

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

November 1, 2022

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, 2022 for Caring Network, NFP will be electronically filed; accordingly, we are providing the following:

FORM 8879-TE IRS e-file SIGNATURE AUTHORIZATION FOR A TAX EXEMPT ENTITY

06/30/22 U.S. RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990 (Your copy only)
06/30/22 ILLINOIS ATTORNEY GENERAL'S CHARITABLE ORGANIZATION ANNUAL REPORT — FORM AG990-IL

We must receive your signed authorization (Form 8879-TE) before we can electronically transmit your return. Please return the signed authorization to Selden Fox, Ltd. as soon as possible, but before November 15, 2022. 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 provided paper client 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/njc

### **TAX RETURN FILING INSTRUCTIONS**

FORM 990

#### FOR THE YEAR ENDING

JUNE 30, 2022

Prepared for	CARING NETWORK, NFP 1200 ROOSEVELT ROAD 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-TE TO US BY NOVEMBER 15, 2022.
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-TE 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 a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	${\sf JUL}$	1	, 2021, and ending	JUN	30	, 20 <b>2</b> 2

2

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer CARING NETWORK, NFP 36-3154700

MR. KIRT WIGGINS Name and title of officer or person subject to tax

PRESIDENT

Part I	Type of	Return	and Return	Information
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Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

iai i Oi	ie iii ie ii i fait i.		
1a	Form 990 check here   X	<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	<sub>1b</sub> 2,756,856
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	. 3b
4a	Form 990-PF check here >	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	. 5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Inder	penalties of perjury, I declare that $X$	I am an officer of the above entity or I am a person subject to tax with re	spect to (name
f entit	y)	, (EIN) and that I have	e examined a copy of the
021 e	lectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are	true, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: che	eck one	box	only	,
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X I authorize	SELDEN	FOX,	LTD.		to enter my PIN	07040
				ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🛘 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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 number (EFIN) followed by your five-digit self-selected PIN.

36321060523 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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.

ERO's signature

11/01/2022 Date >

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

## Form **991**

## 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2021 and ending JUN 30,

Α	For the	e 2021 calendar year, or tax year beginning $$ JUL $1,$ $2021$ $$ and er	nding J	UN 30, 2022	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
Г	Addre	SE CARING NETWORK, NFP			
	Name chang			36-31547	00
Ļ	Initial return	,	oom/suite	E Telephone numbe	
	Final return		14	630-493-	
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,914,756.
Ļ	Ameno	GLEN ELLIN, IL OUIS!		H(a) Is this a group re	
L	Applic tion pendir	na i		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1) or	<u></u> 527	i '	list. See instructions
		te: ► CARINGNETWORK • COM  forganization: X Corporation Trust Association Other ►	I Veer	H(c) Group exemptio	
	art I	Summary	L Year	of formation: 1901 N	1 State of legal domicile: IL
		Briefly describe the organization's mission or most significant activities: PREGN	ANCV	COUNSELTING	ΔΝΠ
9	1	SERVICES FOR FAMILIES IN DUPAGE COUNTY, I	T.T.TNO	TS	AND
nar	1	Check this box if the organization discontinued its operations or dispose			reate
Š		Number of voting members of the governing body (Part VI, line 1a)			9
ဇိ		Number of independent voting members of the governing body (Part VI, line 1a)			8
တ္		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			36
ij		Total number of volunteers (estimate if necessary)			30
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,649,801.	2,867,147.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,560.	3,230.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-85,033.	-113,521.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,569,328.	2,756,856.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,000.	12,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	1 422 062
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,186,256.	1,433,063.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	; <u> </u>	0.	0.
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25) 560,98	<u></u>	650,083.	845,863.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,846,339.	2,290,926.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12		722,989.	465,930.
-C	19	Meveride less expenses. Subtract line 10 nonnine 12		ginning of Current Year	End of Year
ets (	20	Total assets (Part X, line 16)		2,873,635.	3,399,458.
ASS	21	Total liabilities (Part X, line 26)		119,296.	179,189.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		2,754,339.	3,220,269.
P	art II	Signature Block			
Unc	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	T 121			
		Type or print name and title	1 -	)ata	I DTIN
<b>.</b> .		Print/Type preparer's signature  Preparer's signature		Date Check Life of the control of th	PTIN
Pai		PAUL J. ROZEK		Scii-ciiihinhinhi	P00542258
	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		Dham 63	0-954-1400
N4-	+le = !!	-		Prione no. 6 3	X Yes No
ıvıa	y trie II	RS discuss this return with the preparer shown above? See instructions			∟∡⊾ res ∟No

Га	Ola 1 (Color 1) Color 1 (Color	
	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:	DOUTDE
	CARING NETWORK WORKS TO PREVENT UNPLANNED PREGNANCIES AND TO PREVENT UNPLANDED PREGNANCIES AND TO PREVENT UNPART UNPAR	
	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	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organization 501(c)(4) organiz	
	revenue, if any, for each program service reported.	кропосо, или
4a	(Code: ) (Expenses \$ 1,408,470 • including grants of \$ 12,000 • ) (Revenue \$	
44	COUNSELING, RESOURCING, AND LIMITED MEDICAL SERVICES INCLUDING	,
	PREGNANCY TESTS AND ULTRASOUNDS.	
	PREGNANCI TESTS AND ULTRASOUNDS.	
		_
		_
4b	(Code:) (Expenses \$	)
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   1,408,470.	1
70	Total program del vide expenses P	Form <b>990</b> (2021)
		1 01111 222 (2021)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		<del></del>
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

### 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 the 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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	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 line 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		<del></del> -
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<del></del> -
JZ.		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	5 <u>2</u>		<del></del> -
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del>
<del></del>	Part V, line 1	34		х
35.5		35a		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	JJa		<del></del>
b	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?	300		
50	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	- 00		F
٥,	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 on Schedule O for Part VI, lines 11b and 19?	- J.		<del></del>
55		38	х	1
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	55		
	Check if Schedule O contains a response or note to any line in this Part V			
	1 /		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
	(33)33		000	

Form 990 (2021) CARING NETWORK, NFP
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 36				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х	
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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?	7b	Х		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37	
	to file Form 8282?	7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X	
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g					
8					
Ü	sponsoring organizations maintaining donor advised tunds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
9					
а					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
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:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans  That the ground of records on head				
C 140	Enter the amount of reserves on hand	140		Х	
14a	16 10 4 11 11 11 11 11 11 11 11 11 11 11 11 1	14a 14b			
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו			
	excess parachute payment(s) during the year?	15		х	
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х	
-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, 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
<u>Sec</u>	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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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			
	on 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	Х	
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?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
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	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed \(\bigsigma \text{IL}\)	0.00	\ 0\:=!!	- lal -
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	, avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  W Upon request  Other (explain on Schedule O)			
10	·······································	d fine:	ooic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iiiial	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KIRT WIGGINS - 630-493-1340			
	1200 ROOSEVELT ROAD NO. 114, GLEN ELLYN, IL 60137			

Form **990** (2021)

### 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c , unle cer an	ss pe	itior more rson	than is bot	h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> 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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KIRT WIGGINS	40.00	Ţ,		37				02 000	0	14 202
PRESIDENT	1.30	Х		Х				92,890.	0.	14,383
(2) DIANE SCHROEDER	1.30	$ _{\mathbf{x}}$		х				0.	0.	0
CHARWOMAN (3) PETER HUBBARD	1.30	^		Λ				0.	0.	0
VICE CHAIRMAN	1.30	X		х				0.	0.	0
(4) MICHELE GAMBREL	1.30	122		22				0.	0.	0
SECRETARY	1.30	$\mathbf{x}$		Х				0.	0.	0
(5) GEORGE SIFNOTIS	1.30	╁								
TREASURER		x		х				0.	0.	0
(6) JACK DUGGAN	1.30									
BOARD MEMBER		X						0.	0.	0
(7) GLEN KOSIROG	1.30									
BOARD MEMBER		X						0.	0.	0 .
(8) CLARK SCHIRLE	1.30									
BOARD MEMBER		Х						0.	0.	0
(9) KIRSTEN CUNNINGHAM	1.30									_
BOARD MEMBER		Х						0.	0.	0
(10) JIM ERICKSEN	1.30	۱								
INTERIM CHAIR THROUGH		Х		Х				0.	0.	0
		-								
		1								

