

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

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2019

Open to Public Inspection

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

## A For the 2019 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>CARE INITIATIVES</b>		<b>D</b> Employer identification number  76-0262402	
	Doing business as		<b>E</b> Telephone number  515-224-4442	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	1611 WEST LAKES PKWY		<b>G</b> Gross receipts \$ 192,725,578.	
City or town, state or province, country, and ZIP or foreign postal code WEST DES MOINES, IA 50266-8212		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>F</b> Name and address of principal officer: MICHAEL BEAL SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶		
<b>J</b> Website: CAREINITIATIVES.ORG		<b>L</b> Year of formation: 1989		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>M</b> State of legal domicile: TX		

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: CHARITABLE NON-PROFIT: 44 NURSING HOMES, 8 ASSISTED LIVING FACILITIES, 3 SENIOR LIVING		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	4519
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	805
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	65,257.	77,573.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	187,828,337.	191,739,234.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	797,251.	825,048.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,996.	80,804.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	188,697,841.	192,722,659.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	162,514.	118,941.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	105,785,686.	108,080,048.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	82,824,957.	83,200,184.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	188,773,157.	191,399,173.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-75,316.	1,323,486.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	188,887,260.	183,418,361.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	115,971,303.	109,178,918.
		72,915,957.	74,239,443.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	DAVID DIXON, SVP/CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATHY FAIRCHILD	Preparer's signature	Date 11/09/20	Check if self-employed <input type="checkbox"/>	PTIN P00222608
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Firm's address ▶ 400 LOCUST STREET, SUITE 640 DES MOINES, IA 50309-2354	Phone no. 515-284-8660	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: IMPROVING QUALITY OF LIFE FOR IOWANS AND THEIR FAMILIES DURING LIFE'S HEALTH TRANSITIONS THROUGH COMPASSIONATE INDIVIDUALIZED CARE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

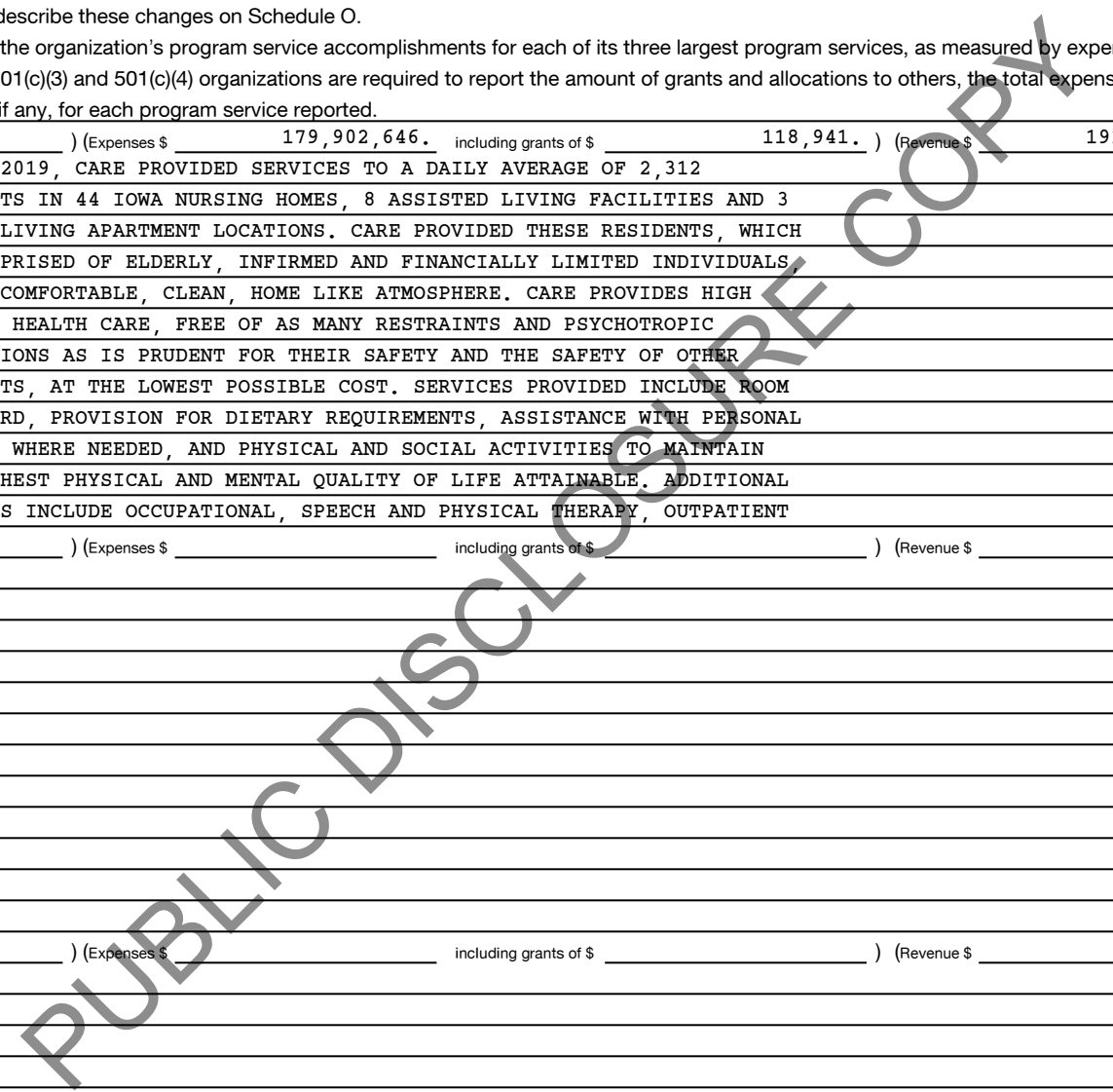
4a (Code: ) (Expenses \$ 179,902,646. including grants of \$ 118,941. ) (Revenue \$ 191,675,266. ) DURING 2019, CARE PROVIDED SERVICES TO A DAILY AVERAGE OF 2,312 RESIDENTS IN 44 IOWA NURSING HOMES, 8 ASSISTED LIVING FACILITIES AND 3 SENIOR LIVING APARTMENT LOCATIONS. CARE PROVIDED THESE RESIDENTS, WHICH ARE COMPRISED OF ELDERLY, INFIRMED AND FINANCIALLY LIMITED INDIVIDUALS WITH A COMFORTABLE, CLEAN, HOME LIKE ATMOSPHERE. CARE PROVIDES HIGH QUALITY HEALTH CARE, FREE OF AS MANY RESTRAINTS AND PSYCHOTROPIC MEDICATIONS AS IS PRUDENT FOR THEIR SAFETY AND THE SAFETY OF OTHER RESIDENTS, AT THE LOWEST POSSIBLE COST. SERVICES PROVIDED INCLUDE ROOM AND BOARD, PROVISION FOR DIETARY REQUIREMENTS, ASSISTANCE WITH PERSONAL HYGIENE WHERE NEEDED, AND PHYSICAL AND SOCIAL ACTIVITIES TO MAINTAIN THE HIGHEST PHYSICAL AND MENTAL QUALITY OF LIFE ATTAINABLE. ADDITIONAL SERVICES INCLUDE OCCUPATIONAL, SPEECH AND PHYSICAL THERAPY, OUTPATIENT

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 179,902,646.



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Form section A containing questions 1a through 9 regarding governing body members, relationships, and documentation. Includes a table with Yes/No columns and a 'Public Disclosure Copy' watermark.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Form section B containing questions 10a through 16b regarding organizational policies on chapters, conflicts of interest, whistleblower policies, and compensation. Includes a table with Yes/No columns and a 'Public Disclosure Copy' watermark.

Section C. Disclosure

Form section C containing questions 17 through 20 regarding state filing requirements, public inspection of forms, and availability of governing documents and records.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MILES KING PRESIDENT/CEO	40.00	X		X			540,752.	0.	52,433.	
(2) CHARLEEN SCHLEPP VP/DIR OF OPERATIONS	40.00			X			328,450.	0.	10,197.	
(3) DAVID DIXON VP/CFO/TREASURER	40.00			X			293,700.	0.	2,565.	
(4) MIRIAM YOCUM VP/HOSPICE	40.00			X			232,560.	0.	1,525.	
(5) JERAMY KUHN COMPLIANCE OFFICER	40.00					X	214,474.	0.	7,672.	
(6) KENNETH NELSON DIVISIONAL DIRECTOR	40.00					X	173,335.	0.	18,387.	
(7) CASEY STEPHENS DIVISIONAL DIRECTOR	40.00					X	165,432.	0.	19,805.	
(8) LORANNIE BELLINGER ADMINISTRATOR	40.00					X	141,446.	0.	1,449.	
(9) LEANNE O'BRIEN REHAB SERVICES COORDINATOR	40.00					X	125,662.	0.	21,363.	
(10) STEVEN ACKERSON DIRECTOR	3.00	X					28,000.	0.	0.	
(11) MICHAEL BYRNES DIRECTOR	4.00	X					28,000.	0.	0.	
(12) ROBERT CONLON DIRECTOR	7.00	X					28,000.	0.	0.	
(13) STEPHANIE EDWARDS DIRECTOR	4.00	X					28,000.	0.	0.	
(14) RON HARMOND DIRECTOR	6.00	X					28,000.	0.	0.	
(15) KENT KAPLAN SECRETARY	4.00	X		X			28,000.	0.	0.	
(16) RON NORTHUP DIRECTOR	5.00	X					28,000.	0.	0.	
(17) HULON WALKER DIRECTOR (THROUGH 5/19)	1.00	X					8,000.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 42

Table with 3 columns: Question number, Question text, and Yes/No columns. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like RELIANT PRO REHAB LLC, GRAPE TREE MEDICAL STAFFING, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 29



