of calerable contributions? 6c If Yes, If Ye				Yes	No
b If a least one is reported on line 2a, did the organization file all required teefine demployment tax returns? Note: If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 4 Did any taxable party noting the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5 Did any taxable party notify the organization fare hele transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of enhancibutions? 5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of enhancibutions? 6 Did the organization shall be a contribution and party for goods and services provided to the payor? 7 Did the organization necess a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7 Did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7 Did the organization receive any payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7 Did the organization receive an	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	_	000	1005

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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			37
_	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed > IL		A "	-1-1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	: ۵	a ale l	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u finar	ıcıal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► KIRT WIGGINS - 630-493-1340			
	1200 ROOSEVELT ROAD NO. 114, GLEN ELLYN, IL 60137			

Form **990** (2020)

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.

(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) MR. KIRT WIGGINS	40.00	X		Х				51,754.	0.	0
(2) MR. JIM ERICKSEN	1.30	 						0277020		
INTERIM CHAIRMAN & VICE CH		x		x				0.	0.	(
(3) MR. PETER HUBBARD	1.30									
SECRETARY		Х		Х				0.	0.	
(4) MR. GEORGE SIFNOTIS	1.30	ļ ,,		,,					0	
TREASURER	1.30	Х		Х				0.	0.	
(5) MS. DIANE SCHROEDER BOARD MEMBER	1.30	X						0.	0.	
(6) MS. MICHELE GAMBREL	1.30	 								
BOARD MEMBER		X						0.	0.	
(7) MS. BRENDA TODD	1.30									
BOARD MEMBER THROUGH JANUARY		Х						0.	0.	(
		-								
		-								
		-								
		\dagger								
										Earm 990 (20

Form **990** (2020)

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	Section A. Officers, Directors, True (A)	(B)	<u> </u>		, u.i.		JJ	- •	(D)	(E)			(F)	
	Name and title Avera				Posi	•	1		Reportable	. ,		Ec		٨
	Name and the	hours per	(do not check more than o box, unless person is both						compensation	Reportable compensation		Estimated amount of		
		week					or/trus		from	from related			other	"
		(list any	tor						the	organizations	,		pensat	ion
		hours for	dire				pg Gg		organization	(W-2/1099-MIS		fr	om the	,
		related	tee o	nstee			ensat		(W-2/1099-MISC)			org	anizati	on
		organizations	altrus	nal tr		oyee	omp						d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatic	ns
		iii ie)	릴	lus	#0	Ş.	iĘ i	윤						
			-											
1h Subto	tal								51,754.		0.			0.
	rtal from continuation sheets to Part V								0.		0.			0.
	(add lines 1b and 1c)								51,754.		0.			0.
	number of individuals (including but i									0.000 of reportable				
	ensation from the organization												1	0
2 Did th	o ovacnization list any former officer	director truct			امسما	مررما		, bie	shoot componented own	alovoo on	ı		Yes	No
	e organization list any former officer a? If "Yes," complete Schedule J for s			•	•	•	-	_	gnest compensated emp	•		3		Х
	y individual listed on line 1a, is the s													
and re	elated organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		Х
	y person listed on line 1a receive or					-		elat	ted organization or indiv	dual for services				
	red to the organization? If "Yes," con Independent Contractors	nplete Schedul	e J t	for st	uch _i	pers	son .					5		X
	lete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the or	ganization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С	(C omper	;) nsatior	1
2 Total r	number of independent contractors (including but n	not li	mite	d to	tho	se li	ster	d above) who received m	ore than				
	000 of compensation from the organ		.01 11		J 10		0	رور	a abovo, who received h	io.o man				
												Form 9	990 (2	020)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 690,637. c Fundraising events 1c d Related organizations 1d 212,865. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,746,299 similar amounts not included above 1f 1g |\$ g Noncash contributions included in lines 1a-1f 2,649,801. h Total. Add lines 1a-1f ... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 4,560. 4,560. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 690,637. of contributions reported on line 1c). See 0 Part IV, line 18 85,033. **b** Less: direct expenses _____ -85,033 -85,033. 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 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d -80,473.,569,328. Total revenue. See instructions 12

032009 12-23-20

Part IX | Statement of Functional Expenses

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

D۵	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	10 000	10 000		
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	86,454.	43,226.	25,936.	17,292
_	trustees, and key employees	00,434.	43,220•	23,930.	11,232
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	927,917.	583,626.	58,622.	285,669
7	Other salaries and wages	721,7110	303,020.	30,022.	203,003
8	Pension plan accruals and contributions (include	14,816.	9,100.	1,215.	4 501
0	section 401(k) and 403(b) employer contributions)	85,576.	46,920.	13,496.	4,501 25,160
9 10	Other employee benefits	71,493.	43,611.	6,434.	21,448
	Payroll taxes	71,455	43,011.	0,434.	21,440
11	Fees for services (nonemployees):				
a					
b		9,200.		9,200.	
q	5 ······	3,200.		3,200.	
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	44,291.	9,072.	35,081.	138
12	Advertising and promotion	103,967.	103,967.	30,0020	
13	Office expenses	93,804.	39,159.	23,538.	31,107
14	Information technology	42,172.	155.	22,337.	19,680
15	Royalties	,			
16	Occupancy	184,927.	136,429.	25,492.	23,006
17	Travel	3,486.	1,791.	1,608.	87
 18	Payments of travel or entertainment expenses	,	, -	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,665.	1,380.	400.	4,885
20	Interest	.,	,		,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	126,372.	121,749.	4,498.	125
23	Insurance	12,762.	-	12,762.	
24	Other expenses. Itemize expenses not covered	-			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER	18,688.		13,516.	5,172
b	DUES AND SUBSCRIPTIONS	3,749.	1,208.	2,279.	262
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,846,339.	1,151,393.	256,414.	438,532
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X	·····		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1		
	2	Savings and temporary cash investments	1,919,652.	2	2,441,896. 4,000.		
	3	Pledges and grants receivable, net		9,000.	3	4,000.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren	t or forme	er officer, director,			
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			48,943.	9	79,773.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	832,780.			
	b	Less: accumulated depreciation	10b	500,671.	342,733.	10c	332,109.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14	4- 4-		
	15	Other assets. See Part IV, line 11	14,752.	15	15,857.		
	16	Total assets. Add lines 1 through 15 (must e			2,335,080.	16	2,873,635.
	17	Accounts payable and accrued expenses		84,405.	17	114,374.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
ij		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un			212 065	23	
	24	Unsecured notes and loans payable to unrela		-	212,865.	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li		· · · · ·	6,460.		4,922.
		of Schedule D			303,730.		119,296.
	26	Total liabilities. Add lines 17 through 25			303,730•	26	119,290.
es		Organizations that follow FASB ASC 958, o	спеск пе	re 🖊 🔼			
ũ	07	and complete lines 27, 28, 32, and 33.			1,655,484.	07	2 607 438
Sala	27	Net assets with depart restrictions			375,866.	27 28	2,607,438. 146,901.
Þ	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			373,000.	20	140,001.
Ξ		and complete lines 29 through 33.	. 956, CII	eck nere			
ō	20	·	do			29	
ets	29	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or				30	
Ass	30	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	31	- · · · · · · · · · · · · · · · · · · ·			2,031,350.	32	2,754,339.
Z	32	Total net assets or fund balances Total liabilities and net assets/fund balances		2,335,080.	33	2,873,635.	
	33	Total liabilities and het assets/tund balances		l	4,333,000.	აა	Z,073,033.

Ра	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,56				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,84		<u>39.</u> 89.		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,03	1,3	50.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,75	4,3	39.		
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2020)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CARING NETWORK, NFP 36-3154700 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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 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 income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	. ,	. ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,702,961.	1,763,421.	1,854,076.	1,935,469.	2,649,801.	9,905,728.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,702,961.	1,763,421.	1,854,076.	1,935,469.	2,649,801.	9,905,728.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						100 505
	column (f)						129,585.
	Public support. Subtract line 5 from line 4.						9,776,143.
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1,702,961.	1,763,421.	1,854,076.	1,935,469.	2,649,801.	9,905,728.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	999.	2,890.	8,729.	7,971.	4,560.	25,149.
_	and income from similar sources	333.	2,090.	0,149.	1,311.	4,300.	23,143.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						9,930,877.
12	Gross receipts from related activities,	oto (soo instructio	one)			12	105,462.
	First 5 years. If the Form 990 is for the			ourth or fifth tax v			
	organization, check this box and stor			•			
Sec	ction C. Computation of Publ						<u></u>
	Public support percentage for 2020 (olumn (f))		14	98.44 %
	Public support percentage from 2019					15	98.00 %
	33 1/3% support test - 2020. If the					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st o	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶Ш

Schedule A (Form 990 or 990-EZ) 2020

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						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	-						
/ 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(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						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here	<u></u>					<u></u> ▶□
	ction C. Computation of Publ						
15	Public support percentage for 2020 (I	ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						>
ŀ	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che						
20							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 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.)