Form **990** (2021)

	t VII Section A. Officers, Directors, Tru-	(B)			(C		<u>JJ.</u>		(D)	(E)			(F)	
	Name and title	Average			Posi	•	1		Reportable	Reportable		Ec	יי) timated	4
	Name and title	hours per		not cl					compensation	compensation	,		nount o	
		week		cer an					from	from related	'		other	'
		(list any	tor						the	organizations	,		pensat	ion
		hours for	dire				pa		organization	(W-2/1099-MIS			om the	
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizatio	on
		organizations	al trus	nal tr		oyee	o mp		1099-NEC)				d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	ns
		11110)	i i	lus	₩0	Ke	Hig en Hig	굔						
	Subtotal								92,890.		0.	1	4,38	
	Total from continuation sheets to Part V								0.		0.	- 1	4 20	0.
	Total (add lines 1b and 1c)								92,890.		0.		4,38	33.
2	Total number of individuals (including but compensation from the organization	not limited to tr	ose	liste	ed at	OOV	e) wr	no re	eceived more than \$100	0,000 of reportable	Э			0
	Componication normano organization.												Yes	No
3	Did the organization list any <b>former</b> officer			кеу е	empl	oye	e, or	hig	hest compensated emp	oloyee on				v
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s								har compandian from			3		X
4	and related organizations greater than \$15	•							•	•		4		Х
5	Did any person listed on line 1a receive or													
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J f	or su	ıch j	oers	son .					5		X
1	Complete this table for your five highest co	ompensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	pensa	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng w	/ith	or w	ithir		year.				
	(A) Name and business	s address	NO	ONE	3				<b>(B)</b> Description of s	services	C	C) omper	;) nsation	
								$\dashv$						
2	Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se lis	sted	d above) who received n	nore than				

Pa	rt v	/111			to a fee Alaia Dana VIII			
			Check if Schedule O contains a respon	se or note to any li	ne in this Part VIII  (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns 1a					
Gra		b	Membership dues 1b					
Contributions, Gifts, Grants   and Other Similar Amounts		С	Fundraising events1c	685,210	<u>.</u>			
		d	Related organizations 1d					
ns, Sim			Government grants (contributions) 1e					
utio		f	All other contributions, gifts, grants, and	0 404 005				
			similar amounts not included above 1f	2,181,937	-			
i d		_	Noncash contributions included in lines 1a-1f	2,604	-			
<u> </u>		n	Total. Add lines 1a-1f	Business Code	2,867,147.			
a	2	а		Business Code				
Program Service Revenue	_	b	-	-				
Ser		c		_				
am		d		-				
og R		е						
Ā.		f	All other program service revenue					
		g	Total. Add lines 2a-2f	<b>&gt;</b>				
	3		Investment income (including dividends, int	erest, and				
			other similar amounts)		3,230.			3,230.
	4		Income from investment of tax-exempt bon	= -				
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b		_			
			Rental income or (loss) 6c Net rental income or (loss)					
	7		Gross amount from sales of (i) Securitie	s (ii) Other				
	•	u	assets other than inventory 7a	(.,,	_			
		b	Less: cost or other basis					
ne		_	and sales expenses					
Revenue		С	Gain or (loss) 7c					
			Net gain or (loss)	<b>&gt;</b>				
Other	8		Gross income from fundraising events (not including \$ 685,210. of					
			contributions reported on line 1c). See					
				<b>8a</b> 44,379				
		b		<b>8b</b> 157,900	•			
		С	Net income or (loss) from fundraising event	s ▶	-113,521.			-113,521.
	9	а	Gross income from gaming activities. See					
			* *************************************	9a				
				9b				
			Net income or (loss) from gaming activities	<b>_</b>				
	10	а	Gross sales of inventory, less returns					
				l0a				
			J	10b				
$\dashv$		C	Net income or (loss) from sales of inventory	Business Code				
snc (	11	a		Dusiness Code				
nue	•••	b		-				
eve		c		_				
Miscellaneous Revenue			All other revenue					
_			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		2,756,856.	0.	0.	-110,291.

#### 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).

Do :	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	12,000.	12,000.		
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,	193,925.	116,355.	19,392.	58,178
_	trustees, and key employees	193,943.	110,333.	19,394.	30,170
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,015,504.	579,168.	105,781.	330,555
7	Other salaries and wages	1,015,504.	3/3,100.	103,761.	330,333
8	Pension plan accruals and contributions (include	10 /00	9,785.	1 050	7 762
_	section 401(k) and 403(b) employer contributions)	19,498. 126,128.	69,383.	1,950.	7,763 42,504
9	Other employee benefits	78,008.	44,738.	8,089.	
10	Payroll taxes	70,000.	44,/30.	0,009.	25,181
11	Fees for services (nonemployees):				
а	Management				
b	Legal	0 500		0 500	
	Accounting	9,500.		9,500.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	25 520	4 020	00 504	2 000
	column (A), amount, list line 11g expenses on Sch 0.)	37,530.	4,939.	29,504.	3,087
12	Advertising and promotion	118,206.	118,206.	00 700	06 260
13	Office expenses	225,483.	170,333.	28,788.	26,362
14	Information technology	71,724.	3,253.	48,728.	19,743
15	Royalties	100 101	1.1.1.055	16.664	20 040
16	Occupancy	199,181.	144,275.	16,664.	38,242
17	Travel	9,792.	4,974.	2,277.	2,541
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,318.	933.	3,354.	2,031
20	Interest				
21	Payments to affiliates	404 000	100 11=		
22	Depreciation, depletion, and amortization	131,933.	129,117.	2,811.	5
23	Insurance	14,449.		14,449.	
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	14,351.		9,922.	4,429
a h	DUES AND SUBSCRIPTIONS	7,396.	1,011.	6,025.	360
C		, , 5 5 6	-,	0,020	230
d					
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	2,290,926.	1,408,470.	321,475.	560,981
25 26	Joint costs. Complete this line only if the organization	2,250,5200	1,100,4700	321,136	300,301
ŁU	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	vuuvanonai vainvaiun anu juliulaisiilu sulivilailuli.				

### Form 990 (2021) Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to ar	ny line in this Part X			
	_				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	2 22 5 5 5
	2	Savings and temporary cash investments			2,441,896.	2	3,036,665.
	3	Pledges and grants receivable, net			4,000.	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			79,773.	9	84,555.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		878,377.			
	b	Less: accumulated depreciation		615,691.	332,109.	10c	262,686.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			45.055	14	45 550
	15	Other assets. See Part IV, line 11			15,857.	15	15,552.
	16	Total assets. Add lines 1 through 15 (must eq		-	2,873,635.	16	3,399,458.
	17	Accounts payable and accrued expenses			114,374.	17	70,578.
	18	Grants payable		18	105 255		
	19	Deferred revenue		19	105,355.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ja ja		controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to unre		F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24	). Complete Part X	4 000		2 256
		of Schedule D			4,922.		3,256.
	26	Total liabilities. Add lines 17 through 25			119,296.	26	179,189.
Ś		Organizations that follow FASB ASC 958, ch	eck he	re ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			0 607 400		0 200 400
ala	27	Net assets without donor restrictions		2,607,438.	27	2,382,428.	
d B	28	Net assets with donor restrictions			146,901.	28	837,841.
ڃ		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
P		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F	0.754.330	31	2 222 262
ž	32	Total net assets or fund balances			2,754,339.	32	3,220,269.
	33	Total liabilities and net assets/fund balances			2,873,635.	33	3,399,458.