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	77,573.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			77,573.			
Program Service Revenue	<b>2 a</b> NURSING HOME SERVICES	Business Code	623000	180,321,062.	180,321,062.		
	<b>b</b> HOSPICE SERVICES		623000	10,038,210.	10,038,210.		
	<b>c</b> ASSISTED LIVING SERVIC		623990	1,128,097.	1,128,097.		
	<b>d</b> SENIOR LIVING APARTMEN		623990	116,801.	116,801.		
	<b>e</b> GUEST MEALS		722210	55,968.		55,968.	
	<b>f</b> All other program service revenue		900099	79,096.	71,096.	8,000.	
	<b>g Total.</b> Add lines 2a-2f			191,739,234.			
	Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			827,967.		827,967.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6 a</b> Gross rents		<b>6a</b>	(i) Real				
			(ii) Personal				
<b>b</b> Less: rental expenses		<b>6b</b>					
<b>c</b> Rental income or (loss)		<b>6c</b>					
<b>d</b> Net rental income or (loss)							
<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	(i) Securities				
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		2,919.				
<b>c</b> Gain or (loss)	<b>7c</b>		-2,919.				
<b>d</b> Net gain or (loss)			-2,919.		-2,919.		
<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> SUBPART F INCOME	Business Code	900099	80,804.		80,804.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			80,804.			
<b>12 Total revenue.</b> See instructions			192,722,659.	191,675,266.	0.	969,820.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	20,593.	20,593.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	98,348.	98,348.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,666,183.		1,666,183.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	92,423,885.	87,904,447.	4,519,438.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,765.	126,557.	19,208.	
<b>9</b> Other employee benefits .....	7,038,405.	6,756,771.	281,634.	
<b>10</b> Payroll taxes .....	6,805,810.	6,446,106.	359,704.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	528,625.		528,625.	
<b>c</b> Accounting .....	155,674.		155,674.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	25,851,710.	25,545,435.	306,275.	
<b>12</b> Advertising and promotion .....	828,229.	753,264.	74,965.	
<b>13</b> Office expenses .....	1,388,354.	1,201,152.	187,202.	
<b>14</b> Information technology .....	2,616,527.		2,616,527.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	8,800,506.	8,573,370.	227,136.	
<b>17</b> Travel .....	2,400,667.	2,191,130.	209,537.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	3,071,327.	3,022,859.	48,468.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	9,026,772.	8,816,202.	210,570.	
<b>23</b> Insurance .....	2,959,346.	2,953,603.	5,743.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	8,502,213.	8,502,213.		
<b>b</b> DIETARY SUPPLIES	6,570,045.	6,570,045.		
<b>c</b> MAINTENANCE	1,361,162.	1,361,162.		
<b>d</b> HOUSEKEEPING & LAUNDRY	1,175,879.	1,175,879.		
<b>e</b> All other expenses	7,963,148.	7,883,510.	79,638.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	191,399,173.	179,902,646.	11,496,527.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	22,325.	<b>1</b>	22,825.
	<b>2</b> Savings and temporary cash investments .....	39,527,767.	<b>2</b>	41,142,006.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	29,262,655.	<b>4</b>	30,697,100.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	593,972.	<b>8</b>	637,084.
	<b>9</b> Prepaid expenses and deferred charges .....	1,049,778.	<b>9</b>	1,303,225.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 253,326,373.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 156,783,548.		
	<b>11</b> Investments - publicly traded securities .....	102,480,891.	<b>10c</b>	96,542,825.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	10,610,086.	<b>11</b>	7,891,846.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	-352,771.	<b>12</b>	-503,331.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,692,557.	<b>14</b>	5,684,781.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	188,887,260.	<b>15</b>	183,418,361.	
<b>17</b> Accounts payable and accrued expenses .....	19,355,368.	<b>16</b>	20,121,495.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....	96,615,935.	<b>19</b>	89,057,423.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other 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 .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	115,971,303.	<b>25</b>	109,178,918.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	72,915,957.	<b>26</b>	74,239,443.
	<b>28</b> Net assets with donor restrictions .....		<b>27</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> Total net assets or fund balances .....	72,915,957.	<b>31</b>	74,239,443.
<b>33</b> Total liabilities and net assets/fund balances .....	188,887,260.	<b>32</b>	183,418,361.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	192,722,659.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	191,399,173.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,323,486.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	72,915,957.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	74,239,443.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization: CARE INITIATIVES
Employer identification number: 76-0262402

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).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 X 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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	77,908.	50,129.	55,938.	65,257.	77,573.	326,805.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	186,785,173.	192,864,423.	192,962,367.	187,754,009.	191,675,266.	952,041,238.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....	92,187.	76,338.	60,995.	74,328.	63,968.	367,816.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	186,955,268.	192,990,890.	193,079,300.	187,893,594.	191,816,807.	952,735,859.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<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 .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						952,735,859.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	186,955,268.	192,990,890.	193,079,300.	187,893,594.	191,816,807.	952,735,859.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	348,929.	467,303.	582,394.	797,178.	827,967.	3,023,771.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	348,929.	467,303.	582,394.	797,178.	827,967.	3,023,771.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	22,066.	30,542.	12,408.	6,996.	80,804.	152,816.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	187,326,263.	193,488,735.	193,674,102.	188,697,768.	192,725,578.	955,912,446.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	99.67 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	99.73 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.32 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	.26 %

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

**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.)

PUBLIC DISCLOSURE COPY

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

CARE INITIATIVES

Employer identification number

76-0262402

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  CARE INITIATIVES	Employer identification number  76-0262402
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 9,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  CARE INITIATIVES	Employer identification number  76-0262402
--	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

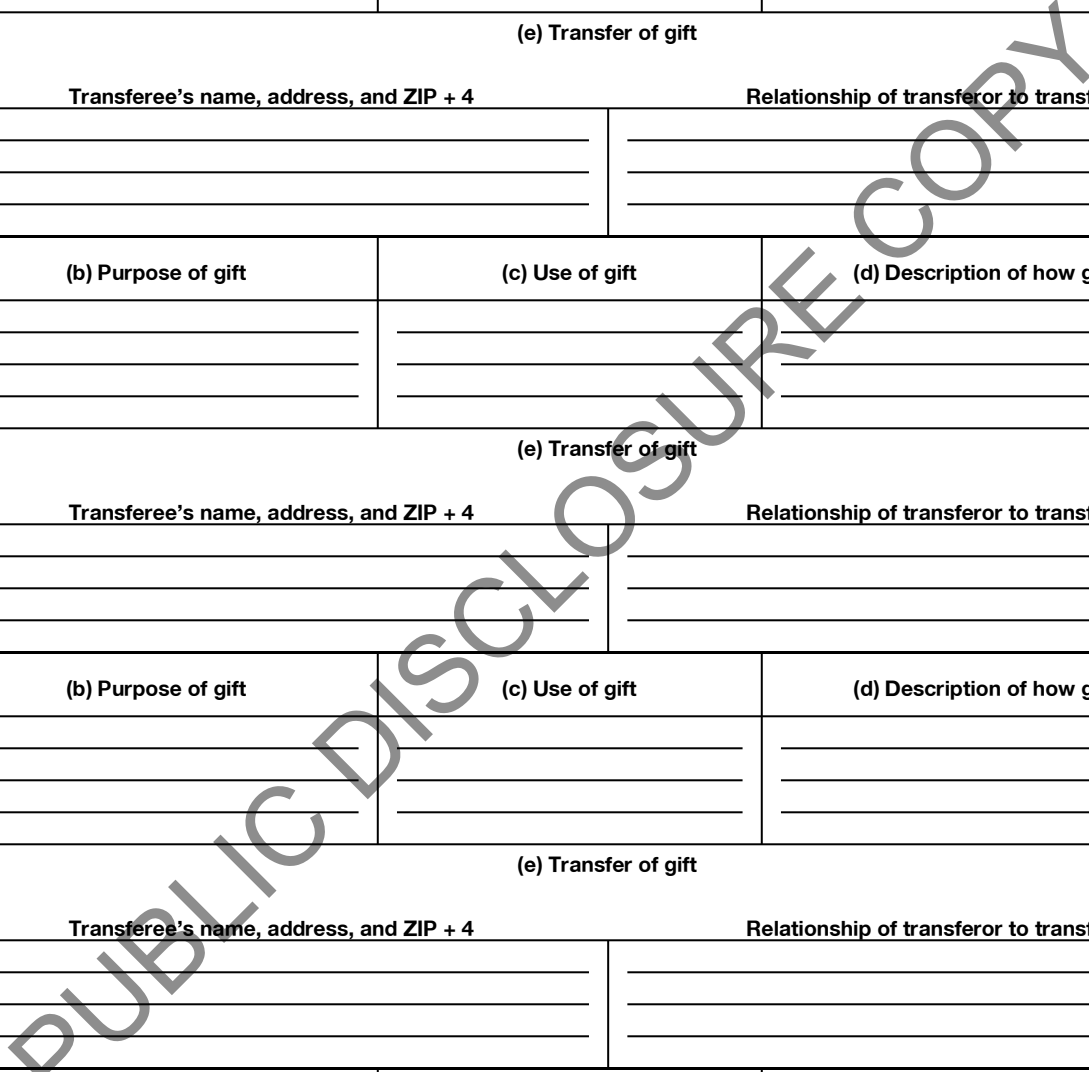
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

PUBLIC DISCLOSURE COPY

Name of organization  CARE INITIATIVES	Employer identification number  76-0262402
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	





**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">CARE INITIATIVES</p>	Employer identification number <p style="text-align: center;">76-0262402</p>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		51,346.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			51,346.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING 2019, CARE INITIATIVES HAD NO DIRECT EXPENSES FOR LOBBYING

ACTIVITIES. CARE INITIATIVES WAS NOTIFIED BY IOWA HEALTH CARE

ASSOCIATION THAT 16.0% OF DUES WOULD BE SPENT ON LOBBYING AND OTHER

EXPENDITURES SUBJECT TO CODE SEC. 162(E)(1). DURING 2019, CARE

INITIATIVES PAID DUES TO IHCA OF \$201,342. CARE INITIATIVES WAS

**Part IV** Supplemental Information *(continued)*

NOTIFIED BY AMERICAN HEALTH CARE ASSOCIATION THAT 28.0% OF DUES WOULD

BE SPENT ON LOBBYING AND OTHER EXPENDITURES SUBJECT TO CODE SEC.