1	
1	
2	
3a	
3b	
20	
3c	
4-	
4a	
4b	
4c	
5a	
5b	
5c	+
30	
6	
7	
8	
9a	
9b	
9c	
10a	
10b	

Par	rt IV Supporting Organizations (continued)			
	- I Committee of the co		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		
Sec	cuon D. All Type III Supporting Organizations		l.,	·
			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	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruct	ions)		
· a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Sect	on 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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	red)	· · · · · · · · · · · · · · · · · · ·
	ion D - Distributions		(OOMENIA	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u>i</u> _	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

D 1 1/1	1 490
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

CARING NETWORK, NFP

Employer identification number 36-3154700

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Sim	ilar Funds or <i>P</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised fu	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any of	ther purpose confe	
Da				
Par		-	n Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	· —		
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat	L Pre	eservation of a cert	ified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or term	ninated by the orgai	nization during the tax
	year •			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			□ Vaa □ Na
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and e	enforcing conservati	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforc	sing consonvation of	asoments during the year
′	\$\\$\$ \$\$	alling of violations, and emore	ing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements o	f section 170(h)(4)(f	3)(i)
·	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the footi		· ·	
	organization's accounting for conservation easements.	noto to the organization o line	arrolal otatomorno ti	iai addonidos ind
Par	t III Organizations Maintaining Collections o	f Art, Historical Treas	ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	•	ŕ	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue	e statement and ba	llance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describ	es these items.	·
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	, ,		,
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
				L A
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			•
а	Revenue included on Form 990, Part VIII, line 1			. ▶ \$
b	Assets included in Form 990, Part X			

032051 12-01-20

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

Schedule D (Form 990) 2020

	t III Organizations Maintaining C	collections of A		torical Tr	easures. o	or Othe	er Similar	Asse	ts/continu	rage z jed)
3	Using the organization's acquisition, accessi									
Ū	collection items (check all that apply):	ori, aria otrior rocore	ao, en ee	it diriy or tiro	Tonownig the	it mano c	ngi iiiodi ii do	.0 01 110		
а	Public exhibition	c		Loan or exc	hange progra	am				
b	Scholarly research	e								
c	Preservation for future generations	•	,							
4	Provide a description of the organization's co	ollections and explai	in how t	hev further t	he organizati	ion's eve	mnt nurnose	in Par	+ XIII	
5	During the year, did the organization solicit o							, iii i ai	CAIII.	
3	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran									140
	reported an amount on Form 990, Pai		ctc ii tiit	organizatio	ii aliswelea	103 011	1 01111 000, 1	artiv,	III IC 3, 01	
	Is the organization an agent, trustee, custodi	· · · · · · · · · · · · · · · · · · ·	diary for	contribution	ns or other as	sets not	included			
··u	on Form 990, Part X?								Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII							—	_ 100	
	Too, explain the arrangement in rate xiii	and complete the re	,ow.iig	table.					Amount	
c	Beginning balance						1c		, arrount	
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fe								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•			
_	t V Endowment Funds. Complete it									
		(a) Current year		Prior year	(c) Two year		(d) Three year	rs back	(e) Four \	ears back
1a	Beginning of year balance	(a) carrerry year	(~)	no. you.	(0)		(,		(5)	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1	a. column (a	a)) held as:					
а	Board designated or quasi-endowment	,	%	3, ("					
	Permanent endowment	%	<u> </u>							
		<u></u> . %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	· ·	ation th	at are held a	nd administe	ered for tl	he organizat	ion		
	by:	-					-		- F	res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part I	V, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulated		(d) Book	value
		basis (investr	ment)		(other)		oreciation		-	
1a	Land									
	Buildings									
	Leasehold improvements				5,383.		257,024			,359.
	Equipment			37	7,397.		243,647			,750.
_	Othor									

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

332,109.

Schedule D (Form 990) 2020 CARING NETW	ORK, NFP	36	-3154700 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	#ND
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities.	, 10.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability		,	(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE OBLIGATION			4,922
(3)			•
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

(8)

4,922.

	dule D (Form 990) 2020 CARING NETWORK, NFP			3154700 Page
Par	•		nue per Return	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,569,328
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,569,328
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	<u>- </u>	4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,569,328
Par	t XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		•	
1	Total expenses and losses per audited financial statements		1	1,846,339
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments Other leases			
C	Other losses			
d	Other (Describe in Part XIII.)			0
	Add lines 2a through 2d		2e	1,846,339
	Subtract line 2e from line 1		3	1,040,333
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
		1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			0
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	0
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b		0 1,846,339
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	4b 3.)	5	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b 3.)	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	<u> </u>						ntification number
CARING	NETWORK, NFP					36-3154	700
Part I Fundraising Activities required to complete this par	 Complete if the organization answet 	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirections 	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p	tion of tion of fundra (includer	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
compensated at least \$5,000 by the			ug. c				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total		1	_				
List all states in which the organization or licensing.			outions	s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt l	Fundraising Events. Complete if the	e organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr	•			ots greater than \$5,000.
Ó			(a) Event #1 BANQUET (event type)	(b) Event #2 SPRING FLING (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	529,582.		805.	690,637.
ъ	2	Less: Contributions	529,582.	160,250.	805.	690,637.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
nses	5	Noncash prizes	948.	7,706.		8,654.
Direct Expenses		Rent/facility costs Food and beverages	340.	7,700.		0,034.
Dire		Entertainment	20046	26 522		76 270
	9 10	Other direct expenses		36,533.	•	76,379. 85,033.
	11	Net income summary. Subtract line 10 from I				-85,033.
Pa	rt l		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ш	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc		Rent/facility costs				
		Other direct expenses Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	_	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or to	erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 CARING NETWORK, NFP	36-3154	: / 0 0	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 formed			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a	1	%
b An outside facility			70
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	S.		
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amou	nt		
of gaming revenue retained by the third party \$\sim_{\text{\colored}}\$\$			
c If "Yes," enter name and address of the third party:			
c ii Tes, entername and address of the tillid 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?		Yes	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, I	ines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (F	orm 990 or 990-EZ)	CARING NETWORK,	NFP	36-3154700 Page 4
Part IV S	Form 990 or 990-EZ) Supplemental Infor	mation (continued)		

SCHEDULE I (Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CARING NE	TWORK, NE	P.					Employer identification number $36-3154700$
Part I General Information on Grants a		· -					
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?					sistance, and the selec	▼
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	ic Governments. C	complete if the org	anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is need	ded.	(6) 14 11 1		
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, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WORLDVIEW RESOURCES, INC.							THE GRANT IS TO SUPPORT
950 ROSEWOOD DRIVE							THE MISSION OF WORLDVIEW
WEST CHICAGO, IL 60185	31-1704309	501(C)(3)	10,000.	0.	CASH		RESOURCES.
2 Enter total number of section 501(c)(3) a	I and government o	 rganizations listed in th	he line 1 table			L	<u> </u>
3 Enter total number of other organization	-	1 table					0.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.				
PART I, LINE 2:								
CARING NETWORK REVIEWS THE APPLICA	TION FOR	ASSISTANC	E AND CARI	NG NETWORK'S				
BOARD OF DIRECTORS APPROVES GRANTS	BOARD OF DIRECTORS APPROVES GRANTS TO OTHER ORGANIZATIONS. FAILURE TO MEET							
THE EXPECTATIONS COMMUNICATED ON THE GRANT APPLICATION MAY LEAD								
DISCONTINUED FUNDING IN FUTURE PERIODS.								