Pa	TXI 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)		7.75		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,29		
3	Revenue less expenses. Subtract line 2 from line 1	3			30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 2	2,75	<u>4,3</u>	<u>39.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	3,22	0,2	69.
Pai	t 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 on Schedule	e 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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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	(2021)

#### **SCHEDULE A**

(Form 990)

Total

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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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	7.		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	. ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,763,421.	1,854,076.	1,935,469.	2,649,801.	2,867,147.	11,069,914.
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	1,763,421.	1,854,076.	1,935,469.	2,649,801.	2,867,147.	11,069,914.
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)						55,736.
	Public support. Subtract line 5 from line 4.						11,014,178.
	ction B. Total Support	1	-				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,763,421.	1,854,076.	1,935,469.	2,649,801.	2,867,147.	11,069,914.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,890.	8,729.	7,971.	4,560.	3,230.	27,380.
_	and income from similar sources	4,090.	0,149.	1,311.	4,500.	3,430.	21,300.
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						11 097 294
12	Gross receipts from related activities,	etc (see instruction	one)			12	11,097,294.
	First 5 years. If the Form 990 is for the			ourth or fifth tax v			, , , , , , ,
	organization, check this box and stor						ightharpoonup
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (			olumn (f))		14	99.25 %
	Public support percentage from 2020					15	98.44 %
	33 1/3% support test - 2021. If the					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. 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 here	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not cl	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, ched	ck this box and <b>sto</b>	<b>op here.</b> 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 instructions	s ▶∐

Schedule A (Form 990) 2021

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	low, picase com	piete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•	•	•	•
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 20, 1075						
· · · · · · · · · · · · · · · · · · ·						
c Add lines 10a and 10b						
activities not included on line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First 5 years. If the Form 990 is for the	organization's f	first, second, third,	fourth, or fifth tax	year as a section	n 501(c)(3) organizat	ion,
						<u></u> ▶∟
Section C. Computation of Public						
15 Public support percentage for 2021 (lin	ne 8, column (f),	divided by line 13,	column (f))		15	C
16 Public support percentage from 2020					16	(
Section D. Computation of Inves	tment Incom	ne Percentage	,			
17 Investment income percentage for 202					17	(
18 Investment income percentage from 2	<b>020</b> Schedule A,	, Part III, line 17			18	1
<b>19a 33 1/3% support tests - 2021.</b> If the o					33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d <b>stop here.</b> The	e organization qual	ifies as a publicly s	supported organi	zation	▶□
b 33 1/3% support tests - 2020. If the o						and
line 18 is not more than 33 1/3%, chec	•			*	•	
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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ÐΝ		
	9с		
	10a		
	10b		
ماديا		~ 000	

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction 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			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am			
	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		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
	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 ta	iX		
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.  ction E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee in			
1		istructions).		
a b				
C		entity (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	sitily (see mondette	Yes	No
			100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 <b>Part VI</b> ):			
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		

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

Schedule A (Form 990) 2021

instructions).

10 Line 8 amount divided by line 9 amount

10

Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

Inspection

Name of the organization

CARING NETWORK NFP **Employer identification number** 36 - 3154700

Par		ed Funds or Other Similar Funds or	r Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir						
		(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	$\operatorname{Did}$ 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	advisors in writing that grant funds can be use	ed only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	nferring				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on 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		istorically important land area				
	Protection of natural habitat	Preservation of a c	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				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired						
	listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year				
	<b></b>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year				
	<b>&gt;</b> \$						
8	Does each conservation easement reported on line 2(d) about						
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat						
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	s that describes the				
Da	organization's accounting for conservation easements.	f Ant Historical Transcrutes or Other	- Cincilar Assats				
Par		•	er Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pu	•	erance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 98						
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance 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		<b>&gt;</b> \$				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	in, provide				
	the following amounts required to be reported under FASB ${\it A}$	ASC 958 relating to these items:					
	Revenue included on Form 990, Part VIII, line 1						
<u>b</u>	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021				

Par	t III Organizations Maintaining Co	llections of A	rt, Histo	rical Tr	easures, c	or Other	Simila	r Asset	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accession	, and other record	ds, check a	any of the	following that	t make sigi	nificant u	se of its		
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е	e 🔲 Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explai	n how the	y further t	he organizatio	on's exemp	t purpos	e in Part	XIII.	
5	During the year, did the organization solicit or r	eceive donations	of art, hist	orical trea	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be main	tained as part of t	the organiz	zation's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arrange	ements. Comple	ete if the o	rganizatio	n answered "	'Yes" on Fo	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	K, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for co	ontribution	ns or other as	sets not in	cluded		_	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing tal	ole:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form						?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. C									
Par	t V Endowment Funds. Complete if the	ne organization ar	swered "Y	es" on Fo						
		(a) Current year	(b) Prio	or year	(c) Two year	s back (d)	Three yea	ars back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the currer	nt year end baland	e (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment ▶%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess	ion of the organiz	ation that	are held a	and administe	red for the	organiza	tion		
	by:								Y	es No
	(i) Unrelated organizations 3a(i)									
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on Sch	nedule R?					3b	
4	Describe in Part XIII the intended uses of the or		owment fu	nds.						
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered "	'Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990	, Part X, lir	ie 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated		(d) Book v	alue /
		basis (investr	ment)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
С	Leasehold improvements				7,893.		5,92			,964.
d	Equipment			36	0,484.	26	9,76	2.	90	,722.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part	X, column	(B), line 1	10c.)			<b>▶</b> │	262	,686.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1) Financial derivatives	(-,	(0,000000000000000000000000000000000000	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(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 000 Dort IV line	a 11 a Caa Farm 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of vear market value
	(b) DOOK value	(c) Wethod of Valuation. Cost of end-	-or-year market value
<u>(1)</u> (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"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>		
Part X Other Liabilities.	5 10.9		
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	<u> </u>		(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE OBLIGATION			3,256.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			2 252
Total. (Column (b) must equal Form 990, Part X, col. (B) line		-	3,256.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements the	hat reports the

Schedule D (Form 990) 2021

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...

	edule D (Form 990) 2021 CARING NETWORK, NFP			3154700 Page
Pai	Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV		ie per Return	•
1	Total revenue, gains, and other support per audited financial statements		1	2,756,856
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a		
b				
d				
	Add lines 2a through 2d		2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			2,756,856
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	1	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			2,756,856
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV	', line 12a.		
1	Total expenses and losses per audited financial statements		1	2,290,926
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	, , , , , , , , , , , , , , , , , , , ,			•
е	Add lines 2a through 2d			0
3	Subtract line 2e from line 1		3	2,290,926
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	h i		
b	Other (Describe in Part XIII.)			•
	Add lines <b>4a</b> and <b>4b</b>			0 200 026
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	2,290,926
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		art V, line 4; Part	X, line 2; Part XI,
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	e any additional information.		

#### **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Name of the organization

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

**Open to Public** Inspection Employer identification number

CARING	NETWORK, NFP				36-3154	700
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "\	es" o	n Form 990, Part IV,	line 17. Form 990-Ez	I filers are not
1 Indicate whether the organization rais a	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual part VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra (inclu- rofess	non-g gover aising ding o sional f	overnment grants rnment grants events  fficers, directors, true fundraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have d or cor contrib	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			. ▶			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	<b>EZ</b> .	Schedule	G (Form 990) 2021

Part II 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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
			BANQUET	SPRING FLING		(add col. <b>(a)</b> through col. <b>(c)</b> )
<u>e</u>			(event type)	(event type)	(total number)	COI. <b>(C</b> ))
Revenue	1	Gross receipts	522,695.	206,894.		729,589.
	2	Less: Contributions	478,316.	206,894.		685,210.
	3	Gross income (line 1 minus line 2)	44,379.			44,379.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	58,932.	11,104.		70,036.
Direct E	7	Food and beverages				
		Entertainment		22 776		07.064
	9 10	Other direct expenses				87,864. 157,900.
		Net income summary. Subtract line 10 from li				-113,521.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
а	Ent	ter the state(s) in which the organization conducted organization licensed to conduct gaming a No," explain:	ucts gaming activities: _			Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 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 form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	۰۷ ا م
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	I records:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? <b>Yes No</b>
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and th	e amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
on rest, enter hame and address of the time party.	
Name ▶	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation  \$	
Description of any incompanied of N	
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>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations 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) a	and (A) and Deat III. East O. Ob. 40b
	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	(Form 990) CARING NETWORK, NFP	36-3154700 Page 4
Part IV	(Form 990) CARING NETWORK, NFP Supplemental Information (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

							Employer identification number $36-3154700$	
	CARING NETWORK, NFP							
Part I General Information on Grant								
<ol> <li>Does the organization maintain record criteria used to award the grants or a:</li> <li>Describe in Part IV the organization's</li> </ol>	ssistance?							
Part II Grants and Other Assistance recipient that received more that					anization answered "\	Yes" on Form 990, Part	: IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance	
WORLDVIEW RESOURCES, INC. 950 ROSEWOOD DRIVE WEST CHICAGO, IL 60185	31-1704309	501(C)(3)	10,000.	0.			THE GRANT IS TO SUPPORT THE MISSION OF WORLDVIEW RESOURCES.	
	02 270200		23,333					
2 Enter total number of section 501(c)(3  Enter total number of other organizations of the organization of			l he line 1 table	<u> </u>	<u> </u>	<u> </u>	1. 0.	