162(E)(1). DURING 2019, CARE INITIATIVES PAID DUES TO AHCA OF \$63,784.

CARE INITIATIVES WAS NOTIFIED BY NATIONAL HOSPICE AND PALLIATIVE CARE

ORGANIZATION THAT 3.81% OF DUES WERE USED FOR SPECIFIC LOBBYING

PURPOSES. DURING 2019, CARE INITIATIVES PAID DUES TO NHPCO OF \$7,079.

CARE INITIATIVES WAS NOTIFIED BY HOSPICE AND PALLIATIVE CARE

ASSOCIATION OF IOWA THAT 14.3% OF DUES WERE SPENT ON LOBBYING. DURING

2019, CARE INITIATIVES PAID DUES TO HPCAI OF \$7,000.

PUBLIC DISCLOSURE COPY

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

2019

Open to Public Inspection

Name of the organization CARE INITIATIVES Employer identification number 76-0262402

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Conservation Easements section containing multiple questions (1-9) about easement types, monitoring, and reporting, with a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Part III section with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount     |
|---------------------------------|------------|
| c Beginning balance             | 391,418.   |
| d Additions during the year     | 5,375,402. |
| e Distributions during the year | 5,384,204. |
| f Ending balance                | 382,616.   |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     |    |
| (ii) Related organizations  |     |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,710,816.		8,710,816.
b Buildings		173,589,288.	107,050,690.	66,538,598.
c Leasehold improvements		8,077,542.	4,188,206.	3,889,336.
d Equipment		46,641,651.	35,975,394.	10,666,257.
e Other		16,307,076.	9,569,258.	6,737,818.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				96,542,825.

**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 end-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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (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) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

CARE INITIATIVES IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION; THE WHOLLY OWNED SUBSIDIARY AND THE FOUR LIMITED LIABILITY COMPANIES ARE PASS THROUGH ENTITIES; GENERALLY, NONE OF THESE ENTITIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES ON RELATED INCOME. CARE IS SUBJECT TO FEDERAL AND STATE INCOME TAXES TO THE EXTENT IT HAS UNRELATED BUSINESS INCOME. IN ACCORDANCE WITH THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED CARE'S MATERIAL TAX POSITIONS AND DETERMINED THAT THERE ARE NO INCOME TAXES THAT NEED TO BE REFLECTED IN ITS CONSOLIDATED FINANCIAL STATEMENTS.



**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Employer identification number

CARE INITIATIVES

76-0262402

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & THE CARIBBEAN	1	0	PROFESSIONAL & GENERAL LIABILITY INSURANCE	N/A	66,292.
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTMENTS	N/A	180,342.
<b>3 a</b> Subtotal .....	1	0			246,634.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	0			246,634.

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

Schedule F (Form 990) 2019

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

PUBLIC DISCLOSURE COPY

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

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**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization CARE INITIATIVES Employer identification number 76-0262402

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET DES MOINES, IA 50309	42-0680425	501(C)(3)	9,500.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2019)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HARDSHIP FUNDS/FINANCIAL ASSISTANCE	17	98,348.	0.		

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

PART 1, LINE 2, GENERAL INFORMATION ON GRANTS AND ASSISTANCE:

ORGANIZATIONS ARE SELECTED BASED UPON RELATEDNESS TO CARE INITIATIVES

EXEMPT MISSION. NO ADDITIONAL MONITORING IS PERFORMED.

PART III, COLUMN (B), NUMBER OF RECIPIENTS:

EXPLANATION: CHARITY CARE AND PARTIAL TO FULL FINANCIAL ASSISTANCE IS

PROVIDED TO PATIENTS ON A CASE-BY-CASE BASIS. NO RESIDENT OF CARE IS

DENIED A MEDICATION, NURSING SUPPLY, OR THERAPY, REGARDLESS OF THEIR

ABILITY TO PAY. CHARITY CARE WAS MADE AVAILABLE TO 17 INDIVIDUALS AT A



**Part IV** Supplemental Information

VALUE OF \$98,348.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

CARE INITIATIVES

Employer identification number

76-0262402

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

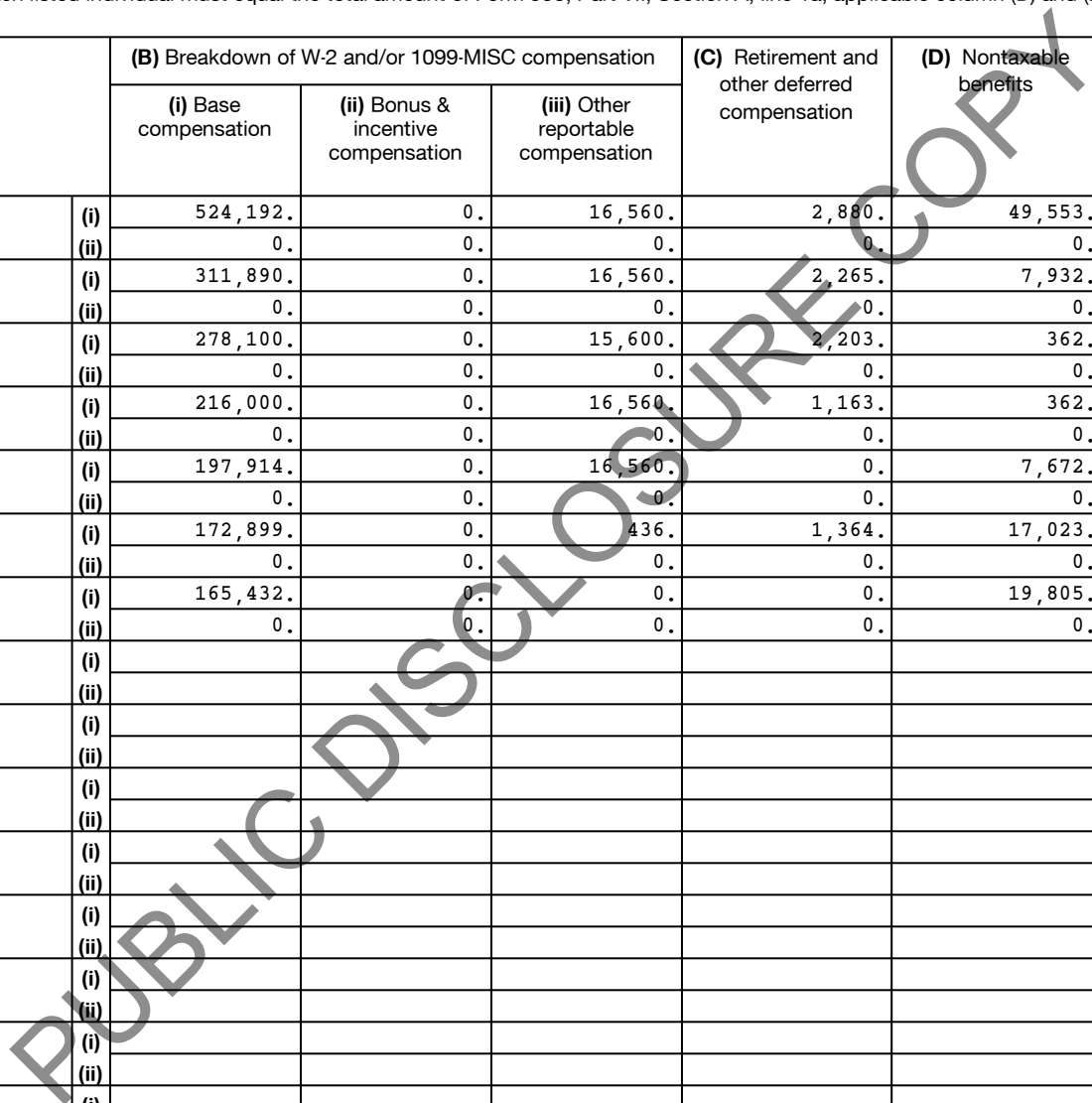
Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MILES KING PRESIDENT/CEO	(i)	524,192.	0.	16,560.	2,880.	49,553.	593,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLEEN SCHLEPP VP/DIR OF OPERATIONS	(i)	311,890.	0.	16,560.	2,265.	7,932.	338,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID DIXON VP/CFO/TREASURER	(i)	278,100.	0.	15,600.	2,203.	362.	296,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MIRIAM YOCUM VP/HOSPICE	(i)	216,000.	0.	16,560.	1,163.	362.	234,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JERAMY KUHN COMPLIANCE OFFICER	(i)	197,914.	0.	16,560.	0.	7,672.	222,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KENNETH NELSON DIVISIONAL DIRECTOR	(i)	172,899.	0.	436.	1,364.	17,023.	191,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CASEY STEPHENS DIVISIONAL DIRECTOR	(i)	165,432.	0.	0.	0.	19,805.	185,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

PART I, LINE 6:

PRIOR TO 2019, NELSON AND STEPHENS PARTICIPATED IN AN INCENTIVE PLAN FOR

SKILLED NURSING DIVISIONAL DIRECTORS. THE CALCULATION CRITERIA OF THE

AWARD WAS BASED UPON THE ANNUAL PROFITABILITY OF CARE FOR THE MEASUREMENT

PERIOD, AS DEFINED IN THAT AGREEMENT, AND WAS ALLOCATED TO INDIVIDUALS

UTILIZING FOUR CRITERIA: OPERATING PROFITS (AS DEFINED), QUALITY OF

RESIDENT AND PATIENT CARE, SATISFACTION WITH CARE, AND RISK MANAGEMENT

EFFORTS. THAT PLAN WAS SUSPENDED IN 2019 AND THERE WERE NO PAYMENTS MADE

UNDER THAT PLAN IN 2019.