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 Inspection

Name of the organization

CADING NEGRODE

Employer identification number 36-3154700

CARING NETWORK, NFP	36-3154/00
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 WAS MADE AVAILABLE TO ALL VOTING MEMBERS OF THE B	OARD OF DIRECTORS
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES ALL MEMBERS OF THE BOARD OF DIR	ECTORS TO SIGN A
DISCLOSURE FORM ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
A BOARD COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE REVIEW F	OR THE EXECUTIVE
DIRECTOR. THE BOARD REVIEWS COMPENSATION OF THE EXECUTIV	E DIRECTOR THROUGH
A NUMBER OF COMPENSATION SURVEYS. THE BOARD VOTES ON THE	SALARY FOR THE
EXECUTIVE DIRECTOR AFTER THE PROCESS ABOVE IS COMPLETE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FINANC	IAL STATEMENTS ARE
AVAILABLE UPON REQUEST.	
	_
	_
	_

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

JUNE 30, 2021

CARING NETWORK, NFP 1200 ROOSEVELT ROAD NO. 114 GLEN ELLYN, IL 60137
SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
BALANCE DUE OF \$15.00
ILLINOIS CHARITY BUREAU FUND
OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
DECEMBER 31, 2021
THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). FORM AG990-IL MUST BE SIGNED BY TWO OFFICERS OR BY TWO TRUSTEES. FORM AG990-IL WILL BE CONSIDERED INCOMPLETE IF REQUIRED SIGNATURES ARE MISSING.

	ce Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL Attorney General KWAME RAOUL State of II		Revised 1/
PMT	#			
		Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	oibii CO	# 01-012287
AMT		Report for the Fiscal Period:	X	Check all items attached: Copy of IRS Return
AIVIT		neport for the riscal Feriod.	Make Checks X	Audited Financial Statements
		Beginning 07/01/2020	Payable to	Copy of Form IFC
INIT		3 3 217 22 2 2 2	the Illinois Charity	\$15.00 Annual Report Filing Fe
		& Ending 06/30/2021	Bureau Fund	\$100.00 Late Report Filing Fee
Federa	alID# 36-3154700	MO DAY YR		MO DAY YR
Are co	ntributions to the organization	tax deductible? X Yes No Date Or	ganization was created	d: 10/01/1981
	LEGAL		Year-end	
	NAME CARING NE	TWORK, NFP	amounts	N. A. O. O. T. A. C. T.
	MAIL	EVEL E DOAD NO 114	A) ASSETS	A) \$ 2,873,635
		EVELT ROAD, NO. 114	B) LIABILITIES	B) \$ 119,296 C) \$ 2,754,339
	,STATE GLEN ELLY I PCODE 60137	N, IL	C) NET ASSETS	0) \$ 2,734,339
I.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
••		RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	91.809%	D) \$ 2,436,936
	E) GOVERNMENT GRANTS &	` ,	8.019%	E) \$ 212,865
	F) OTHER REVENUES		0.172%	F) \$ 4,560
	,			
		E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,654,361
II.		EXPENDITURES DURING THE YEAR:		4 4 4 4 6 6 6
	H) OPERATING CHARITABLE	PROGRAM EXPENSE	59.098%	H) \$ 1,141,393
	I) FDUOATION BROODANA	EDITION EVENING		
	I) EDUCATION PROGRAM S	ERVICE EXPENSE	%	l) \$
	J) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENSE (ADD H & I)	59.098%	J) \$ 1,141,393
	U) TOTAL ONAMITABLET NO	CHAIN CERTICE EXTENSE (ADD IT & 1)	33 7 0 3 0 70	σ, φ τ, τ τ τ τ τ τ σ σ σ
	J1) JOINT COSTS ALLOCATE	D TO PROGRAM SERVICES (INCLUDED IN J): \$		
	K) GRANTS TO OTHER CHAP	RITABLE ORGANIZATIONS	0.518%	K) \$ 10,000
			F0 (1F.:	1 151 202
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	59.615%	L) \$ 1,151,393
	M) MANAGEMENT AND GENI	EDAL EYDENEE	13.276%	M)\$ 256,414
	IVI) IVIANAGLIVILINI AND GLIVI	LNAL LAFLINOL	13.270%	IVI) \$\phi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	N) FUNDRAISING EXPENSE		27.108%	N) \$ 523,565
	,			, ,
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD L, M, & N)	100 %	0) \$ 1,931,372
III.	SUMMARY OF ALL F	PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
	(Attach Attorney General Repo	rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISER		400.0/	P) \$ 0
	P) TOTAL AMOUNT RAISED	BY PAID PROFESSIONAL FUNDRAISERS	100 %	Γ) Φ
	Q) TOTAL FUNDRAISERS FE	FS AND EXPENSES	%	Q) \$
	a) To The Tollorin Hoeriote	LOTHING LAW ENGLO	70	7 *
	R) NET RECEIVED BY THE C	HARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISIN	G CONSULTANTS:		
	•	PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0
IV.		THE (3) HIGHEST PAID PERSONS DURING THE YE	EAR:	Τ, Φ
		WIGGINS, PRESIDENT	OE C	T) \$ 82,974
		I BAYER, SR. DIRECTOR CLIENT SERVIO ARA SINGER, PRESIDENT EMERITA	にはり	U) \$ 77,510 V) \$ 67,445
.,			=D)	, · · · · · · · · · · · · · · · · · · ·
V .	CHARITABLE PROG	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	_0,	List on back side of instructions CODE
4-22-2	W) DESCRIPTION: FAMI	LY AND INDIVIDUAL SERVICES		W)# 111
098091 04-22-20	X) DESCRIPTION:			X) #
098(Y) DESCRIPTION:			Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY	_		X
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Λ
2	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
٥.	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
	THE THIRD ST VILLE HOT HE STILL STIL	٥.		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
ρ	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
0.	THE GRANIZATION EXTEND TO RECTRICTED FONDS FORT OIL GOLG OTHER THAN RECTRICTED FOR GOLG:	0.		
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
••	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	DROUTDENGE DANK & MRUGHE D & DON 706 GOUNG MOLLAND II 60472			
	PROVIDENCE BANK & TRUST, P.O. BOX 706 SOUTH HOLLAND, IL 60473			
	LISLE SAVINGS BANK, 1450 MAPLE AVE, LISLE, IL 60532			
	HIGHE BITTINGS BIMIN, 1430 MILLE HVE, HIGHE, 1E 00332			
	NORTHERN TRUST SECURITIES, INC., 50 S LASALLE ST., CHICAGO, II	6 د	0603	
	· · · · · · · · · · · · · · · · · · ·			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KIRT WIGGINS - 630-493-1340			
ALI	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
REASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
TILAGUILLI OF THUSTLE (FAINT NAME)	SIGNATORL	DATE
	()	
	$\langle \cdot, \cdot \rangle / \rangle / \rangle$	11/01/21
PAUL J. ROZEK	and it /ich	,
PREPARER (PRINT NAME)	SIGNATURE	DATE
,		

098101 04-22-20

Caring Network, NFP Audit Report For the Year Ended June 30, 2021

Table of Contents

Independent Auditor's Report	1 - 2
Financial Statements:	
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5 - 6
Statement of Cash Flows	7
Notes to the Financial Statements	8 - 14



619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

INDEPENDENT AUDITOR'S REPORT

Board of Directors Caring Network, NFP of DuPage County, Inc. Glen Ellyn, Illinois

We have audited the accompanying financial statements of **Caring Network**, **NFP** which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, functional expenses and cash flows for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Caring Network, NFP as of June 30, 2021, and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Caring Network, NFP's financial statements as of and for the year ended June 30, 2020, and we expressed an unmodified audit opinion on those audited financial statements in our report dated September 22, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

September 24, 2021

Selden Fox, Etd.