(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	quired in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
CARING NETWORK REVIEWS THE APPLICA	ATION FOR	ASSISTAN	CE AND CARI	NG NETWORK'S	
BOARD OF DIRECTORS APPROVES GRANTS	S TO OTHE	R ORGANIZA	ATIONS. FA	ILURE TO MEET	
THE EXPECTATIONS COMMUNICATED ON S	THE GRANT	APPLICAT	ION MAY LEA	D	
DISCONTINUED FUNDING IN FUTURE PER	RIODS.				

#### **SCHEDULE 0** (Form 990)

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 Form 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 BO	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 FO	OR THE EXECUTIVE
DIRECTOR. THE BOARD REVIEWS COMPENSATION OF THE EXECUTIVE	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 FINANCE	IAL STATEMENTS ARE
AVAILABLE UPON REQUEST.	

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

Schedule O (Form 990) 2021

### **TAX RETURN FILING INSTRUCTIONS**

ILLINOIS FORM AG990-IL

#### FOR THE YEAR ENDING

JUNE 30, 2022

Prepared for	CARING NETWORK, NFP 1200 ROOSEVELT ROAD 114 GLEN ELLYN, IL 60137			
Prepared by	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835			
Amount due or refund				
Make check payable to				
Mail tax return and check (if applicable) to	check (if CHARITABLE TRUST BUREAU			
Return must be mailed on or before	JANUARY 3, 2023			
Special Instructions	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.			

$\overline{}$	ice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL		Revised 1/1
PMT	# Attorney General KWAME RAOUL State of II Charitable Trust Bureau, 100 West Rando		
	11th Floor, Chicago, Illinois 60601	oibu CO	# 01-012287
		X	Check all items attached: Copy of IRS Return
AMT	•	77	Audited Financial Statements
		Make Checks A Payable to	Copy of Form IFC
INIT	20gg <u>0770172021</u>	the Illinois	\$15.00 Annual Report Filing Fee
IIVII	& Ending 06/30/2022	Charity Bureau Fund	\$100.00 Late Report Filing Fee
Feder	al ID# 36-3154700 MO DAY YR		MO DAY YR
		ganization was created	
	LEGAL	Year-end	
	NAME CARING NETWORK, NFP	amounts	
	MAIL	A) ASSETS	A) \$ 3,399,458
1	DDRESS 1200 ROOSEVELT ROAD, 114	B) LIABILITIES	B) \$ 179,189
	STATE GLEN ELLYN, IL	C) NET ASSETS	C) \$ 3,220,269
	P CODE 60137	DEDCENTAGE	AMOUNT
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:  D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	PERCENTAGE 98.367%	D) \$ 2,867,147
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	98.307%	E) \$
	F) OTHER REVENUES	1.633%	F) \$ 47,609
	T) OTHER REVENUES	1.033/6	1) \$ 47,005
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,914,756
П.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	190 /	
	H) OPERATING CHARITABLE PROGRAM EXPENSE	57.026%	H) \$ 1,396,470
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	57.026%	J) \$ 1,396,470
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
	<u> </u>		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	0.490%	K) \$ 12,000
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	57.516%	L) \$ 1,408,470
	AND ANALOGACITY AND OFFICE AT EXPENSE	12 120.	221 475
	M) MANAGEMENT AND GENERAL EXPENSE	13.128%	M)\$ 321,475
	N) FUNDRAISING EXPENSE	29.356%	N) \$ 718,881
	N) FUNDAISING EXPENSE	27.330%	N) \$ 710,001
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 2,448,826
١			-, + , ,
""-	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISERS:		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:		
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	EAR:	
	T) NAME, TITLE: KIRT WIGGINS, PRESIDENT	T) \$ 182,935	
	U) NAME, TITLE: HEIDI BAYER, SR. DIRECTOR CLIENT SERVICE		U) \$ 86,686
	V) NAME, TITLE: DENISE WINKLEMANN, VICE PRESIDENT, DEVI		V) \$ 91,047
٧.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	ED)	List on back side of instructions CODE
01-21	W) DESCRIPTION: FAMILY AND INDIVIDUAL SERVICES		W)# 111
198091 04-01-21	W) DESCRIPTION: FAMILY AND INDIVIDUAL SERVICES X) DESCRIPTION:		X) #
6086	Y) DESCRIPTION:		Y) #
	,, 2200 1101.		<u> </u>

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			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	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
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			77
	THAN 10% OF THE OUTSTANDING SHARES?	4.		X
_	LIGHT AND ADDRESS OF THE ADDRESS TO A MICHAEL BROWN AND ADDRESS AN			
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON	_		v
	OR ORGANIZATION?	5.		Х
•	DID THE ODGANIZATION HOE THE OFDIVIOES OF A DESCRIPTIONAL FUNDRAISED (ATTACH FORM IFS)	_		Х
ь.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Λ
70	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
ıa.	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
	DET WEEN FROGRAM SERVICE AND FONDRAISING EXPENSES!	٧.		21
7h	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
70.	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
	, AND (IV) THE ANIOUNT ALECOATED TOT ONDIAIOTHA \$\frac{1}{2}\$			
8	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
٥.	The statement and the first terminates to the state of the statement and	٠.		
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:			
	PROVIDENCE BANK & TRUST, P.O. BOX 706 SOUTH HOLLAND, IL 60473			
	TIGUE CANTINGO DANK 1450 MADIE AVE IIGUE II 60522			
	LISLE SAVINGS BANK, 1450 MAPLE AVE, LISLE, IL 60532			
	NORTHERN TRUST SECURITIES, INC., 50 S LASALLE ST., CHICAGO, II	. 6	0603	
	TOTALIST TROOT DECORTITION, THOS, 50 D EMPHEED DIS, CHICAGO, II	. 0	000	
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
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
PAUL J. ROZEK	Part Nok	11/01/2022
PREPARER (PRINT NAME)	SIGNATURE	DATE

198101 04-01-21

# Caring Network, NFP Audit Report For the Year Ended June 30, 2022

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#### INDEPENDENT AUDITOR'S REPORT

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

#### **Opinion**

We have audited the accompanying consolidated financial statements of **Caring Network**, **NFP**, which comprise the consolidated statement of financial position as of June 30, 2022 and 2021, and the related consolidated statements of activities, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Caring Network, NFP as of June 30, 2022 and 2021, and the change in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of Caring Network, NFP and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Caring Network, NFP's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.



#### Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Caring Network, NFP's internal control. Accordingly, no
  such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Caring Network, NFP's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

September 28, 2022

Selden Fox, Etd.

## Caring Network, NFP Consolidated Statement of Financial Position June 30,

	2022	2021
Assets		
Cash	\$ 3,036,665	\$ 2,441,896
Unconditional promises to give	-	4,000
Prepaid expenses and other	100,107	95,630
Property and equipment, at cost, less accumulated		
depreciation and amortization of \$615,691 (\$500,671 at June 30, 2021)	262,686	332,109
(\$600,07 Fat ballo 60, 2021)	 202,000	002,100
Total assets	\$ 3,399,458	\$ 2,873,635
Liabilities and Net Assets		
Liabilities:		
Accounts payable and accrued expenses	\$ 70,578	\$ 114,374
Capital lease obligation	3,256	4,922
Conditional contribution	 105,355	 
Total liabilities	\$ 179,189	\$ 119,296
Net assets:		
Net assets without donor restrictions:		
Operating Fund	2,119,742	2,275,329
Capital Fund	262,686	332,109
Total net assets without donor restrictions	 2,382,428	 2,607,438
Net assets with donor restrictions	837,841	146,901
Total net assets	 3,220,269	 2,754,339
Total liabilities and net assets	\$ 3,399,458	\$ 2,873,635

See accompanying notes.