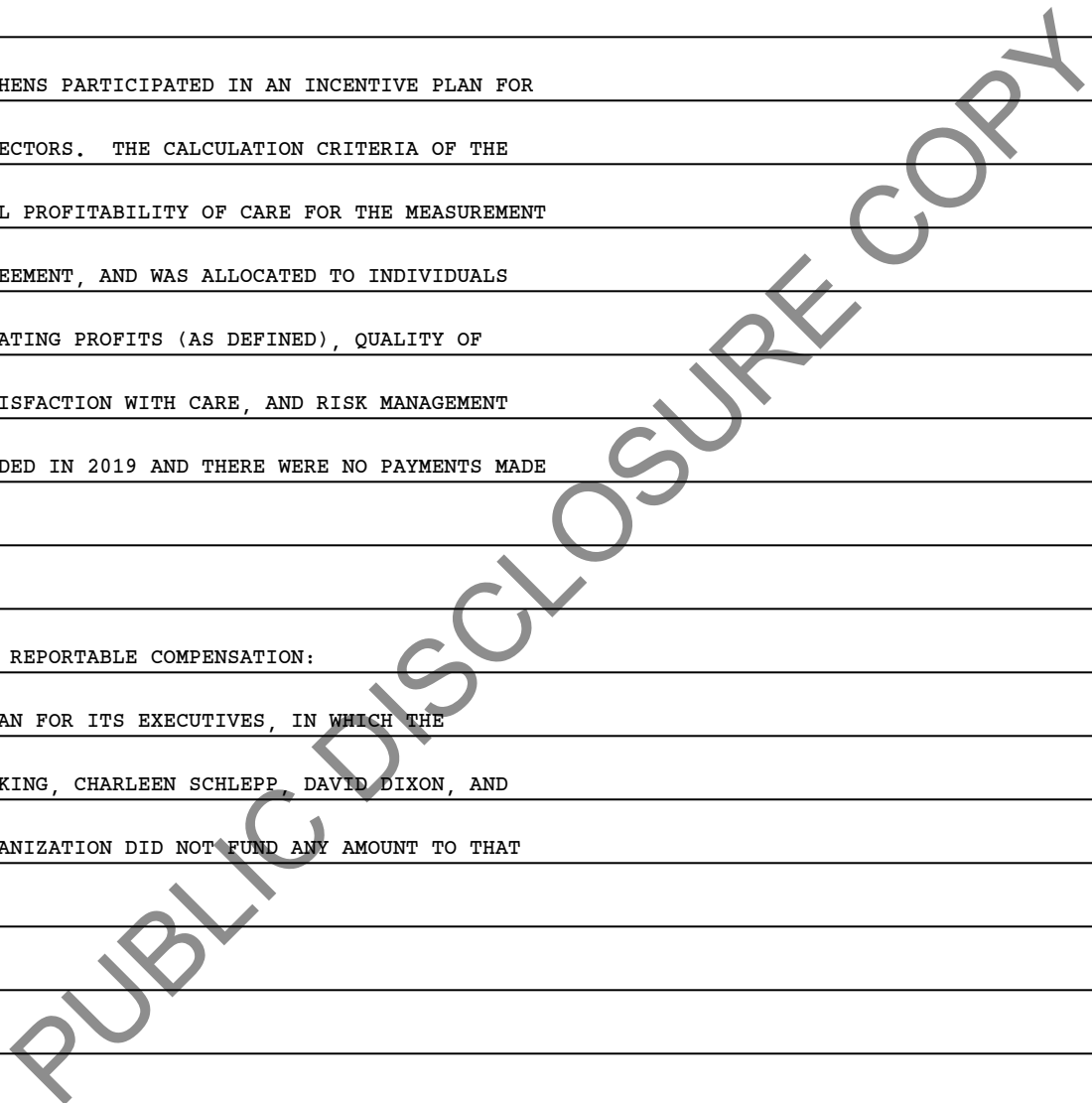
PART II, COLUMN B (III), OTHER REPORTABLE COMPENSATION:

CARE INITIATIVES HAS A 457B PLAN FOR ITS EXECUTIVES, IN WHICH THE

FOLLOWING PARTICIPATE: MILES KING, CHARLEEN SCHLEPP, DAVID DIXON, AND

JERAMY KUHN. IN 2019, THE ORGANIZATION DID NOT FUND ANY AMOUNT TO THAT

PLAN.



**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **CARE INITIATIVES** Employer identification number **76-0262402**

Part I	Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
A	IOWA FINANCE AUTHORITY	52-1699886	NONE	06/28/13	11,720,000.	REFUND PRIOR BONDS (5/28/98)		X		X			X
B	IOWA FINANCE AUTHORITY	52-1699886	NONE	12/11/14	41,736,000.	SEE PART VI		X		X			X
C	IOWA FINANCE AUTHORITY	52-1699886	NONE	12/19/18	10,592,000.	REFUND PRIOR BONDS (6/1/15)		X		X			X
D	IOWA FINANCE AUTHORITY	52-1699886	NONE	01/31/19	39,371,095.	REFUND PRIOR BONDS (05/12/16)		X		X			X

Part II	Proceeds	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired		4,075,000.		5,153,615.				5,132,816.
2	Amount of bonds legally defeased								
3	Total proceeds of issue		11,720,000.		41,736,496.		10,592,000.		39,371,095.
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		228,829.		414,991.		208,389.		
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds				19,915,498.				
11	Other spent proceeds		11,491,171.		21,406,007.		10,383,611.		
12	Other unspent proceeds								39,371,095.
13	Year of substantial completion		2000		2016		2013		2006
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2019

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....				X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....				X		X		
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....				X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property? .....				X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....								
6 Total of lines 4 and 5 .....								
7 Does the bond issue meet the private security or payment test? .....				X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....			X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? .....		X		X		X		X
b Exception to rebate? .....	X		X		X		X	
c No rebate due? .....	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....		X		X		X	X	

Part IV Arbitrage (continued)	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		X
b Name of provider .....								
c Term of hedge .....								
d Was the hedge superintegrated? .....								
e Was the hedge terminated? .....								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		X
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X		X	

Part V Procedures To Undertake Corrective Action	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

EXPLANATION:

(A) ISSUER NAME: IOWA FINANCE AUTHORITY  
DATE THE REBATE COMPUTATION WAS PERFORMED: 12/28/2013

(A) ISSUER NAME: IOWA FINANCE AUTHORITY  
DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2016

(A) ISSUER NAME: IOWA FINANCE AUTHORITY  
DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2018

(A) ISSUER NAME: IOWA FINANCE AUTHORITY  
DATE THE REBATE COMPUTATION WAS PERFORMED: 01/31/2019

NOTE REGARDING THE 12/28/2013, 12/31/2018, AND 1/31/2019 REBATE COMPUTATIONS:

SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY.

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions *(continued)*

NOTE REGARDING THE 12/31/2016 REBATE COMPUTATIONS:

THIS DEBT WAS ISSUED ON A DRAW-DOWN BASIS AND AMOUNTS WERE DRAWN AS PROJECT COSTS WERE INCURRED. AS NO REBATEABLE ARBITRAGE WAS EARNED AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE ANALYSIS IS NECESSARY.

PART I, LINE B, COLUMN (F):

EXPLANATION: BUILDINGS, ADDITIONS, REFUND PRIOR BONDS (9/30/10)

PART II, LINE 3:

EXPLANATION: THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS.

PUBLIC DISCLOSURE COPY



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

CARE INITIATIVES

Employer identification number

76-0262402

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

APARTMENT LOCATIONS, 6 HOSPICE LOCATIONS.

FORM 990, PART I, LINE 6, VOLUNTEERS:

CARE INITIATIVES HAD 41,869 RECORDED VOLUNTEER HOURS IN 2019. THE

AVERAGE VOLUNTEER WORKS ONE HOUR PER WEEK RESULTING IN A CALCULATED

NUMBER OF VOLUNTEERS OF 805. VOLUNTEERS MAINLY PROVIDE ENTERTAINMENT

FOR, AND CONVERSE WITH, RESIDENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THERAPY SERVICES, SKILLED NURSING CARE IN ALL CARE CENTERS, SENIOR

LIVING APARTMENTS AT SEVERAL LOCATIONS AND ASSISTED LIVING IN EIGHT

LOCATIONS. IN ADDITION, CARE HAS INITIATED A PROGRAM OF REHAB TO HOME

CARE TO HASTEN A RESIDENT'S OPPORTUNITY TO RETURN TO THEIR HOMES. IN

ADDITION, CARE PROVIDES LIMITED OUTPATIENT THERAPY SERVICES IN THE

COMMUNITIES IT SERVES.