Caring Network, NFP Statement of Financial Position June 30, 2021

(With Comparative Totals for 2020)

	2021	2020
Assets		
Cash Unconditional promises to give Prepaid expenses and other Property and equipment, at cost, less accumulated depreciation and amortization of \$500,671	\$ 2,441,896 4,000 95,630	\$ 1,919,652 9,000 63,695
(\$452,471 at June 30, 2020)	332,109	 342,733
Total assets	\$ 2,873,635	\$ 2,335,080
Liabilities and Net Assets		
Liabilities:		
Accounts payable and accrued expenses	\$ 114,374	\$ 84,405
Paycheck Protection Program loan Capital lease obligation	4,922	212,865 6,460
Total liabilities	\$ 119,296	\$ 303,730
Net assets:		
Net assets without donor restrictions: Operating Fund Capital Fund	2,275,329 332,109	1,312,751 342,733
Total net assets without donor restrictions	 2,607,438	 1,655,484
Net assets with donor restrictions	 146,901	 375,866
Total net assets	 2,754,339	2,031,350
Total liabilities and net assets	\$ 2,873,635	\$ 2,335,080

See accompanying notes.

Caring Network, NFP Statement of Activities

For the Year Ended June 30, 2021

(With Comparative Totals for 2020)

	Without Donor			ith Donor				
	Restrictions		Restrictions		Total			2020
Revenues:								
Contributions: General contributions	\$	881,472	\$	30,841	\$	912,313	\$	632,482
Church offerings	Ψ	228,544	Ψ	-	Ψ	228,544	Ψ	179,721
Foundation grants		125,000		35,300		160,300		67,000
Newsletter and appeals		425,984		19,158		445,142		269,931
In-kind contributions		-		-		-		63,200
Gain on extinguishment of Paycheck								
Protection Program loan		212,865		-		212,865		-
Interest and dividends		4,560		-		4,560		7,971
Other						-		673
		1,878,425		85,299		1,963,724		1,220,978
Fund-raisers: Contribution revenue from								
special events Related expenses from special		690,537		100		690,637		743,759
events		(85,033)				(85,033)		(121,133)
Net special event income		605,504		100		605,604		622,626
Net assets released from restrictions		314,364		(314,364)				
Total revenues		2,798,293		(228,965)		2,569,328		1,843,604
Expenses:								
Program services		1,151,393		_		1,151,393		987,599
Management and general		256,414		-		256,414		280,753
Fundraising		438,532				438,532		392,765
Total expenses		1,846,339				1,846,339		1,661,117
Change in net assets		951,954		(228,965)		722,989		182,487
Net assets, beginning of the year		1,655,484		375,866		2,031,350		1,848,863
Net assets, end of the year	\$ 2	2,607,438	\$	146,901	\$	2,754,339	\$	2,031,350
See accompanying notes.								

Caring Network, NFP
Statement of Functional Expenses
For the Year Ended June 30, 2021
(With Comparative Totals for 2020)

	2021								2020												
		rogram ervices		nagement d General	Fu	nd-raising	Total		Program Services		•		•		•		nagement d General				Total
Expenses:																					
Salaries	\$	623,537	\$	82,569	\$	301,634	\$ 1,007,740	\$	545,565	\$	101,936	\$	272,502	\$	920,003						
Payroll taxes		43,611		6,434		21,448	71,493		40,829		7,612		20,760		69,201						
Benefits		59,335		16,700		30,988	107,023		57,688		10,755		29,333		97,776						
Consulting fees		-		23,196		-	23,196		-		55,518		-		55,518						
Professional services		9,072		21,085		138	30,295		4,473		20,050		112		24,635						
Occupancy		136,429		25,492		23,006	184,927		136,107		28,996		14,335		179,438						
Advertising		103,967		-		-	103,967		85,403		-		-		85,403						
Printing and publications		70		3,876		22,690	26,636		6,257		1,549		18,232		26,038						
Postage and shipping		333		2,185		3,656	6,174		1,112		616		4,583		6,311						
Meetings and seminars		1,380		400		4,885	6,665		1,213		750		1,085		3,048						
Travel		1,791		1,608		87	3,486		2,497		3,016		580		6,093						
Telephone		12,616		1,683		810	15,109		11,085		1,470		727		13,282						
Supplies		20,103		11,831		3,951	35,885		19,071		4,524		7,811		31,406						
Insurance		-		12,762		-	12,762		-		11,615		-		11,615						
Equipment rental and repair		6,037		3,963		-	10,000		1,606		12,457		-		14,063						
Information technology		155		22,337		19,680	42,172		-		-		20,150		20,150						
Dues and subscriptions		1,208		2,279		262	3,749		11		5,175		690		5,876						
Grants to other organizations		10,000		-		-	10,000		-		-		-		-						
Other				13,516		5,172	18,688				10,036		1,621		11,657						
	1	,029,644		251,916		438,407	1,719,967		912,917		276,075		392,521		1,581,513						
Depreciation and amortization		121,749		4,498		125	126,372		74,682		4,678		244		79,604						
Total expenses	\$ 1	,151,393	\$	256,414	\$	438,532	\$ 1,846,339	\$	987,599	\$	280,753	\$	392,765	\$	1,661,117						

See accompanying notes.

- 5 -- 6 -

Caring Network, NFP Statement of Cash Flows

For the Year Ended June 30, 2021

(With Comparative Totals for 2020)

	2021	2020
Cash flows from operating activities: Change in net assets Adjustments to reconcile change in net assets to net cash from operating activities:	\$ 722,989	\$ 182,487
Depreciation and amortization Noncash contributions	126,372 -	79,604 (63,200)
Extinguishment of Paycheck Protection Program loa Changes in operating assets and liabilities:	(212,865)	-
Unconditional promises to give Prepaid expenses and other Accounts payable and accrued expenses	5,000 (31,935) 29,969	 6,000 5,332 916
Net cash from operating activities	639,530	211,139
Cash flows used by investing activities: Purchase of furniture, equipment and improvements Proceeds from maturity of certificates of deposit	(115,748) -	 (210,082) 245,000
Net cash from investing activities	(115,748)	 34,918
Cash flows from financing activities: Paycheck Protection Progran loan proceeds Principal payments made on capital lease obligations	- (1,538)	212,865 (1,421)
Net cash from financing activities	(1,538)	211,444
Net change in cash	522,244	457,501
Cash, beginning of the year	1,919,652	1,462,151
Cash, end of the year	\$ 2,441,896	\$ 1,919,652

1. Summary of Significant Accounting Policies

Organization and Purpose – Caring Network, NFP (Caring Network) is a Christian organization, first incorporated in 1981, that serves to improve the range and quality of pregnancy counseling and services for families in DuPage County. Caring Network's mission is to educate and provide supportive help in a compassionate setting through community outreach programs.

Basis of Accounting – These financial statements, which are presented on the accrual basis of accounting, have been prepared to focus on Caring Network as a whole to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classification of net assets and transactions as either net assets without donor restrictions or net assets with donor restrictions, based on existence or absence of donor-imposed restrictions.

Revenues are reported as increases in net assets without donor restrictions, unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Investment income, gains and losses on investments and other assets or liabilities, are reported as increases or decreases in net assets without donor restrictions, unless their use is restricted by explicit donor stipulation or by law. Expiration of restrictions on net assets (i.e., the donor imposed stipulated purpose has been fulfilled or the stipulated time period has elapsed) are reported as reclassifications from net assets with donor restrictions to net assets without donor restrictions.

Contributions, including unconditional promises to give, are recognized as revenues in the period the donor makes the promise to Caring Network. Conditional promises to give are not recognized until they become unconditional, that is, when the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at their estimated fair value.

Upon receipt of a restricted contribution or pledge, net assets with donor restrictions are increased. Contributions or pledges received with donor-imposed restrictions that are met in the same year as received are reported as revenues with donor restrictions. Contributions of exhaustible long-lived assets, or of cash or other assets used to acquire them, without donor-imposed stipulations concerning the use of such long-lived assets, are reported as revenues without donor restrictions.

1. Summary of Significant Accounting Policies (cont'd)

Use of Estimates – The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and activities at the date of the financial statements and during the reporting period. Actual results could differ from those estimates.

Certificates of Deposit – Certificates of deposit, with maturities of more than ninety days are recorded at cost plus accrued interest receivable.

Property and Equipment – Depreciation of furniture and equipment is provided by the straight-line method over the estimated useful life of the assets, which ranges from three to ten years. Leasehold improvements are depreciated over the shorter of the remaining lease term or the asset's useful life, which ranges from three to six years.

Paycheck Protection Program Loan Payable – Caring Network has elected to account for its Paycheck Protection Program loan payable under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 470, Debt. Under this guidance, extinguishment of the loan is recognized as revenue when Caring Network has been legally released as the primary obligor of the loan.