# Caring Network, NFP Consolidated Statement of Activities For the Year Ended June 30, 2022

	Without Donor Restrictions	With Donor Restrictions	Total
Revenues:			
Contributions:			
General contributions	\$ 1,408,862	\$ 5,746	\$ 1,414,608
Church offerings	207,024	266,475	473,499
Foundation grants  Newsletter and appeals	85,000 132,519	55,101 18,606	140,101 151,125
Other	2,604	10,000	2,604
Interest and dividends	3,230	_	3,230
	,		· · · · · · · · · · · · · · · · · · ·
	1,839,239	345,928	2,185,167
Fund-raisers:			
Contribution revenue from			
special events	194,165	535,424	729,589
Related expenses from special	,		,
events	(157,900)		(157,900)
Not appoint accept in a comp	20.005	505 404	F74 C00
Net special event income	36,265	535,424	571,689
Net assets released from restrictions	190,412	(190,412)	
Total revenues	2,065,916	690,940	2,756,856
E. managa.			
Expenses: Program services	1,408,470	_	1,408,470
Management and general	321,475	-	321,475
Fundraising	560,981	_	560,981
•			<u> </u>
Total expenses	2,290,926		2,290,926
Change in net assets	(225,010)	690,940	465,930
Net assets, beginning of the year	2,607,438	146,901	2,754,339
Net assets, end of the year	\$ 2,382,428	\$ 837,841	\$ 3,220,269

# Caring Network, NFP Consolidated Statement of Activities For the Year Ended June 30, 2021

	Without Donor Restrictions	With Donor Restrictions	Total
Revenues:			
Contributions:			
General contributions	\$ 881,472	\$ 30,841	\$ 912,313
Church offerings Foundation grants	228,544 125,000	35,300	228,544 160,300
Newsletter and appeals	425,984	19,158	445,142
Gain on extinguishment of Paycheck	-,	,	-,
Protection Program loan	212,865	-	212,865
Interest and dividends	4,560	-	4,560
	1,878,425	85,299	1,963,724
Fund-raisers:			
Contribution revenue from			
special events	690,537	100	690,637
Related expenses from special			
events	(85,033)		(85,033)
Net special event income	605,504	100	605,604
Net assets released from restrictions	314,364	(314,364)	
Total revenues	2,798,293	(228,965)	2,569,328
_			
Expenses: Program services	1,151,393	_	1,151,393
Management and general	256,414	-	256,414
Fund-raising	438,532		438,532
	4.040.000		4 0 40 000
Total expenses	1,846,339		1,846,339
Change in net assets	951,954	(228,965)	722,989
Net assets, beginning of the year	1,655,484	375,866	2,031,350
Net assets, end of the year	\$ 2,607,438	\$ 146,901	\$ 2,754,339

See accompanying notes.

Caring Network, NFP
Consolidated Statement of Functional Expenses
For the Year Ended June 30,

		20	)22			20	)21	
	Program Services	Management and General	Fund-raising	Total	Program Total Services		Fund-raising	Total
Expenses:								
Salaries	\$ 650,593	\$ 117,685	\$ 366,268	\$ 1,134,546	\$ 623,537	\$ 82,569	\$ 301,634	\$ 1,007,740
Payroll taxes	44,738	8,089	25,181	78,008	43,611	6,434	21,448	71,493
Benefits	124,098	23,679	72,732	220,509	59,335	16,700	30,988	107,023
Consulting fees	-	9,892	-	9,892	-	23,196	-	23,196
Professional services	4,939	29,112	3,087	37,138	9,072	21,085	138	30,295
Occupancy	144,275	16,664	38,242	199,181	136,429	25,492	23,006	184,927
Advertising	118,206	-	-	118,206	103,967	-	-	103,967
Printing and publications	112	3,726	15,007	18,845	70	3,876	22,690	26,636
Postage and shipping	84	967	4,414	5,465	333	2,185	3,656	6,174
Meetings and seminars	933	3,354	2,031	6,318	1,380	400	4,885	6,665
Travel	4,974	2,277	2,541	9,792	1,791	1,608	87	3,486
Telephone	13,762	1,931	864	16,557	12,616	1,683	810	15,109
Supplies	149,674	9,167	6,077	164,918	20,103	11,831	3,951	35,885
Insurance	-	14,449	-	14,449	-	12,762	-	12,762
Equipment rental and repair	6,701	12,997	-	19,698	6,037	3,963	-	10,000
Information technology	3,253	48,728	19,743	71,724	155	22,337	19,680	42,172
Dues and subscriptions	1,011	6,025	360	7,396	1,208	2,279	262	3,749
Grants to other organizations	12,000	-	-	12,000	10,000	-	-	10,000
Other		9,922	4,429	14,351		13,516	5,172	18,688
	1,279,353	318,664	560,976	2,158,993	1,029,644	251,916	438,407	1,719,967
Depreciation and amortization	129,117	2,811	5	131,933	121,749	4,498	125	126,372
Total expenses	\$ 1,408,470	\$ 321,475	\$ 560,981	\$ 2,290,926	\$ 1,151,393	\$ 256,414	\$ 438,532	\$ 1,846,339

-6-

# Caring Network, NFP Consolidated Statement of Cash Flows For the Year Ended June 30,

	2022	2021
Cash flows from operating activities:		
Change in net assets	\$ 465,930	\$ 722,989
Adjustments to reconcile change in net assets		
to net cash from operating activities:		
Depreciation and amortization	131,933	126,372
Gain on extinguishment of Paycheck Protection		
Program loan	-	(212,865)
Changes in operating assets and liabilities:	4 000	5.000
Unconditional promises to give	4,000	5,000
Prepaid expenses and other	(4,477)	(31,935)
Accounts payable and accrued expenses  Conditional contribution revenue	(43,796) 105,355	29,969
Conditional contribution revenue	 105,333	 
Net cash from operating activities	658,945	639,530
Cash flows used by investing activities -		
purchase of furniture, equipment and improvements	(62,510)	(115,748)
parchase of furniture, equipment and improvements	 (02,310)	 (113,740)
Cash flows from financing activities -		
principal payments made on capital lease obligations	(1,666)	(1,538)
	, , , ,	
Net change in cash	594,769	522,244
-	•	
Cash, beginning of the year	2,441,896	 1,919,652
Cash, end of the year	\$ 3,036,665	\$ 2,441,896

#### 1. 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.

Caring Network is the sole member and owns all of the membership interest of Avenue Women's Center, LLC and Avanza, LLC (collectively referred to as the "LLCs"), both of which were formed during the year ended June 30, 2022, to further the charitable and educational purposes of Caring Network.

#### 2. Summary of Significant Accounting Policies

**Principles of Consolidation** – The accompanying consolidated financial statements include the accounts of the LLCs. Significant intercompany transactions and balances have been eliminated in consolidation.

**Basis of Accounting** – These consolidated 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.

#### 2. 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.

**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 amortized 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 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 was recognized as a gain on extinguishment when Caring Network was 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 30 regular volunteers who donate time to help with administrative tasks and events. From time-to-time, individuals and organizations may 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.

**Income Taxes** – Caring Network is tax exempt under Section 501(c)(3) of the Internal Revenue Code and the LLCs are disregarded entities from an income tax perspective. As such, Caring Network and the LLCs are not subject to federal income taxes, except for taxes on unrelated business income. There was no taxable unrelated business income during the years ended June 30, 2022 and 2021, and accordingly, no provision for income taxes has been included in the consolidated financial statements. Caring Network's fiscal 2019, 2020, and 2021 annual information and tax returns filed with the Internal Revenue Service and the State of Illinois are open to examination for the statutory period.

#### 2. Summary of Significant Accounting Policies (cont'd)

**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, 2022, was \$118,206 (\$103,967 for the year ended June 30, 2021).

**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 28 2022, which is the date the financial statements were available to be issued.

#### 3. Liquidity and Availability

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

	 2022	 2021
Cash Unconditional promise to give Less:	\$ 3,036,665	\$ 2,441,896 4,000
Cash that is the underlying assets of conditional contributions  Cash that is the underlying assets of net assets	(105,355)	-
with donor restrictions	 (837,841)	 (146,901)
	\$ 2,093,469	\$ 2,298,995

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.

#### 4. Unconditional Promise to Give

At June 30, 2021, Caring Network had an unconditional promise to give with a balance of \$4,000. During the year ended June 30, 2022, the donor paid the remaining balance of the promise.

#### 5. **Property and Equipment**

Property and equipment consist of the following at June 30:

	2022	2021
Furniture and equipment Leasehold improvements	\$ 360,484 517,893	\$ 377,397 455,383
	878,377	832,780
Less accumulated depreciation and amortization	(615,691)	(500,671)
	\$ 262,686	\$ 332,109

#### 6. 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 \$190,838 (\$177,512 for the year ended June 30, 2021) 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*	Glen Ellyn	Naperville	West Chicago	Wood Dale	Total
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
	\$ 91,839	\$ -	\$ 386,384	\$ 56,620	\$ 7,793	\$ 15,276	\$ 557,912

<sup>\* -</sup> The Elmhurst leases is month-to-month at \$350 per month

#### 6. **Leases** (cont'd)

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 \$5,754 for the year ended June 30, 2022 (\$1,644 and \$4,110 for the year ended June 30, 2021). Interest imputed and expensed under the capital lease obligation was \$334 for the year ended June 30, 2022 (\$461 for the year ended June 30, 2021). 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	\$ 5,460
Less amount representing interest	(244)
Less amount representing maintenance	 (1,960)
	_
Present value of future lease payments	\$ 3,256

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.