DURING 2019, CARE ALSO PROVIDED HOSPICE SERVICES TO A DAILY AVERAGE OF

186 PATIENTS THROUGH SIX HOSPICE LOCATIONS. CARE PROVIDES COMPASSIONATE

HEALTH CARE AND PALLIATIVE SUPPORT FOR PEOPLE FACING LIFE-LIMITING

ILLNESSES OR CONDITIONS. SOME OF THE SERVICES PROVIDED INCLUDE NURSING

CARE, PHYSICIAN CARE, HOME HEALTH AIDE, PHYSICAL AND SPEECH THERAPY,

MASSAGE THERAPY, MUSIC THERAPY, SPIRITUAL SUPPORT, AND BEREAVEMENT

SUPPORT.

Name of the organization CARE INITIATIVES	Employer identification number 76-0262402
--	--

CARE IS THE LARGEST NURSING HOME SERVICE PROVIDER FOR MEDICAID RESIDENTS IN IOWA. IN 2019, A DAILY AVERAGE OF 1,270 RESIDENTS PARTICIPATED IN THE MEDICAID PROGRAM. CARE'S COST FOR THESE RESIDENTS EXCEEDED REVENUE BY \$23,876,000. NO RESIDENT OF CARE IS DENIED A MEDICATION, NURSING SUPPLY OR THERAPY, REGARDLESS OF THEIR ABILITY TO PAY.

CARE HAS A HISTORY OF MODERNIZATION AND REPLACEMENT OF NURSING FACILITIES. SINCE INCEPTION, CARE HAS INVESTED MORE THAN \$120 MILLION TO MODERNIZE ITS CENTERS. IMPROVEMENTS INCLUDE AIR CONDITIONING, FIRE SPRINKLERS, REPLACEMENT OF HVAC AND ELECTRICAL SYSTEMS, AND PAVED PARKING LOTS. EVERY CARE CENTER THAT HAS NOT YET BEEN REPLACED WITH A NEW REPLACEMENT BUILDING HAS HAD EXTENSIVE RENOVATIONS. SINCE INCEPTION, CARE HAS INVESTED MORE THAN \$111 MILLION IN FOURTEEN NEW REPLACEMENT CENTER BUILDINGS THROUGHOUT IOWA.

CARE PROMOTES ECONOMIC DEVELOPMENT IN THE COMMUNITIES IT SERVES BY ADDRESSING HOUSING, EMPLOYMENT, EDUCATIONAL OR ENVIRONMENTAL NEEDS AND CONCERNS. IN 2019, CARE CONTRIBUTED TO ITS COMMUNITIES BY PAYING PROPERTY TAX OF \$2.18 MILLION. IN MANY OF ITS COMMUNITIES, CARE IS THE LARGEST EMPLOYER AND THEIR FAMILIES FORM THE LARGEST STUDENT POPULATION BASE FOR THE LOCAL SCHOOL DISTRICT.

CARE FACILITIES WERE A GATHERING PLACE FOR COMMUNITY VOLUNTEERS WHO PROVIDED 41,869 HOURS TO HELP THE ELDERLY. USING THE INDEPENDENT SECTOR'S ESTIMATED DOLLAR VALUE OF VOLUNTEER TIME, THE ESTIMATED VALUE OF VOLUNTEER TIME TOTALED APPROXIMATELY \$1,006,101.

Name of the organization CARE INITIATIVES	Employer identification number 76-0262402
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CARE'S CONTINUUM OF CARE EXTENDED INTO THE COMMUNITIES IT SERVES BY PROVIDING REDUCED OR NO-FEE SERVICES SUCH AS MEALS-ON-WHEELS, MEALS FOR COUNTY JAILS, EDUCATIONAL SERVICES AND PUBLIC AWARENESS PROGRAMS.

IN 2019, \$20,593 IN CHARITABLE CONTRIBUTIONS WERE MADE TO SUPPORT CHARITABLE ORGANIZATIONS THAT FURTHER CARE'S EXEMPT MISSION.

FORM 990, PART VI, SECTION A, LINE 4:

CARE INITIATIVES' BOARD OF DIRECTORS ADOPTED THE SECOND AMENDED AND RESTATED BYLAWS FOR THE ORGANIZATION IN MAY 2020. THIS UPDATE ADDRESSES REVISIONS AND/OR CLARIFICATIONS FOR THE FOLLOWING: THE ROLE AND AUTHORITY OF OFFICERS; CLARIFICATION OF DIRECTOR TERMS; CLARIFICATION OF WAIVER OF NOTICE; CLARIFICATION OF QUORUM FOR BOARD TRANSACTIONS; USE OF TECHNOLOGY TO FACILITATE REMOTE BOARD MEETINGS; AND THE AUTHORITY DELEGATED TO BOARD COMMITTEES.

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

THE DRAFT OF THE ANNUAL FORM 990 IS REVIEWED, PRIOR TO FILING, BY THE FULL BOARD OF DIRECTORS IN A REGULARLY SCHEDULED BOARD MEETING. SUBSEQUENT TO FILING, A FILED COPY OF THE 990 IS MADE AVAILABLE TO THE BOARD MEMBERS. ADDITIONALLY, THE FILED 990 IS PUBLISHED ON CARE'S PUBLIC WEBSITE.

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

THE BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO READ THE CORPORATE POLICY AND COMPLETE AN ANNUAL SIGNED CERTIFICATE REGARDING THE CORPORATE CONFLICT OF INTEREST POLICY. THIS PROCESS IS ADMINISTERED BY THE CORPORATE COMPLIANCE OFFICER. ADDITIONALLY, THE BOARD AND OFFICERS RECEIVE REQUIRED ANNUAL COMPLIANCE TRAINING, INCLUDING BUSINESS PRACTICES AND CONFLICT OF

Name of the organization CARE INITIATIVES	Employer identification number 76-0262402
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INTEREST, AGAIN UNDER THE SUPERVISION OF THE COMPLIANCE OFFICER. THE COMPLIANCE OFFICER ALSO ATTENDS EACH BOARD MEETING AND SERVES, ALONG WITH ALL BOARD MEMBERS, TO RECOGNIZE AND IDENTIFY POTENTIAL CONFLICT OF INTEREST EVENTS. IDENTIFIED CONFLICT OF INTEREST SITUATIONS AND DELIBERATIONS, IF ANY, ARE DOCUMENTED IN FORMAL BOARD OF DIRECTOR MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

CARE'S PRESIDENT/CEO, VP/CFO, VP/DIRECTOR OF OPERATIONS, AND VP/MARKETING & HOSPICE HAVE BEEN IDENTIFIED AS DISQUALIFIED PERSONS. COMPENSATION FOR THESE POSITIONS IS DETERMINED BY INDEPENDENT DIRECTORS OF THE COMPENSATION COMMITTEE WITHOUT THE AFFECTED PARTIES BEING PRESENT AND IS SUBSEQUENTLY PROVIDED TO THE FULL BOARD FOR THEIR ACTION OR APPROVAL. FORMAL PERFORMANCE EVALUATIONS AND DOCUMENTATIONS OF EACH STEP IN THE DELIBERATION PROCESS ARE CONTAINED IN RETAINED COMPENSATION COMMITTEE REPORTS. THE DETERMINATION OF THE COMPENSATION COMMITTEE IS SUPPORTED BY A 2018 REPORT BY QUALIFIED INDEPENDENT COMPENSATION CONSULTANTS USING APPROPRIATE COMPARABILITY DATA. THE DELIBERATIONS OF THE COMPENSATION COMMITTEE AND BOARD ARE CONTEMPORANEOUSLY RECORDED IN FORMAL MEETING MINUTES THAT ARE RETAINED BY THE ORGANIZATION. OTHER EXECUTIVE COMPENSATION IS DETERMINED BY THE PRESIDENT/CEO IN CONSULTATION WITH THE MEMBERS OF THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS. THE REPORTS OF COMPENSATION CONSULTANTS UTILIZED IN THE EVALUATION OF COMPENSATION LEVELS FOR THE PRESIDENT/CEO, VP/CFO, VP/DIRECTOR OF OPERATIONS, AND VP/MARKETING & HOSPICE ARE REVIEWED, ALONG WITH PERFORMANCE EVALUATIONS, INFLATION DATA AND COMPETITIVE FACTORS, ALL TO ESTABLISH COMPENSATION LEVELS. COMPENSATION CHANGES ARE DOCUMENTED AND RETAINED BY THE CORPORATION'S HUMAN RESOURCE DEPARTMENT.

OTHER MANAGEMENT COMPENSATION IS DETERMINED ACCORDING TO LONG STANDING

Name of the organization CARE INITIATIVES	Employer identification number 76-0262402
--	--

PERSONNEL POLICIES ADMINISTERED BY THE CORPORATION'S HUMAN RESOURCES

DEPARTMENT.

THE COMPENSATION REVIEW PROCESS DESCRIBED ABOVE OCCURS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

CARE PROVIDES ITS FORM 990 ON THE ORGANIZATION'S PUBLIC WEBSITE. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENT, OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	25,545,435.
MANAGEMENT AND GENERAL EXPENSES	306,275.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,851,710.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	25,851,710.