Donated Material, Facilities and Services – Various individuals and organizations donate materials, facilities, and services to Caring Network. Caring Network has over 20 regular volunteers who donate time to help with administrative tasks and events. Individuals and organizations donate supplies such as diapers and clothing that are distributed to families in need. Caring Network has also been granted the use of facilities by other organizations to provide counseling and limited medical services.

Amounts would be reflected in the financial statements for donated volunteers' time, when the criteria under generally accepted accounting principles are satisfied. Several volunteers have donated significant amounts of time toward the administrative and program activities of Caring Network, however, no amount has been reflected in the financial statements as those services do not meet the criteria for recognition.

Contributions of the use of facilities for a specified period of time are recognized at fair value in the period the promise is received. Rent expense related to these contributions is recognized as the facilities are used.

Comparative Prior Year Information – The financial statements include certain prior year summarized comparative information. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the financial statements for the year ended June 30, 2020.

1. Summary of Significant Accounting Policies (cont'd)

Income Taxes – Caring Network is tax exempt under Section 501(c)(3) of the Internal Revenue Code. As such, it is not subject to federal income taxes, except for taxes on unrelated business income. There was no taxable unrelated business income. Accordingly, no provision for income taxes is included in the financial statements. Caring Network's 2018, 2019, and 2020 annual information and tax returns filed with the Internal Revenue Service and the State of Illinois are open to examination for the statutory period.

Advertising – Caring Network advertises its services on the internet, through direct mail, and through social media. All costs are expensed as incurred. Total advertising expense for the year ended June 30, 2021, was \$103,967 (\$85,403 for the year ended June 30, 2020).

Functional Allocation of Expenses – The costs of providing program and other activities have been summarized on a functional basis in the statement of activities and are detailed by their natural classification in the statement of functional expenses. Certain expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include payroll taxes, benefits, occupancy, and depreciation. Payroll taxes and benefits are allocated based on salaries directly charged to functional classes. Occupancy costs are allocated based on an estimate of space occupied by employees conducting tasks within functional categories. Depreciation is allocated on an asset-by-asset basis, whereby assets are categorized based on which functional class uses the related asset.

Subsequent Events – Subsequent events have been evaluated through September 24, 2021, which is the date the financial statements were available to be issued.

New Accounting Pronouncement – In May 2014, the FASB issued Accounting Standards Update ("ASU") 2014-09, "Revenue from Contracts with Customers." The ASU's core principle is that an entity will recognize revenue when it transfers promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods and services. To accomplish this objective, the standard requires five basic steps: i) identify the contract with the customer, (ii) identify the performance obligations in the contract, (iii) determine the transaction price, (iv) allocate the transaction price to the performance obligations in the contract, and (v) recognize revenue when (or as) the entity satisfies a performance obligation. The ASU also includes expanded disclosure requirements. Adoption of this standard did not have a material impact on Caring Network's financial statements since contribution revenue and investment income is scoped out of the standard.

2. Liquidity and Availability

Assets available to meet cash needs for general expenditures within one year, without contractual or donor restrictions, consist of the following:

	 2021	 2020
Cash Unconditional promise to give Less: Cash that is the underlying assets of net assets	\$ 2,441,896 4,000	\$ 1,919,652 9,000
with donor restrictions	 (146,901)	 (375,866)
	\$ 2,298,995	\$ 1,552,786

Caring Network is generally supported by contributions, some of which are donor-restricted. Caring Network, NFP maintains cash sufficient to operate in the event of an unanticipated reduction in funding and does not have a line of credit or other instrument to provide another form of temporary liquidity.

3. Unconditional Promises to Give

At June 30, 2020, Caring Network had a remaining balance of \$9,000 in unconditional promises to give. During the year ended June 30, 2021, Caring Network received \$5,000 in payments on these unconditional promises to give, leaving a balance remaining on the promises to give of \$4,000 at June 30, 2021. Management expects to receive the remaining balance on the unconditional promises to give within one year, and accordingly, there is no discount recorded for these unconditional promises to give.

4. Property and Equipment

Property and equipment consist of the following at June 30:

	2021	2020
Furniture and equipment Leasehold improvements	\$ 377,397 455,383	\$ 416,997 378,207
	832,780	795,204
Less accumulated depreciation and amortization	(500,671)	(452,471)
	\$ 332,109	\$ 342,733

5. Leases

Operating Leases – Caring Network entered into operating leases for office space in Glen Ellyn, Naperville, Wood Dale, West Chicago, Darien, and Elmhurst, Illinois. Caring Network is also responsible for a share of real estate taxes, utilities, and other operating expenses. During the year, rent expense under operating leases totaled \$177,512 (\$172,445 for the year ended June 30, 2020) and is included in occupancy expense on the statement of functional expenses.

A schedule of future minimum lease payments is as follows for the years ending June 30:

	Darien	Elmhurst*	West Elmhurst* Glen Ellyn Naperville Chicago		Glen Ellyn Naper			W	ood Dale	Total	
2022	\$ 28,847	\$ -	\$	62,940	\$	35,760	\$	23,227	\$	15,246	\$ 166,020
2023	29,713	-		64,647		35,760		7,793		15,276	153,189
2024	30,604	-		72,329		20,860		-		-	123,793
2025	31,522	-		74,377		-		-		-	105,899
2026	_	-		76,426		-		-		-	76,426
2027	_	-		78,474		-		-		-	78,474
2028				20,131							20,131
	\$ 120,686	\$ -	\$	449,324	\$	92,380	\$	31,020	\$	30,522	723,932

^{* -} The Elmhurst leases is month-to-month at \$350 per month

Capital Lease – During the year ended June 30, 2019, Caring Network entered into a 60-month capital lease for office equipment payable in monthly installments of \$260, which includes a service contract component of \$93 per month. Imputed interest for the lease obligation is 8.00%. Capitalized assets under the lease were \$8,219. Depreciation expense and accumulated depreciation for the leased asset was \$1,644 and \$4,110 for the year ended June 30, 2021 (\$1,644 and \$2,466 for the year ended June 30, 2020). Interest imputed and expensed under the capital lease obligation was \$461 for the year ended June 30, 2021 (\$579 for the year ended June 30, 2020). Maintenance costs are expensed evenly over the life of the lease and are not included in the capital lease obligation.

Future lease payments under the capital lease are as follows:

Total gross payments	\$ 8,580
Less amount representing interest	(578)
Less amount representing maintenance	 (3,080)
Present value of future lease payments	\$ 4,922

6. Paycheck Protection Loan Payable

On April 21, 2020, Caring Network received a loan of \$212,865, pursuant to the Paycheck Protection Program (the "PPP") under Division A, Title I of the CARES Act, which was enacted March 27, 2020. Under the terms of the PPP, as modified by the Paycheck Protection Program Flexibility Act (PPPFA), certain amounts of the loan were forgivable if they were used for qualifying expenses through December 31, 2020, as described in the CARES Act. Caring Network used the entire loan amount for qualifying expenses and met other conditions to have the loan forgiven. The loan was forgiven in December 2020 and Caring Network recognized a gain on the statement of activities for the forgiven loan amount for the year ended June 30, 2021.

7. Net Assets

Net assets with donor restrictions consist of amounts restricted by donors for the following purposes at June 30:

	2021		 2020
Client benevolence Unconditional promises to give Medical West Chicago center Wood Dale and Elmhurst express centers Darien express center Will County express center Technology	\$	3,287 4,000 56,728 - - 62,928 10,658 9,300	\$ 4,610 9,000 115,094 2,060 120,875 124,227
	\$	146,901	\$ 375,866

8. Employee Benefit Plan

Caring Network adopted a Section 403(b) IRC tax-deferred group annuity plan (Plan). All full-time employees are eligible to participate after one year of service.

The Plan is a salary reduction arrangement, which allows employees to elect to have their compensation reduced in accordance with guidelines set by the Internal Revenue Service. The Plan provides for a matching contribution equal to 100% of participant deferrals not to exceed five percent of the participant's compensation. Under the Plan, Caring Network has expensed \$15,379 of matching contributions for the year ended June 30, 2021 (\$16,073 expensed for the year ended June 30, 2020).