#### 7. Conditional Contribution

In June 2022, Caring Network received a conditional contribution of \$105,355 from a donor intended to match funding for a fund-raising effort for a new facility that began in July 2022. Contribution revenue will be recognized when the conditions of the matching contribution have been substantially met.

#### 8. Paycheck Protection Loan Payable

In April of 2020, Caring Network received a loan of \$212,865, pursuant to the Paycheck Protection Program (the "PPP"). Under the terms of the PPP certain amounts of the loan were forgivable if they were used for qualifying expenses through December 31, 2020. 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.

#### 9. Net Assets

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

	2022		2021
Client benevolence Unconditional promises to give Medical Darien express center Avanza center Technology New affiliates	·	-	3,287 4,000 56,728 62,928 10,658 9,300
	\$ 837,	841 <u>\$</u>	146,901

#### 10. 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 \$27,338 of matching contributions for the year ended June 30, 2022 (\$15,379 expensed for the year ended June 30, 2021).

#### 11. 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 8, 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. Management does not expect to incur a liability as a result of such an examination.

#### 12. Subsequent Events

In July 2022, two affiliated entities, Caring Network, Austin and Caring Network, Aurora (collectively, the "Affiliates"), were formed to further the mission of Caring Network using a social franchise model to build a network of life-affirming clinics to provide medical support and coaching to Illinois women considering or pursuing an abortion. Caring Network has agreed to provide supporting services to the Affiliates in exchange for a percentage of the Affiliates' annual donations. Caring Network does not have a controlling interest in the Affiliates.

### 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

Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Open to Public

В	Check if applicable	C Name of organization	D Employer identific	ation number
	Addres			
F	lchang	•	36-315470	<b>1</b> 0
	lchang	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)  Room/si		
	return Final		uite E Telephone number 630-493-1	
	—lreturn/ termin		G Gross receipts \$	2,914,756.
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code  GLEN ELLYN, IL 60137		
	lreturn Applic		H(a) Is this a group re for subordinates	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	
$\overline{}$	Tav.6v4			list. See instructions
		e: CARINGNETWORK • COM	H(c) Group exemption	
			ear of formation: 1981 M	
		Summary	our or formation; = 2 0 =   141	Otato or logal doffilolio; ==
		Briefly describe the organization's mission or most significant activities: PREGNANC	Y COUNSELING A	AND
Governance	.	SERVICES FOR FAMILIES IN DUPAGE COUNTY, ILLI	NOIS	
ern		Check this box 🕨 📖 if the organization discontinued its operations or disposed of n	1 1	_
ઠ્ઠ		Number of voting members of the governing body (Part VI, line 1a)		9
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)		8
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		36
Ĭ		Total number of volunteers (estimate if necessary)		30
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
		0	Prior Year 2,649,801.	Current Year 2,867,147.
ne	1	Contributions and grants (Part VIII, line 1h)	2,049,801.	7,007,147.
Revenue		Program service revenue (Part VIII, line 2g)	4,560.	3,230.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-85,033.	-113,521.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,569,328.	2,756,856.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,000.	12,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
"	1	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,186,256.	1,433,063.
Expenses	162		0.	0.
per	h	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  560,981.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	650,083.	845,863.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,846,339.	2,290,926.
		Revenue less expenses. Subtract line 18 from line 12	722,989.	465,930.
or	3		Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	2,873,635.	3,399,458.
ASS	21	Total liabilities (Part X, line 26)	119,296.	179,189.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	2,754,339.	3,220,269.
P	art II	Signature Block		
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
			<u>_</u> _	
Sig	ın	Signature of officer	Date	
He	re	Ŧ 189		
		Type or print name and title	I Data	T DTIN
_		Print/Type preparer's signature  Preparer's signature	Date Check	PTIN
Pai		PAUL J. ROZEK	11/01/2022   if self-employer	P00542258
	parer	Firm's name SELDEN FOX, LTD.	Firm's EIN ▶	36-2985770
USE	Only	Firm's address 619 ENTERPRISE DRIVE		) OEA 1400
_		OAK BROOK, IL 60523-8835	Phone no. 6 3 (	0-954-1400
Ma	y the IF	RS 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	Ц
1	Briefly describe the organization's mission:	
	CARING NETWORK WORKS TO PREVENT UNPLANNED PREGNANCIES AND TO I	
	COUNSEL AND PRACTICAL ASSISTANCE TO INDIVIDUALS AND FAMILIES	IMPACTED
	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
	prior Form 990 or 990-EZ?	Yes ⊥A_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	v expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	•
		expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,408,470 • including grants of \$12,000 • ) (Revenue \$	)
	COUNSELING, RESOURCING, AND LIMITED MEDICAL SERVICES INCLUDING	3
	PREGNANCY TESTS AND ULTRASOUNDS.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	7,	
		_
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	١
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 ▶ 1,408,470.	
		Form <b>990</b> (2021)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			\ •
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
^	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			$ _{\mathbf{x}}$
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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			<del>                                     </del>
0	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			<del></del> -
•	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, VIII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
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		X
	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	7 1	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا م	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	<u> </u>

#### 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		1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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? <i>If</i> "Yes," <i>complete</i>			X
06	Schedule L, Part I	25b		<u> </u>
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,			<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 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		X
	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 line 28a or 28b?lf			
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M	29		
30	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			3.5
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c	Х	
	(3	٠.٠		

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

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 36				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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?	7b	X		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7с		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_			
^	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	9a			
a h	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:	30			
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand	44-		x	
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		<u> </u>	
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		$\vdash$	
.5	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, 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
<u>Sec</u>	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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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			
	on 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	Х	
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?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
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	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed \(\bigsigma \text{IL}\)	0.00	\ 0\:=!!	- lal -
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	, avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  W Upon request  Other (explain on Schedule O)			
10	·······································	d fine:	ooic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iiiial	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KIRT WIGGINS - 630-493-1340			
	1200 ROOSEVELT ROAD NO. 114, GLEN ELLYN, IL 60137			

Form **990** (2021)

### 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

hours per week	Position (do not check more than one box, unless person is both ar officer and a director/trustee)				than is bot	h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
40.00	,,		37				00.000	0	14 202
1 20	X		X				92,890.	0.	14,383
1.30			v				ا م	0	0
1 30	^						0.	0.	0
1.30	x		x				0.1	0 -	0
1,30							•	0.0	
	Х		х				0.	0.	0
1.30									
	Х		Х				0.	0.	0
1.30									
	Х						0.	0.	0
1.30									_
1 22	X						0.	0.	0
1.30	,,							0	
1 20	A						0.	0.	0
1.30	v						ا م	0	0
1.30	^						0.	0.	0
1.30	x		x				0.	0.	0
	hours for related organizations below line)  40.00  1.30  1.30	1.30 X	1.30	1.30	1.30 X X 1.30 X X 1.30 X X 1.30 X X 1.30 X X 1.30 X X 1.30 X X 1.30 X X	1.30	1.30 X X 1.30 X X 1.30 X X 1.30 X X 1.30 X X 1.30 X X 1.30 X X 1.30 X X	1.30	40.00

Form **990** (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box offic	not c	Pos heck ss pe	ition more rson i		one h an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related		Est amo	(F) imateo ount co 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/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	<b>&gt;</b> /	orga and	ensatem the inization relatem relatem rization	e on ed
	illicy	Jul	sul	₩0	Key	Hig	Po						
										$\dashv$			
										$\dashv$			
										$\dashv$			
										$\dashv$			
										$\dashv$			
1b Subtotal c Total from continuation sheets to Part V							<b>▶</b>	92,890.		0. 0.		1,38	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n							no re	92,890. eceived more than \$100		0.	14	1,38	
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s								hest compensated emp		[	3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=				-		elat	ed organization or indivi	dual for services		5		Х
Complete this table for your five highest complete the appropriation. Page 4 complete the appropriation of the appropriation of the appropriation of the appropriation of the appropriation.										ens	ation fr	om	
the organization. Report compensation for (A)  Name and business			ONI		VILIT	OI W		(B)  Description of s		— С	(C)		 1
Total number of independent contractors (in	-	ot li	mite	d to		_	sted	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation >					0					Form 9	190 (2	001)