FORM 990, PART XII, LINE 2, CONSOLIDATED AUDITED FINANCIAL STATEMENTS:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT. THE ORGANIZATION HAS AN AUDIT COMMITTEE ON THE BOARD OF DIRECTORS THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THERE HAS BEEN NO CHANGE IN THIS PROCESS IN THE CURRENT YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

CARE INITIATIVES

Employer identification number

76-0262402

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ODEBOLT ASSISTED LIVING, LLC - 20-3738090, 13520 CALIFORNIA ST, SUITE 250, OMAHA, NE 68154	LOW INCOME HOUSING	NE	N/A	RELATED	-4.	307,966.		X	N/A		X	.01%
PANORA ASSISTED LIVING, LLC - 20-3738136, 13520 CALIFORNIA ST, SUITE 250, OMAHA, NE 68154	LOW INCOME HOUSING	NE	N/A	RELATED	-103,041.	263,057.		X	N/A		X	.01%
DUNLAP ASSISTED LIVING, LLC - 20-3738210, 13520 CALIFORNIA ST, SUITE 250, OMAHA, NE 68154	LOW INCOME HOUSING	NE	N/A	RELATED	-4.	301,329.		X	N/A		X	.01%
LAMONI ASSISTED LIVING, LLC - 20-3738239, 13520 CALIFORNIA ST, SUITE 250, OMAHA, NE 68154	LOW INCOME HOUSING	NE	N/A	RELATED	-56,328.	-59,101.		X	N/A		X	.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
IOWA INDEMNITY COMPANY, LTD - 76-0262402 BOX 560 BEATRICE BUTTERFIELD BUILDING PROVIDENCIALES, TURKS & CAICOS ISLANDS,	CAPTIVE INSURANCE	TURKS AND CAICOS IS	N/A	C CORP	80,804.	2,345,394.	100%	X	

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
  
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
  
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
  
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
  
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>	X	
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>	X	
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DUNLAP ASSISTED LIVING, LLC	A	17,767.	GAAP
(2) ODEBOLT ASSISTED LIVING, LLC	A	17,767.	GAAP
(3) LAMONI ASSISTED LIVING, LLC	A	17,767.	GAAP
(4) PANORA ASSISTED LIVING, LLC	A	17,767.	GAAP
(5) DUNLAP ASSISTED LIVING, LLC	D	200,000.	GAAP
(6) ODEBOLT ASSISTED LIVING, LLC	D	200,000.	GAAP



**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) LAMONI ASSISTED LIVING, LLC	D	200,000. GAAP	
(8) PANORA ASSISTED LIVING, LLC	D	200,000. GAAP	
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

PUBLIC DISCLOSURE COPY



**Part VII Supplemental Information**

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

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

IOWA INDEMNITY COMPANY, LTD

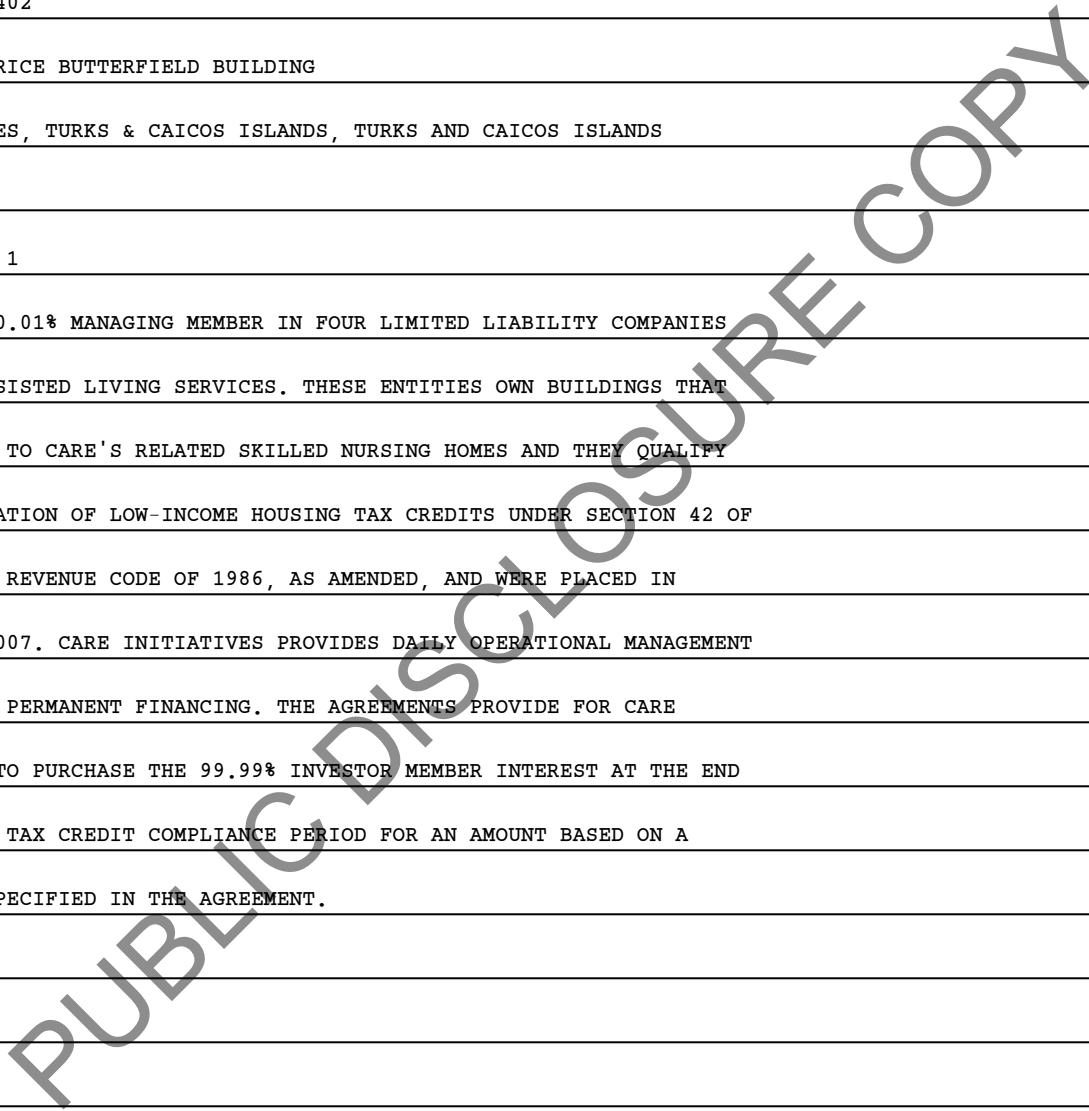
EIN: 76-0262402

BOX 560 BEATRICE BUTTERFIELD BUILDING

PROVIDENCIALES, TURKS & CAICOS ISLANDS, TURKS AND CAICOS ISLANDS

**PART V, LINE 1**

CARE IS THE 0.01% MANAGING MEMBER IN FOUR LIMITED LIABILITY COMPANIES PROVIDING ASSISTED LIVING SERVICES. THESE ENTITIES OWN BUILDINGS THAT ARE ATTACHED TO CARE'S RELATED SKILLED NURSING HOMES AND THEY QUALIFY FOR AN ALLOCATION OF LOW-INCOME HOUSING TAX CREDITS UNDER SECTION 42 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND WERE PLACED IN SERVICE IN 2007. CARE INITIATIVES PROVIDES DAILY OPERATIONAL MANAGEMENT SERVICES AND PERMANENT FINANCING. THE AGREEMENTS PROVIDE FOR CARE INITIATIVES TO PURCHASE THE 99.99% INVESTOR MEMBER INTEREST AT THE END OF THE 15-YR TAX CREDIT COMPLIANCE PERIOD FOR AN AMOUNT BASED ON A PROCESS AS SPECIFIED IN THE AGREEMENT.



**Information Return of U.S. Persons With Respect to Certain Foreign Corporations**

(Rev. December 2019)  
Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1**, 2019, and ending **DEC 31**, 2019

Attachment  
Sequence No. **121**

Name of person filing this return  <b>CARE INITIATIVES</b> Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) <b>1611 WEST LAKES PKWY</b> City or town, state, and ZIP code <b>WEST DES MOINES, IA 50266-8212</b> Filer's tax year beginning <b>JAN 1</b> , 2019, and ending <b>DEC 31</b> , 2019	<b>A Identifying number</b>  76-0262402  <b>B Category of filer</b> (See instructions. Check applicable box(es)): 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>  <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> 100.00 %  <b>D Check box if this is a final Form 5471 for the foreign corporation</b> <input type="checkbox"/> <b>E Check if any excepted specified foreign financial assets are reported on this form (see instructions)</b> <input type="checkbox"/> <b>F Person(s) on whose behalf this information return is filed:</b>
---	--

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a Name and address of foreign corporation</b> IOWA INDEMNITY COMPANY LTD BOX 560 BEATRICE BUTTERFIELD BUILDING PROVIDENCIALES TURKS & CAICOS ISLA TURKS AND CAICOS ISLANDS				<b>b(1) Employer identification number, if any</b> 00-0000000  <b>b(2) Reference ID number (see instructions)</b> TK001  <b>c Country under whose laws incorporated</b> TURKS AND CAICOS ISLAN
<b>d Date of incorporation</b> 09/25/02	<b>e Principal place of business</b> TURKS AND CAICOS I	<b>f Principal business activity code number</b> 524140	<b>g Principal business activity</b> INSURANCE	<b>h Functional currency</b> UNITED STATES, DOLLAR

<b>2 Provide the following information for the foreign corporation's accounting period stated above.</b>							
<b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b> N/A		<b>b If a U.S. income tax return was filed, enter:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">(i) Taxable income or (loss)</td> <td style="width:50%; vertical-align: top;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)						
<b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b>  GLOBAL INS MANAGERS & ACTUARIES LTD BOX 560 BEATRICE BUTTERFIELD BLDG PROVIDENCIALES TURKS AND CAICOS ISLANDS		<b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b>  GLOBAL INS MANAGERS & ACTUARIES LTD BOX 560 BEATRICE BUTTERFIELD BLDG PROVIDENCIALES TURKS AND CAICOS ISLANDS					

<b>Schedule A Stock of the Foreign Corporation</b>		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	1,000,000	1,000,000