9. Concentration

Caring Network's contribution revenue included \$254,959 from two donors for the year ended June 30, 2021. In the year ended June 30, 2020, Caring Network received \$202,043 of contribution revenue from four donors. Caring Network's Paycheck Protection Program loan was also forgiven and recorded as a gain during fiscal 2021 and represents a significant concentration of Caring Network's support that was a one-time item.

10. Contingencies and Uncertainties

Caring Network has received financial assistance from the federal government in the form of a Paycheck Protection Program loan. AS mentioned in Note 6, the loan was forgiven during fiscal 2021, however, the U.S. Small Business Administration can perform a further examination of Caring Network's forgiveness application. Any disallowed claims resulting from such examination could become a liability of Caring Network.

As a result of the spread of the COVID-19 coronavirus, there are economic uncertainties that exist which could have a negative financial impact on Caring Network, including the potential for reduction in future contribution and fund-raising event revenue. The full potential impact is unknown at this time. Management is monitoring the situation and will adjust expense levels and assess its financial assets as needed to mitigate negative impacts of the pandemic.

11. Future Accounting Standards

Leases – During 2016, the Financial Accounting Standards Board issued new standards relating to lease accounting. The new standard will require Caring Network to recognize on its balance sheet, the asset and liability of their leasing agreements relating to the rights and obligations created by the leases. The standard will be effective for fiscal 2023. Caring Network has not determined the effect of adopting the new standard.

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Department of the Ireasury Internal Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 Open to Public Inspection

B	Check if upplicable	C Name of organization		D Employer identifie	cation number			
	Addres	CARING NETWORK, NFP						
H	_]change ∏Name			36-31547	0.0			
H	change □Initial	- v	a/auita					
H	return □Final	Number and street (or P.O. box if mail is not delivered to street address) Room 1200 ROOSEVELT ROAD 114		E Telephone numbe 630-493-				
	لــreturn/ termin-		-	G Gross receipts \$	2,654,361.			
	ated ∏Aṃend	City or town, state or province, country, and ZIP or foreign postal code GLEN ELLYN, IL 60137	ł	-				
F	⊒return ⊒Applica	•		H(a) Is this a group return for subordinates? Yes X No				
	tion pendin	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
$\overline{}$		mpt status: X 501(c)(3)	527		list. See instructions			
		e: ► CARINGNETWORK.COM		H(c) Group exemptio				
			Year o		1 State of legal domicile: IL			
		Summary	_ , , , , ,	1	- oute or regul dominone,			
_		Briefly describe the organization's mission or most significant activities: PREGNAN	ICY (COUNSELING	AND			
Governance		SERVICES FOR FAMILIES IN DUPAGE COUNTY, ILL	INO	IS				
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed o	f more	than 25% of its net as	ssets.			
ove		Number of voting members of the governing body (Part VI, line 1a)		1 1	6			
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			5			
Activities &	5	Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)		5	35			
Ϋ́Ε̈́	6	Total number of volunteers (estimate if necessary)		6	30			
₹cti		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
<u>e</u>		Contributions and grants (Part VIII, line 1h)		1,935,469.	2,649,801.			
ēn	1	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		7,971.	4,560.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-99,836.	-85,033.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,843,604.	2,569,328.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	10,000.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	1 106 256			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,086,980.	1,186,256.			
en		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ä				574,137.	650,083.			
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,661,117.	1,846,339.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		182,487.	722,989.			
or es		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)	500	2,335,080.	2,873,635.			
Ass Ba	21	Fotal liabilities (Part X, line 26)	·	303,730.	119,296.			
Net -unc	22	Net assets or fund balances. Subtract line 21 from line 20	•	2,031,350.	2,754,339.			
	art II	Signature Block						
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	y knowledge and belief, it is			
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer l	has any knowledge.				
		\						
Sig	n	Signature of officer		Date				
Her	e							
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		ate Check	PTIN			
Paid		PAUL J. ROZEK		L1/01/21 self-employe				
	parer	Firm's name SELDEN FOX, LTD.		Firm's EIN ▶	36-2985770			
Use Only Firm's address 619 ENTERPRISE DRIVE								
		OAK BROOK, IL 60523-8835		Phone no. 63	0-954-1400			
May	/ the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			

га	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	DOLLEDE
	CARING NETWORK WORKS TO PREVENT UNPLANNED PREGNANCIES AND TO P	
		MPACTED
	BY AN UNPLANNED PREGNANCY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
		res no
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	revenue, if any, for each program service reported.	
4a	1 1 1 1 2 0 2 1 0 0 0 0	
4a	(Code:) (Expenses \$I, ISI, 393. including grants of \$IU, UUU.) (Revenue \$COUNSELING, RESOURCING, AND LIMITED MEDICAL SERVICES INCLUDING)
	PREGNANCY TESTS AND ULTRASOUNDS.	
4b	(Code:) (Expenses \$)
	(code:	
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	-	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,151,393.	,
	, and the supplication of	Form 990 (2020)
		. 0.111 000 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	-25	
b	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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	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		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Contraction and a contract Advance 1. The contract of the contract Advance and Contract Contr			

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
0.4	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			x
00	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		_ ^
ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pal				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) CARING NETWORK, NFP Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (see this as bank account, eventue) and the seed of the					Yes	No			
b If a 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 unrisited business gross income of \$1,000 or more during the year? 3a If Yes, 'has it filed a Form 990-17 or this year? 'No' to line 3b, provide an explanation or Schedule O 3b If Yes, 'has it filed a Form 990-17 or this year? 'No' to line 3b, provide an explanation or Schedule O 3c If Yes it will be during the calendary 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)? 4c If Yes it on the foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes it on its of so the foreign country (such as a bank account, securities account, or other financial account)? 5d Was the organization for foreign country (such as a bank account, securities account, or other financial account)? 5d Was the organization from 10 a prohibited tax shelter transaction? 5d Was the organization from 10 and the was a shelt transaction at any time during the tax year? 5d Was 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? 6d If Yes, 'id dire organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, 'id dire organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, 'id dire organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, 'id dire organization solicit was a contribution of the value of the goods or services provided? 7d Organizations that may rec	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 41 At any time during the calendar year, did the organization have an interest it, 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 is of financial account in a foreign country (such as a bank account; securities account; or other financial accounts (FBAF). 52 A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 53 A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 54 B Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction? 55 D Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 56 D Obes the organization thave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 57 Organizations that may receive deductible contributions an express statement that such contributions or gifts were not tax deductibles? 58 O Did the organization sevel as payment in excess of \$57 smade party as a contribution of quality for goods and services provided? 58 O Did the organization netty the donor of the value of the goods or services provided? 59 D Did the organization netty and payment in excess of \$57 smade party as a contribution of quality and party to goods and services provided? 50 Did the organization receive a payment in excess of \$57 smade party as a contribution of quality and payment paym			2a 35						
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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? d 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$5'6 made party as a contribution and party for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization receive any or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year P Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 898 as required? If If the organization received a contribution of caris, boats, ariplanes, or other vehicles, did the organization file a Form 1098-07 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions to a donor, donor advisor, or related person? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organization make a fishibution to a donor, donor advisor or related person? 9b	5a			5a		Х			
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a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1b 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? 11b 11b 12a 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 15 the organization licensed to issue qualified health plans in more than one state? 15 Note: See the instructions for additional information the organization must report on Schedule O. 15 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 13b 15 C Enter the amount of reserves on hand 13c 15 Liter organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	10	Section 501(c)(7) organizations. Enter:							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1b 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? 11b 11b 12a 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 15 the organization licensed to issue qualified health plans in more than one state? 15 Note: See the instructions for additional information the organization must report on Schedule O. 15 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 13b 15 C Enter the amount of reserves on hand 13c 15 Liter organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	С		13c						
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b								
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year?		15		X			
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X			
		If "Yes," complete Form 4720, Schedule O.			000				

Form **990** (2020)

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								
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х						
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77						
	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
	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			37					
_	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
<u> </u>	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed \(\rightarrow \text{IL}\)		A "	-1-1					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
40	Own website Another's website X Upon request Other (explain on Schedule O)	: ۵	a ale l						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u finar	ıcıal						
00	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► KIRT WIGGINS - 630-493-1340								
	1200 ROOSEVELT ROAD NO. 114, GLEN ELLYN, IL 60137								

Form **990** (2020)

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.