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
				·	_	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue		Revenue excluded from tax under
							lanction revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts									
اغ ق					685,210.				
if fi		Related organizations		· <del></del>	,				
,, ⊟≓,		Government grants (conti							
Sir		All other contributions, gifts,							
ig je	'	similar amounts not included		1f	2,181,937.				
등급				· —	2,604.				
i g	g					2,867,147.			
9	<u>n</u>	Total. Add lines 1a-1f				2,007,147.			
_					Business Code				
<u>i</u>	2 a								
le ez	b								_
en S	С								
ĕ ₫	d								
Program Service Revenue	е								
۵	f	All other program service	revenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (include	ding divi	dends, intere	est, and				
		other similar amounts)			▶	3,230.			3,230.
	4	Income from investment of							
	5	Royalties			▶ [				
		•		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	C	Rental income or (loss)	6c						
	q	Net rental income or (loss			<u> </u>				
		Gross amount from sales of		Securities	(ii) Other				
	ı a	assets other than inventory	7a		(") 5 11 15				
	h	Less: cost or other basis	14						
<u>o</u>	D		_,						
ž		and sales expenses							
ther Revenue		Gain or (loss)	$\vdash$						
<u>ج</u> ا		Net gain or (loss)			▶				
ا <u>پ</u> ا	8 a	Gross income from fundraisi							
0		including \$							
		contributions reported on	-						
		Part IV, line 18			44,379.				
		Less: direct expenses			· · · · · · · · · · · · · · · · · · ·				
		Net income or (loss) from			<b>&gt;</b>	-113,521.			-113,521.
	9 a	Gross income from gamin	ng activit	ies. See					
		Part IV, line 19							
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming	activities	<b></b>				
	10 a	Gross sales of inventory,	less retu	ırns					
		and allowances		10a	ı <u> </u>				
	b	Less: cost of goods sold							
		Net income or (loss) from							
<u>"</u>					Business Code				
اه ق	11 a								
ane nu	b								
Miscellaneous Revenue	c								
<u>is</u> c		All other revenue							
≥		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				2,756,856.	0.	0.	-110,291.
						, , , , , , , , , , , , , , , , , , ,			- · , - · - ·

#### 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).

Do :	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	12,000.	12,000.		
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,	193,925.	116,355.	19,392.	58,178
_	trustees, and key employees	193,943.	110,333.	19,394.	30,170
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,015,504.	579,168.	105,781.	330,555
7	Other salaries and wages	1,015,504.	3/3,100.	103,761.	330,333
8	Pension plan accruals and contributions (include	10 /00	9,785.	1 050	7 762
_	section 401(k) and 403(b) employer contributions)	19,498. 126,128.	69,383.	1,950.	7,763 42,504
9	Other employee benefits	78,008.	44,738.	8,089.	
10	Payroll taxes	70,000.	44,/30.	0,009.	25,181
11	Fees for services (nonemployees):				
а	Management				
b	Legal	0 500		0 500	
	Accounting	9,500.		9,500.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	25 520	4 020	00 504	2 000
	column (A), amount, list line 11g expenses on Sch 0.)	37,530.	4,939.	29,504.	3,087
12	Advertising and promotion	118,206.	118,206.	00 700	06 260
13	Office expenses	225,483.	170,333.	28,788.	26,362
14	Information technology	71,724.	3,253.	48,728.	19,743
15	Royalties	100 101	1.1.1.055	16.664	20 040
16	Occupancy	199,181.	144,275.	16,664.	38,242
17	Travel	9,792.	4,974.	2,277.	2,541
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,318.	933.	3,354.	2,031
20	Interest				
21	Payments to affiliates	404 000	100 11=		
22	Depreciation, depletion, and amortization	131,933.	129,117.	2,811.	5
23	Insurance	14,449.		14,449.	
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	14,351.		9,922.	4,429
a h	DUES AND SUBSCRIPTIONS	7,396.	1,011.	6,025.	360
C		, , 5 5 6	-,	0,020	230
d					
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	2,290,926.	1,408,470.	321,475.	560,981
25 26	Joint costs. Complete this line only if the organization	2,250,5200	1,100,4700	321,136	300,301
ŁU	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	vuuvanonai vainvaiun anu juliulaisiilu sulivilailuli.				

### Form 990 (2021) Part X Balance Sheet

	IL A	Balance Sneet					<del></del>
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash, pan interest hearing			2099 0. you.	1	
	2	Cash - non-interest-bearing			2,441,896.	2	3,036,665.
					4,000.	3	3,030,003.
	3	Pledges and grants receivable, net			4,000.	4	
	4	Accounts receivable, net  Loans and other receivables from any curren				4	
	5						
		trustee, key employee, creator or founder, su			5		
	6	controlled entity or family member of any of t Loans and other receivables from other disq				3	
	"	under section 4958(f)(1)), and persons descr				6	
"	7					7	
Assets	8	Notes and loans receivable, net				8	
As	9	Prepaid expenses and deferred charges			79,773.	9	84,555.
	1	Land, buildings, and equipment: cost or other			13 / 1 13 €	9	01/3331
	lua	basis. Complete Part VI of Schedule D		878,377.			
	h	Less: accumulated depreciation		615,691.	332,109.	10c	262,686.
	11	Investments - publicly traded securities			332,1034	11	202,000.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	15,857.	15	15,552.		
	16	Total assets. Add lines 1 through 15 (must e			2,873,635.	16	3,399,458.
	17	Accounts payable and accrued expenses			114,374.	17	70,578.
	18	Grants payable	, -	18	.,		
	19	Deferred revenue		-		19	105,355.
	20	Tax-exempt bond liabilities				20	,
	21	Escrow or custodial account liability. Comple				21	
ý	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
apil		controlled entity or family member of any of t				22	
Ĩ	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D			4,922.	25	3,256.
	26	Total liabilities. Add lines 17 through 25			119,296.	26	179,189.
		Organizations that follow FASB ASC 958,					
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,607,438.	27	2,382,428.
Ba	28	Net assets with donor restrictions			146,901.	28	837,841.
ů		Organizations that do not follow FASB AS	C 958, chec	k here 🕨 🗌			
Ē		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current fur	ıds			29	
ise.	30	Paid-in or capital surplus, or land, building, o	r equipment	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	d income, or	other funds		31	
Š	32	Total net assets or fund balances			2,754,339.	32	3,220,269.
	33	Total liabilities and net assets/fund balances			2,873,635.	33	3,399,458.

Form 990 (2021)

#### **SCHEDULE A**

(Form 990)

Total

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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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	7.		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	. ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,763,421.	1,854,076.	1,935,469.	2,649,801.	2,867,147.	11,069,914.
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	1,763,421.	1,854,076.	1,935,469.	2,649,801.	2,867,147.	11,069,914.
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)						55,736.
	Public support. Subtract line 5 from line 4.						11,014,178.
	ction B. Total Support	1	-				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,763,421.	1,854,076.	1,935,469.	2,649,801.	2,867,147.	11,069,914.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,890.	8,729.	7,971.	4,560.	3,230.	27,380.
_	and income from similar sources	4,090.	0,149.	1,311.	4,500.	3,430.	21,300.
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						11 097 294
12	Gross receipts from related activities,	etc (see instruction	one)			12	11,097,294.
	First 5 years. If the Form 990 is for the			ourth or fifth tax v			, , , , , , ,
	organization, check this box and stor						ightharpoonup
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (			olumn (f))		14	99.25 %
	Public support percentage from 2020					15	98.44 %
	33 1/3% support test - 2021. If the					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. 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 here	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not cl	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 <b>sto</b>	<b>op here.</b> 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 instructions	s ▶∐

Schedule A (Form 990) 2021

#### 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.)

Sec	ction A. Public Support	now, please com	ipietė Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2017	(6) 2010	(6) 2013	(4) 2020	(6) 2021	(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on						
-	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<del> </del>
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	=======================================	
14	First 5 years. If the Form 990 is for the	•		Ť	-		ion,
804			roontogo				<u></u>
	etion C. Computation of Public					Tarl	
	Public support percentage for 2021 (lin						%
	Public support percentage from 2020 etion D. Computation of Inves					16	%
						147	
	Investment income percentage for 202						%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the c						1 / is not
_	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2020. If the c	•			•	·	
	line 18 is not more than 33 1/3%, chec						
20	<b>Private foundation.</b> If the organization	i aid not check a	a box on line 14, 19	a, or 19b, check t	nıs box and see i	nstructions	▶∟

#### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
4	A /Earr	~ 000	0004

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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		
Seci	ion D. All Type III Supporting Organizations		· ·	- · ·
	Did the approximation approximate cook of the approximated approximations, by the least day of the fifth mouth of the		Yes	No
	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		
	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion 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 instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

	dule A (Form 990) 2021 CARING NETWORK, NFP			36-3154/00 Page <b>6</b>
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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			

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

Schedule A (Form 990) 2021

instructions).

emergency temporary reduction (see instructions).