**Schedule C Income Statement**

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
<b>Income</b>	<b>1a</b> Gross receipts or sales .....	<b>1a</b>	273,693.
	<b>b</b> Returns and allowances .....	<b>1b</b>	
	<b>c</b> Subtract line 1b from line 1a .....	<b>1c</b>	273,693.
	<b>2</b> Cost of goods sold .....	<b>2</b>	
	<b>3</b> Gross profit (subtract line 2 from line 1c) .....	<b>3</b>	273,693.
	<b>4</b> Dividends .....	<b>4</b>	
	<b>5</b> Interest .....	<b>5</b>	80,804.
	<b>6a</b> Gross rents .....	<b>6a</b>	
	<b>b</b> Gross royalties and license fees .....	<b>6b</b>	
	<b>7</b> Net gain or (loss) on sale of capital assets .....	<b>7</b>	
<b>8a</b> Foreign currency transaction gain or loss - unrealized .....	<b>8a</b>		
<b>b</b> Foreign currency transaction gain or loss - realized .....	<b>8b</b>		
<b>9</b> Other income (attach statement) .....	<b>9</b>		
<b>10</b> Total income (add lines 3 through 9) .....	<b>10</b>	354,497.	
<b>Deductions</b>	<b>11</b> Compensation not deducted elsewhere .....	<b>11</b>	
	<b>12a</b> Rents .....	<b>12a</b>	
	<b>b</b> Royalties and license fees .....	<b>12b</b>	
	<b>13</b> Interest .....	<b>13</b>	
	<b>14</b> Depreciation not deducted elsewhere .....	<b>14</b>	
	<b>15</b> Depletion .....	<b>15</b>	
	<b>16</b> Taxes (exclude income tax expense (benefit)) .....	<b>16</b>	
	<b>17</b> Other deductions (attach statement - exclude income tax expense (benefit)) ..... <b>SEE STATEMENT 1</b>	<b>17</b>	211,922.
<b>18</b> Total deductions (add lines 11 through 17) .....	<b>18</b>	211,922.	
<b>Net Income</b>	<b>19</b> Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) .....	<b>19</b>	142,575.
	<b>20</b> Unusual or infrequently occurring items .....	<b>20</b>	
	<b>21a</b> Income tax expense (benefit) - current .....	<b>21a</b>	
	<b>b</b> Income tax expense (benefit) - deferred .....	<b>21b</b>	
	<b>22</b> Current year net income or (loss) per books (combine lines 19 through 21b) .....	<b>22</b>	142,575.
<b>Other Comprehensive Income</b>	<b>23a</b> Foreign currency translation adjustments .....	<b>23a</b>	
	<b>b</b> Other .....	<b>23b</b>	
	<b>c</b> Income tax expense (benefit) related to other comprehensive income .....	<b>23c</b>	
	<b>24</b> Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) .....	<b>24</b>	

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash .....	1	1,780,401.	1,857,240.
2a Trade notes and accounts receivable .....	2a		
b Less allowance for bad debts .....	2b	( )	( )
3 Derivatives .....	3		
4 Inventories .....	4		
5 Other current assets (attach statement) .....	5		
6 Loans to shareholders and other related persons .....	6		
7 Investment in subsidiaries (attach statement) .....	7		
8 Other investments (attach statement) .....	8		
9a Buildings and other depreciable assets .....	9a		
b Less accumulated depreciation .....	9b	( )	( )
10a Depletable assets .....	10a		
b Less accumulated depletion .....	10b	( )	( )
11 Land (net of any amortization) .....	11		
12 Intangible assets:			
a Goodwill .....	12a		
b Organization costs .....	12b		
c Patents, trademarks, and other intangible assets .....	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c .....	12d	( )	( )
13 Other assets (attach statement) .....	13	533,957.	488,154.
14 Total assets .....	14	2,314,358.	2,345,394.
Liabilities and Shareholders' Equity			
15 Accounts payable .....	15		
16 Other current liabilities (attach statement) .....	16	846,101.	734,562.
17 Derivatives .....	17		
18 Loans from shareholders and other related persons .....	18		
19 Other liabilities (attach statement) .....	19		
20 Capital stock:			
a Preferred stock .....	20a		
b Common stock .....	20b		
21 Paid-in or capital surplus (attach reconciliation) .....	21	1,000,000.	1,000,000.
22 Retained earnings .....	22	468,257.	610,832.
23 Less cost of treasury stock .....	23	( )	( )
24 Total liabilities and shareholders' equity .....	24	2,314,358.	2,345,394.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? .....		X
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust? .....		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? .....		X
If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? .....		X
If "Yes," complete lines 4b and 4c.		
b Enter the total amount of the base erosion payments .....		
c Enter the total amount of the base erosion tax benefit .....		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? .....		X
If "Yes," complete line 5b.		
b Enter the total amount of the disallowed deductions (see instructions) .....		

FORM 5471

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
MANAGEMENT FEES			10,468.
ADMINISTRATIVE & CONSULTING			24,000.
LICENSES & FEES			8,484.
ACTUARIAL COSTS			6,025.
AUDITING COSTS			17,315.
CHANGE IN UNPAID LOSS RESERVE			145,630.
TOTAL TO 5471, SCHEDULE C, LINE 17			211,922.

FORM 5471

OTHER ASSETS

STATEMENT 2

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
RESTRICTED CAPITAL DEPOSIT	178,802.	180,341.
PREPAID COSTS	7,792.	8,788.
DUE FROM PARENT	347,363.	299,025.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 13	533,957.	488,154.

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 3

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ACCRUED OTHER RESERVE FOR UNPAID LOSSES	7,563.	13,937.
	838,538.	720,625.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	846,101.	734,562.



Schedule G Other Information (continued)

		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M? ..... If "Yes," complete lines 6b, 6c, and 6d.		X
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) ..... ▶ \$ _____		
c	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ..... ▶ \$ _____		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ..... ▶ \$ _____		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement? .....		X
8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? .....		X
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that was in effect before January 5, 2009? .....		X
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year? .....		X
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars ..... ▶ \$ _____		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s): <input type="checkbox"/> Comparable uncontrolled transaction method <input type="checkbox"/> Income method <input type="checkbox"/> Acquisition price method <input type="checkbox"/> Market capitalization method <input type="checkbox"/> Residual profit split method <input type="checkbox"/> Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))? .....		X
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? .....		X
	If "Yes," go to line 14b.		
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year ..... ▶ \$ _____		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? .....		X
	If "Yes," see instructions and attach statement.		
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? .....		X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....		X
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? .....		X
19	Did you answer "Yes" to any of the questions in the instructions for line 19? .....		X
	If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions) ..... ▶ _____		
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? .....		X
	If "Yes," enter the amount ..... ▶ \$ _____		
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? .....		X
	If "Yes," enter the amount ..... ▶ \$ _____		

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder	Identifying number	
<b>1a</b> Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	<b>1a</b>	
<b>b</b> Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	<b>1b</b>	
<b>c</b> Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	<b>1c</b>	
<b>d</b> Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	<b>1d</b>	
<b>e</b> Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	<b>1e</b>	
<b>f</b> Other subpart F income (see instructions)	<b>1f</b>	80,804.
<b>2</b> Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)	<b>2</b>	
<b>3</b> Section 245A eligible dividends (see instructions)	<b>3</b>	
<b>4</b> Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	<b>4</b>	
<b>5</b> Dividends received (translated at spot rate on payment date under section 989(b)(1))	<b>5</b>	
<b>6</b> Exchange gain or (loss) on a distribution of previously taxed earnings and profits	<b>6</b>	

	Yes	No
• Was any income of the foreign corporation blocked?		X
• Did any such income become unblocked during the tax year (see section 964(b))?		X

If the answer to either question is "Yes," attach an explanation.

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**SCHEDULE E  
(Form 5471)**

(Rev. December 2019)  
Department of the Treasury  
Internal Revenue Service

**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

▶ **Attach to Form 5471.**

OMB No. 1545-0123

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471 <b>CARE INITIATIVES</b>		Identifying number 76-0262402
Name of foreign corporation <b>IOWA INDEMNITY COMPANY LTD</b>	EIN (if any) 00-0000000	Reference ID number (see instructions) TK001
<b>a</b> Separate Category (Enter code - see instructions.) ..... ▶		GEN
<b>b</b> If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶		

**Part I Taxes for Which a Foreign Tax Credit Is Allowed**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Foreign Corporation to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Foreign Corporation to Which Tax Relates (Year/Month/Day)
1	IOWA INDEMNITY COMPANY LTD	00-0000000	TK	2019/12/31	2019/12/31
2					
3					
4					
5					
6					
7					
	(f) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(g) Tax Paid or Accrued (in local currency in which the tax is payable)	(h) Conversion Rate to U.S. Dollars	(i) In U.S. Dollars (divide column (g) by column (h))	(j) In Functional Currency of Foreign Corporation
1					0.
2					
3					
4					
5					
6					
7					
8	Total (combine lines 1 through 7 of column (i)). Report amount on Schedule E-1, line 4				▶
9	Total (combine lines 1 through 7 of column (j)). See instructions for Schedule H, line 2g				▶

**Part II Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes  No If "Yes," state date of election ▶

**Part III Taxes for Which a Foreign Tax Credit Is Disallowed** (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Other	(h) Total
1								
2								
3	In functional currency (combine lines 1 and 2) .....							▶
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) .....							▶

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT:** Enter amounts in U.S. dollars unless otherwise noted (see instructions).