(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) MR. KIRT WIGGINS	40.00	X		Х				51,754.	0.	0
(2) MR. JIM ERICKSEN	1.30	 						0277020		
INTERIM CHAIRMAN & VICE CH		x		x				0.	0.	(
(3) MR. PETER HUBBARD	1.30									
SECRETARY		Х		Х				0.	0.	
(4) MR. GEORGE SIFNOTIS	1.30	ļ ,,		,,					0	
TREASURER	1.30	Х		Х				0.	0.	
(5) MS. DIANE SCHROEDER BOARD MEMBER	1.30	X						0.	0.	
(6) MS. MICHELE GAMBREL	1.30	 								
BOARD MEMBER		X						0.	0.	
(7) MS. BRENDA TODD	1.30									
BOARD MEMBER THROUGH JANUARY		Х						0.	0.	(
		-								
		-								
		-								
		\dagger								
										Earm 990 (20

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do	not c	Posi heck ss pe	ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	of
	(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	;)	compensa from th organizat and relat organizati	ation e tion ted
		드	드	Of	Ke	宝豆	요					
										\perp		
										\perp		
										+		
										_		
1b Subtotal c Total from continuation sheets to Part V	II, Section A						▶	51,754.		0.		0.
d Total (add lines 1b and 1c)							no r	51,754. eceived more than \$100		0.		0.
compensation from the organization 3 Did the organization list any former officer,	director trust	ا مم	KAV (emnl	love	20 O	hic	whest compensated emr	Novee on		Yes	No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3	Х
and related organizations greater than \$15Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J t	for such individual			4	Х
rendered to the organization? If "Yes," com Section B. Independent Contractors											5	Х
Complete this table for your five highest countries the organization. Report compensation for								n the organization's tax		ensat		
(A) Name and business	address	N	INC	3				(B) Description of s	ervices	Cor	(C) mpensatio	n
Total number of independent contractors (\$100,000 of compensation from the organi	-	ot li	mite	d to		se lis 0	stec	d above) who received m	nore than		_	
										F	orm 990 (2020)

CARING NETWORK, NFP Part VIII Statement of Revenue

			Check if Schedule O contains a re	esponse	or note to any lir	ne in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
σωl				. 1					000110110 012 011
Contributions, Gifts, Grants and Other Similar Amounts			' J	1a					
اقق			· · · · · · · · · · · · · · · · · · ·	1b					
A,		С	Fundraising events	1c	690,637.				
la if	(d	Related organizations	1d					
s, mi		е	Government grants (contributions)	1e	212,865.				
iο̈́			All other contributions, gifts, grants, and						
탈				1f 1,	746,299.				
호텔				_	0 , _ 0 0	1			
o b		-	_	1g \$		2,649,801.			
OB		h	Total. Add lines 1a-1f			2,049,001.			
				,	Business Code				
Se	2	а							
ه ڲٙ	- 1	b							
S		С							
eve		d							
g a		_							_
Program Service Revenue		f	All other program service revenue						
\rightarrow			Total. Add lines 2a-2f						
	3		Investment income (including dividen			4 5 6 0			4 5 6 0
			other similar amounts)			4,560.			4,560.
	4		Income from investment of tax-exemp	ot bond p	roceeds				
	5		Royalties)				
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)						
				curities	(ii) Other				
	/		(7	Curities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
an l			and sales expenses 7b						
ther Revenue		С	Gain or (loss) 7c						
æ		d	Net gain or (loss)						
je			Gross income from fundraising events (no						
₹			including \$ 690,637.						
			contributions reported on line 1c). Se						
			•	I .	0.				
			Part IV, line 18		85,033.	1			
			Less: direct expenses		03,033.				05 022
			Net income or (loss) from fundraising			-85,033.			-85,033.
	9		Gross income from gaming activities.	I .					
			Part IV, line 19	9a					
	- 1	b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming acti	vities	>				
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
\rightarrow	- '	С	Net income or (loss) from sales of inve	entory					
sn					Business Code				
e e	11 :	а							
lan	١	b							
e Sel		С							
Miscellaneous Revenue		d	All other revenue						
			Total. Add lines 11a-11d		>				
	12		Total revenue. See instructions			2,569,328.	0.	0.	-80,473.

Part IX | Statement of Functional Expenses

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

D۵	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	10 000	10 000		
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	86,454.	43,226.	25,936.	17,292
_	trustees, and key employees	00,434.	43,220•	23,930.	11,232
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	927,917.	583,626.	58,622.	285,669
7	Other salaries and wages	721,7110	303,020.	30,022.	203,003
8	Pension plan accruals and contributions (include	14,816.	9,100.	1,215.	4 501
0	section 401(k) and 403(b) employer contributions)	85,576.	46,920.	13,496.	4,501 25,160
9 10	Other employee benefits	71,493.	43,611.	6,434.	21,448
	Payroll taxes	71,455	43,011.	0,434.	21,440
11	Fees for services (nonemployees):				
a					
b		9,200.		9,200.	
q	5 ······	3,200.		3,200.	
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	44,291.	9,072.	35,081.	138
12	Advertising and promotion	103,967.	103,967.	30,0020	
13	Office expenses	93,804.	39,159.	23,538.	31,107
14	Information technology	42,172.	155.	22,337.	19,680
15	Royalties	,			
16	Occupancy	184,927.	136,429.	25,492.	23,006
17	Travel	3,486.	1,791.	1,608.	87
 18	Payments of travel or entertainment expenses	,	, -	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,665.	1,380.	400.	4,885
20	Interest	.,	,		,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	126,372.	121,749.	4,498.	125
23	Insurance	12,762.	-	12,762.	
24	Other expenses. Itemize expenses not covered	-			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER	18,688.		13,516.	5,172
b	DUES AND SUBSCRIPTIONS	3,749.	1,208.	2,279.	262
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,846,339.	1,151,393.	256,414.	438,532
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 1,919,652 2,441,896. 2 Savings and temporary cash investments 9,000. 4,000. 3 Pledges and grants receivable, net 4 Accounts receivable, net **5** Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 79,773. 48,943. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 832,780. basis. Complete Part VI of Schedule D _____ 10a 500,671. 342,733. 332,109. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 15,857. Other assets. See Part IV, line 11 14,752. 15 15 2,335,080. 2,873,635. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 84,405. 114,374. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 212,865. 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 6,460. 4,922. 303,730. 119,296. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,607,438. 1,655,484. Net assets without donor restrictions 27 27 375,866. 146,901. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

2,754,339.

32

2,031,350.

2,335,080.

32

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)		2,56						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,84		39. 89.				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2,75	4,3	39.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.							
За	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	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2020)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CARING NETWORK, NFP 36-3154700 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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 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 income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,702,961.	1,763,421.	1,854,076.	1,935,469.	2,649,801.	9,905,728.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,702,961.	1,763,421.	1,854,076.	1,935,469.	2,649,801.	9,905,728.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						129,585.
6	Public support. Subtract line 5 from line 4.						9,776,143.
	ction B. Total Support						, , , ,
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1,702,961.	1,763,421.	1,854,076.	1,935,469.	2,649,801.	9,905,728.
	Gross income from interest,	, , ,	, , -	, , .	, , ,	, ,	, , ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	999.	2,890.	8,729.	7,971.	4,560.	25,149.
9	Net income from unrelated business			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							9,930,877.
12	Gross receipts from related activities,	etc (see instruction	nne)			12	105,462.
13	First 5 years. If the Form 990 is for the			ourth or fifth tax v			
.0	organization, check this box and stor			•			
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (olumn (f))		14	98.44 %
15	Public support percentage from 2019					15	98.00 %
16a	33 1/3% support test - 2020. If the o					nore, check this bo	x and
	stop here. The organization qualifies						\triangleright X
b	33 1/3% support test - 2019. If the o						is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion		,	ightharpoonup
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the fact						
	meets the facts-and-circumstances to			=			
h	10% -facts-and-circumstances tes	-	•	*	-		
	more, and if the organization meets the	-					. 5, 0 01
	organization meets the facts-and-circ						
12	Private foundation. If the organization						
	i invate iounidation. Il the organizatio	an ala not oncon a l	JON OIT III IC TO, TOA	, 100, 110,	טווכטוג נוווס טטא מ	na see manuellon	·