Section D - Distributions

organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8

(provide details in Part VI). See instructions. 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
1 dit VI	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

Inspection

Name of the organization

CARING NETWORK, NFP

**Employer identification number** 36-3154700

Pai			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 20101 401000 141100	(5) - 2.120 2.12 2.13 2.13
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		funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor		
Ū	for charitable purposes and not for the benefit of the donor		
			· — —
Pai		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat		,
	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	, , , , , , , , , , , , , , , , ,	
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year >		•
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense sta	tement and
	balance sheet, and include, if applicable, the text of the foot	tnote to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	ıblic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for publi	c 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		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ \$
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining C	ollections of A	rt, Histori	cal Trea	sures, c	or Other	Similar	Assets	continue	d)
3	Using the organization's acquisition, accession	on, and other record	ls, check an	y of the fol	llowing tha	t make sig	nificant us	e of its		
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research e Other									
С	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they f	urther the	organizati	on's exem <sub>l</sub>	ot purpose	in Part X	II.	
5										
	to be sold to raise funds rather than to be ma	aintained as part of t	the organiza	tion's colle	ection?			<u>. 🗀 ነ</u>	es _	No
Pai	t IV Escrow and Custodial Arran		ete if the org	anization a	answered '	'Yes" on F	orm 990, P	art IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi		-						_	_
	on Form 990, Part X?							L Y	′es L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:						
								Aı	mount	
	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on Fo						?	L	′es ∟	No
	If "Yes," explain the arrangement in Part XIII.								L	
Pai	t V   Endowment Funds. Complete it					s back (d		o book 1	1 Four you	ro book
		(a) Current year	(b) Prior	year (	c) Two year	S Dack (a	Tillee year	S Dack (e	) Four yea	IS DACK
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
_	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland		olumn (a)) I	held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
за	Are there endowment funds not in the posse	ssion of the organiza	ation that ar	e neid and	administe	red for the	organizati	on	Yes	o No
	by:							Г		s No
	(i) Unrelated organizations								3a(i)	<del>                                     </del>
	(ii) Related organizations								3a(ii)	<del>                                     </del>
								L	3b	
4 Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment lund	S.						
· u	Complete if the organization answered		) Part IV lin	e 11a See	Form 990	) Part X lir	ne 10			
	Description of property	(a) Cost or o		<b>b)</b> Cost or			umulated	(4	) Book va	ميا
	Description of property	basis (investr		basis (ot			eciation	(4	) DOOK va	liue
10	Land	`	,	2230 (01	,	азрі				
	Buildings									
	Leasehold improvements			517	,893.	34	5,929	<del>.                                     </del>	171,	964.
	Equipment				,484.		9,762			722.
	Other				, = - <del>- •</del>		_ ,	-	/	
	. Add lines 1a through 1e. (Column (d) must e		X. column (F	3). line 10d	:.)			_	262,	686.
		,,	,	,,	,					

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CARING NETW	ORK, NFP	36	-315 <b>4</b> 700 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			

(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	3,256.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,256.

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) 2021

		m 990) 2021 CARING NETWORK, N				154700 Page 4
Pa		econciliation of Revenue per Audited Fin		With Revenue	per Return.	•
	Со	mplete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.			
1		nue, gains, and other support per audited financial st			1	2,756,856.
2		ncluded on line 1 but not on Form 990, Part VIII, line	1	1		
		lized gains (losses) on investments		+		
		services and use of facilities		+		
		s of prior year grants		<del>-  </del>		
d		scribe in Part XIII.)		d	_	0
		2a through 2d			2e	2,756,856.
3	Subtract li	ine <b>2e</b> from line <b>1</b>			3	2,730,030
4		included on Form 990, Part VIII, line 12, but not on line	1	1		
_		nt expenses not included on Form 990, Part VIII, line 7		<del>-  </del>		
b		scribe in Part XIII.)		-		0
_	Add lines					2,756,856.
5 <b>D</b> 2		nue. Add lines 3 and 4c. (This must equal Form 990, Feconciliation of Expenses per Audited Fil		With Expanse		
га				with Expense	es per netur	11.
_		mplete if the organization answered "Yes" on Form 99			1.1	2,290,926.
1		enses and losses per audited financial statements			1	2,290,920
2		included on line 1 but not on Form 990, Part IX, line 25	1	. 1		
		services and use of facilities		+		
D		adjustments		+		
C		Ses		<del>-  </del>		
d		scribe in Part XIII.)				0
е 3		2a through 2d				2,290,926
4		ine <b>2e</b> from line <b>1</b> included on Form 990, Part IX, line 25, but not on line				2,250,520
-		ncluded on Form 990, Part IX, line 23, but not on line at expenses not included on Form 990, Part VIII, line 7	ı	.		
				<del>-  </del>		
	Add lines	, , , , , , , , , , , , , , , , , , , ,		- 1	4c	0.
		<b>4a</b> and <b>4b</b> enses. Add lines <b>3</b> and <b>4c.</b> <i>(This must equal Form</i> 990,				2,290,926.
		ipplemental Information.	T art 1, 11110 10.)			
		criptions required for Part II, lines 3, 5, and 9; Part III, and Part XII, lines 2d and 4b. Also complete this part			t v, iii 6 4, i ai t /	t, iiie 2, i ait Ai,

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization CARING NETWORK, NFP 36-3154700 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 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.

132081 10-21-21

Schedule G (Form 990) 2021

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

Part II 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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through				
				SPRING FLING		col. (c))				
Р			(event type)	(event type)	(total number)	(				
Revenue	1	Gross receipts	522,695.	206,894.		729,589.				
	2	Less: Contributions	478,316.	206,894.		685,210.				
	3	Gross income (line 1 minus line 2)	44,379.			44,379.				
	4	Cash prizes								
	5	Noncash prizes								
<b>Direct Expenses</b>	6	Rent/facility costs	58,932.	11,104.		70,036.				
Direct E	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses				87,864.				
	10	- · · · · · · · · · · · · · · · · · · ·			<b>&gt;</b>	157,900.				
Pa	11			000 D 1 N/ E 40		-113,521.				
Га	ונו	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than					
		\$15,000 0111 01111 990-LZ, little 0a.		(b) Pull tabs/instant		(d) Total gaming (add				
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
Revenue										
ď	1	Gross revenue								
Se	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	└─ No	└─ No	└─ No					
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>					
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•					
						•				
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:							
а	ls t	Yes No								
b	If "	No," explain:								
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No									
b	If "	Yes," explain:								

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 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 form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	۰۷ ا م
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	I records:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? <b>Yes No</b>
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> and th	e amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
on rest, enter hame and address of the time party.	
Name ▶	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of any income any ideal	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations 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) a	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	(Form 990) CARING NETWORK, NFP	36-3154700 Page 4
Part IV	(Form 990) CARING NETWORK, NFP Supplemental Information (continued)	<u>-</u>

#### 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							
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance? ocedures for mon	itoring the use of grant	t funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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	21 1704200	F01/(0)/(2)	10.000	0			THE GRANT IS TO SUPPORT THE MISSION OF WORLDVIEW
WEST CHICAGO, IL 60185	31-1704309	501(C)(3)	10,000.	0.			RESOURCES.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	1 table	he line 1 table			<u> </u>	1. 0.

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	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	uired in Part I, lin	e 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	TO OTHE	R ORGANIZA	TIONS. FA	ILURE TO MEET	
THE EXPECTATIONS COMMUNICATED ON T	HE GRANT	APPLICATI	ON MAY LEA	D	
DISCONTINUED FUNDING IN FUTURE PER	RIODS.				

#### **SCHEDULE 0** (Form 990)

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

Name of the organization

Employer identification number

CARING NETWORK, NFP	36-3154700
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.	