Schedule A (Form 990 or 990-EZ) 2020

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	clow, picase com	piete i dit ii.)				
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	` ` ′	1 ,	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_							
5	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5					1	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2020 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage)			
17	·					17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2020. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
k	o 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
OI-		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
3C		
6		
7		
8		
9a		
9b		
9с		
40-		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI .	11c		
Sect	tion B. Type I Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
•	supported 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			
	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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 yea(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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
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? If "Yes" or "No" provide details in Part VI.	20		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	Dia the organization exercise a substantial degree of direction even the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Sche	edule A (Form 990 or 990-EZ) 2020 CARING NETWOR	K, NFP		3	6-3154700 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				

Sect	ion E - Distribution Allocations (see instructions)	(I) Excess Distributions	(II) Underdistributions Pre-2020	(III) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
<u>i</u> _	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
с	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

D 1 1/1	1 490
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

CARING NETWORK, NFP

Employer identification number 36-3154700

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		. 2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation ea	<u> </u>	
5	Does the organization have a written policy regarding the pe		Yes No
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		
6	Stan and volunteer nours devoted to monitoring, inspecting,	nandling of violations, and emorcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
•	S	ding of violations, and emoroning conservation	casements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	LVBVi)
Ū	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
_	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.	ŭ	
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Par	rt III Organizations Maintaining Co	ollections of Ar	t, Historical Ti	reasures, o	r Other	Similar A	Assets(contin	nued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that	make sigr	nificant use	of its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	change prograi	m			
b	Scholarly research	е	Other_					
С	Preservation for future generations							
4	Provide a description of the organization's col	llections and explair	n how they further	the organizatio	n's exemp	t purpose i	n Part XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	asures, or othe	r similar as	ssets		
	to be sold to raise funds rather than to be mai	intained as part of t	he organization's c	ollection?			Yes	☐ No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organization	on answered "	Yes" on Fo	orm 990, Pa	art IV, line 9, or	r
	reported an amount on Form 990, Part	: X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contributio	ns or other ass	ets not ind	cluded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amoun	t
С	Beginning balance					1c		
	Additions during the year					1d	,	
	Distributions during the year					1e		
	Ending balance					1f		
	Did the organization include an amount on Fo					-	Yes	No
	If "Yes," explain the arrangement in Part XIII.				•			
_	rt V Endowment Funds. Complete if							
	· 1	(a) Current year	(b) Prior year				back (e) Four	r vears back
1a	Beginning of year balance	(-,	(,	(-, ,	(-)			-
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships			+				
	Other expenditures for facilities			+				
C								
	· • • · · · · · · · · · · · · · · · · ·							
	Administrative expenses							
		nt veer and belone	o (line 1 a column ((a)) hold so:				
2	Provide the estimated percentage of the curre	ent year end balanc		(a)) rieiu as.				
	Board designated or quasi-endowment	0/	_%					
	Permanent endowment	%						
С	Term endowment	-						
_	The percentages on lines 2a, 2b, and 2c should be a sh	•						
за	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administer	ed for the	organizatio	n I	v I N
	by:						- m	Yes No
	(i) Unrelated organizations							- -
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organizat			?			3b	
<u>4</u>	Describe in Part XIII the intended uses of the		wment funds.					
Par	rt VI Land, Buildings, and Equipme							
	Complete if the organization answered	1	1					
	Description of property	(a) Cost or of		t or other	` '	umulated	(d) Boo	k value
		basis (investr	nent) basis	(other)	depre	ciation		
	Land							
	Buildings							
С	Leasehold improvements			55,383.		7,024		8,359.
d	Equipment		37	77,397.	24	3,647	· 13	3,750.
	Other							• • • •
	I Add lines to through to (Column (d) must so	ual Form 000 Port	Y column (R) line	100)			1 33	2 109.

Schedule D (Form 990) 2020

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	>

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	4,922.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 4,922.

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

Schedule D (Form 990) 2020

Da-	edule D (Form 990) 2020 CARING NETWORK, NFP			3154700 Page
rat	t XI Reconciliation of Revenue per Audited Financial S	Statements With Rever	nue per 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	2,569,328
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	, , , , , , , , , , , , , , , , , , , ,	2d		0
	Add lines 2a through 2d			2,569,328
3	Subtract line 2e from line 1		3	2,309,320
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		0
	Add lines 4a and 4b			2,569,328
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial	,		
rai		-	ilises per netu	111.
_	Complete if the organization answered "Yes" on Form 990, Part IV			1,846,339
1	Total expenses and losses per audited financial statements		1	1,040,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا		
	Donated services and use of facilities			
D	Prior year adjustments Other losses			
C C				
a	Other (Describe in Part XIII.) Add lines 2a through 2d		20	0
3			2e	1,846,339
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,010,000
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	A del Bress As and Alla		4c	0
C			·····	1,846,339
5	***************************************	a 18)	5	-,0-0,000
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	
Paı	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.			X line 2: Part XI
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
Pa i Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4; Part IV, lines 1b and 2b;		X, line 2; Part XI,

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Go	to www.irs.gov/Form990 for instru	JCTION	s and	tne latest informat	ion.		mopeotion
Name of the organization CARING	NETWORK, NFP				-	oloyer ide -3154	ntification number 700
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	sed funds through any of the following and solicitates and solicitates and solicitates are represented by the following and solicitates are solicitated and solicitates are solicitated as a solicitate and solicitates are solicitated as a solicitated as	ion of ion of fundra (includerofess	non-govern govern ising of ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	vity fundraiser have custody or control of from activity to			to (or reta fundr	(or retained by) fundraiser isted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

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

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through BANQUET SPRING FLING 1 col. (c)) (event type) (event type) (total number) 529,582 160,250. 690,637. 1 Gross receipts 805. 160,250. 805 529,582 690,637. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 948. 7,706. 8,654. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 39,846. 9 Other direct expenses 76,379. **10** Direct expense summary. Add lines 4 through 9 in column (d) -85,033 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 CARING NETWORK, NFP	36-3154/00 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	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	na recoras:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
c in Tes, enter name and address of the tillid 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?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or spent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (F	orm 990 or 990-EZ)	CARING NETWORK,	NFP	36-3154700 Page 4
Part IV S	orm 990 or 990-EZ) Supplemental Infor	mation (continued)		

SCHEDULE I (Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CARING NETWORK, NFP						Employer identification number $36-3154700$	
Part I General Information on Grants	-	: F					30-3134700
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p 	s to substantiate th						
Part II Grants and Other Assistance to	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than 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, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WORLDVIEW RESOURCES, INC. 950 ROSEWOOD DRIVE							THE GRANT IS TO SUPPORT THE MISSION OF WORLDVIEW
WEST CHICAGO, IL 60185	31-1704309	501(C)(3)	10,000.	0.	CASH		RESOURCES.
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in t	the line 1 table				> 1.
2 Enter total number of other organization			incline i table				

Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	L quired in Part I, lin	le 2; Part III, column	l n (b); and any other a	l dditional information.	
PART I, LINE 2:					
CARING NETWORK REVIEWS THE APPLICA	ATION FOR	ASSISTANC	E AND CARI	NG NETWORK'S	
BOARD OF DIRECTORS APPROVES GRANTS	S TO OTHE	R ORGANIZA	TIONS. FA	ILURE TO MEET	
THE EXPECTATIONS COMMUNICATED ON T	THE GRANT	APPLICATI	ON MAY LEA	.D	
DISCONTINUED FUNDING IN FUTURE PER	RIODS.				

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 Inspection

Name of the organization

CADING NEGRODE

Employer identification number 36-3154700

CARING NETWORK, NFP	36-3154/00
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 WAS MADE AVAILABLE TO ALL VOTING MEMBERS OF THE B	OARD OF DIRECTORS
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES ALL MEMBERS OF THE BOARD OF DIR	ECTORS TO SIGN A
DISCLOSURE FORM ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
A BOARD COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE REVIEW F	OR THE EXECUTIVE
DIRECTOR. THE BOARD REVIEWS COMPENSATION OF THE EXECUTIV	E DIRECTOR THROUGH
A NUMBER OF COMPENSATION SURVEYS. THE BOARD VOTES ON THE	SALARY FOR THE
EXECUTIVE DIRECTOR AFTER THE PROCESS ABOVE IS COMPLETE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FINANC	IAL STATEMENTS ARE
AVAILABLE UPON REQUEST.	
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