		Taxes related to:			
		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) (in functional currency)	(d) Hovering Deficit and Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)				
b	Beginning balance adjustments (attach statement)				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for redetermination of prior year U.S. tax liability				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E, Part I, line 8, column (i)				
5a	Taxes carried over in nonrecognition transactions				
b	Taxes reclassified as related to hovering deficit after nonrecognition transaction				
6	Other adjustments (attach statement)				
7	Taxes paid or accrued on accumulated E&P (combine lines 1c through 6)				
8	Taxes deemed paid with respect to inclusions under section 951(a)(1) (see instructions)				
9	Taxes deemed paid with respect to inclusions under section 951A (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement)				
13	Taxes related to hovering deficit offset of undistributed post-transaction E&P				
14	Balance at beginning of next year (combine lines 7 through 13)				

**(e) Taxes related to previously taxed E&P (see instructions)**

	(i) Section 965(a) Inclusion (section 959(c)(1)(A))	(ii) Section 965(b)(4)(A) (section 959(c)(1)(A))	(iii) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(vi) Section 959(e) (section 959(c)(1)(A))	(vii) Section 964(e)(4) Inclusion (section 959(c)(1)(A))	(viii) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))
1a								
b								
c								
2								
3a								
b								
4								
5a								
b								
6								
7								
8								
9								
10								
11								
12								
13								
14								

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation** *(continued)*

**(e) Taxes related to previously taxed E&P** (see instructions)

	<b>(ix)</b> Earnings Invested Excess Passive Assets (section 959(c)(1)(B))	<b>(x)</b> Section 965(a) Inclusion (section 959(c)(2))	<b>(xi)</b> Section 965(b)(4)(A) (section 959(c)(2))	<b>(xii)</b> Section 951A Inclusion (section 959(c)(2))	<b>(xiii)</b> Section 245A(e)(2) Inclusion (section 959(c)(2))	<b>(xiv)</b> Section 959(e) (section 959(c)(2))	<b>(xv)</b> Section 964(e)(4) Inclusion (section 959(c)(2))	<b>(xvi)</b> Section 951(a)(1)(A) Inclusion (section 959(c)(2))
<b>1a</b>								
<b>b</b>								
<b>c</b>								
<b>2</b>								
<b>3a</b>								
<b>b</b>								
<b>4</b>								
<b>5a</b>								
<b>b</b>								
<b>6</b>								
<b>7</b>								
<b>8</b>								
<b>9</b>								
<b>10</b>								
<b>11</b>								
<b>12</b>								
<b>13</b>								
<b>14</b>								

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**SCHEDULE H  
(Form 5471)**

(December 2018)  
Department of the Treasury  
Internal Revenue Service

**Current Earnings and Profits**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>CARE INITIATIVES</b>		<b>Identifying number</b> 76-0262402
Name of foreign corporation <b>IOWA INDEMNITY COMPANY LTD</b>	EIN (if any) 00-0000000	<b>Reference ID number</b> (see instr.) TK001
<b>a</b> Separate Category (Enter code-see instructions.)		GEN
<b>b</b> If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		

**IMPORTANT:** Enter the amounts on lines 1 through 5c in **functional** currency.

<b>1</b> Current year net income or (loss) per foreign books of account				<b>1</b>	142,575.	
<b>2</b> Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		Net Additions	Net Subtractions			
	<b>a</b> Capital gains or losses	<b>2a</b>				
	<b>b</b> Depreciation and amortization	<b>2b</b>				
	<b>c</b> Depletion	<b>2c</b>				
	<b>d</b> Investment or incentive allowance	<b>2d</b>				
	<b>e</b> Charges to statutory reserves	<b>2e</b>				
	<b>f</b> Inventory adjustments	<b>2f</b>				
	<b>g</b> Income taxes (see Schedule E, Part I, line 9, column (j))	<b>2g</b>				
	<b>h</b> Foreign currency gains or losses	<b>2h</b>				
	<b>i</b> Other (attach statement) <b>SEE STATEMENT 4</b>	<b>2i</b>	211,922.	273,693.		
	<b>3</b> Total net additions	<b>3</b>	211,922.			
<b>4</b> Total net subtractions	<b>4</b>		273,693.			
<b>5a</b> Current earnings and profits (line 1 plus line 3 minus line 4)				<b>5a</b>	80,804.	
<b>b</b> DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)				<b>5b</b>		
<b>c</b> Combine lines 5a and 5b				<b>5c</b>	80,804.	
<b>d</b> Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))				<b>5d</b>		
Enter exchange rate used for line 5d ▶						

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (12-2018)

FORM 5471

OTHER NET ADJUSTMENTS

STATEMENT 4

<u>DESCRIPTION</u>	<u>NET ADDITIONS</u>	<u>NET SUBTRACTIONS</u>
PREMIUM INCOME/DEPOSIT LIABILITY	0.	273,693.
LOSS EXPENSES/DEPOSIT LIABILITY	66,292.	0.
CHANGE IN LOSS RESERVE	145,630.	0.
TOTAL TO 5471, SCHEDULE H, LINE 2I	211,922.	273,693.

PUBLIC DISCLOSURE COPY

**SCHEDULE I-1  
(Form 5471)**

(Rev. December 2019)

Department of the Treasury  
Internal Revenue Service

**Information for Global Intangible Low-Taxed Income**

▶ **Attach to Form 5471.**

OMB No. 1545-0704

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471 <b>CARE INITIATIVES</b>		Identifying number 76-0262402
Name of foreign corporation <b>IOWA INDEMNITY COMPANY LTD</b>	EIN (if any) 00-0000000	Reference ID number (see instr.) TK001
Separate Category (Enter code - see instructions)		▶ GEN

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b> Gross income .....	<b>1</b>	354,497.		
<b>2</b> Exclusions				
<b>a</b> Effectively connected income .....	<b>2a</b>			
<b>b</b> Subpart F income .....	<b>2b</b>	80,804.		
<b>c</b> High-tax exception income per section 954(b)(4) .....	<b>2c</b>			
<b>d</b> Related party dividends .....	<b>2d</b>			
<b>e</b> Foreign oil and gas extraction income .....	<b>2e</b>			
<b>3</b> Total exclusions (total of lines 2a-2e) .....	<b>3</b>	80,804.		
<b>4</b> Gross income less total exclusions (line 1 minus line 3) .....	<b>4</b>	273,693.		
<b>5</b> Deductions properly allocable to amount on line 4 .....	<b>5</b>	273,693.		
<b>6</b> Tested income (loss) (line 4 minus line 5) .....	<b>6</b>	0.	.000000	
<b>7</b> Tested foreign income taxes .....	<b>7</b>		.000000	
<b>8</b> Qualified business asset investment (QBAI) .....	<b>8</b>		.000000	
<b>9a</b> Interest expense included on line 5 .....	<b>9a</b>			
<b>b</b> Qualified interest expense .....	<b>9b</b>			
<b>c</b> Tested loss QBAI amount .....	<b>9c</b>			
<b>d</b> Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- .....	<b>9d</b>		.000000	
<b>10a</b> Interest income included in line 4 .....	<b>10a</b>			
<b>b</b> Qualified interest income .....	<b>10b</b>			
<b>c</b> Tested interest income (line 10a minus line 10b). If zero or less, enter -0- .....	<b>10c</b>		.000000	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2019)



**SCHEDULE J  
(Form 5471)**

(Rev. December 2019)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**

▶ **Attach to Form 5471.**

OMB No. 1545-0123

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471

Identifying number

**CARE INITIATIVES**

Name of foreign corporation

IOWA INDEMNITY COMPANY LTD

EIN (if any)

00-0000000

Reference ID number

TK001

76-0262402

- a** Separate Category (Enter code - see instructions.) ..... ▶ **GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶

**Part I Accumulated E&P of Controlled Foreign Corporation**

Check the box if person filing return does not have all U.S. shareholders' information to complete amount for columns (e)(i), (e)(ii), (e)(iv), and (e)(x) through (e)(xii) (see instructions).

**Important:** Enter amounts in functional currency.

	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
					(i) Section 965(a) Inclusion (section 959(c)(1)(A))	(ii) Section 965(b)(4)(A) (section 959(c)(1)(A))
<b>1a</b> Balance at beginning of year (as reported on prior year Schedule J) .....						
<b>b</b> Beginning balance adjustments (attach statement) .....						
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....						
<b>2a</b> Reduction for taxes unsuspending under anti-splitter rules						
<b>b</b> Disallowed deduction for taxes suspended under anti-splitter rules .....						
<b>3</b> Current year E&P (or deficit in E&P) .....						
<b>4</b> E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....						
<b>5a</b> E&P carried over in nonrecognition transaction .....						
<b>b</b> Reclassify deficit in E&P as hovering deficit after nonrecognition transaction .....						
<b>6</b> Other adjustments (attach statement) .....						
<b>7</b> Total current and accumulated E&P (combine lines 1c through 6) .....						
<b>8</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....						
<b>9</b> Actual distributions .....						
<b>10</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....						
<b>11</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
<b>12</b> Other adjustments (attach statement) .....						
<b>13</b> Hovering deficit offset of undistributed posttransaction E&P (see instructions) .....						
<b>14</b> Balance at beginning of next year (combine lines 7 through 13) .....						

**Part I Accumulated E&P of Controlled Foreign Corporation** *(continued)*

	(e) Previously Taxed E&P (see instructions)							(x) Section 965(a) Inclusion (section 959(c)(2))
	(iii) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(vi) Section 959(e) (section 959(c)(1)(A))	(vii) Section 964(e)(4) Inclusion (section 959(c)(1)(A))	(viii) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))	(ix) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	
1a								
b								
c								
2a								
b								
3								
4								
5a								
b								
6								
7								
8								
9								
10								
11								
12								
13								
14								

	(e) Previously Taxed E&P (see instructions)					(xvi) Section 951(a)(1)(A) Inclusion (section 959(c)(2))	(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(xvi))
	(xi) Section 965(b)(4)(A) (section 959(c)(2))	(xii) Section 951A Inclusion (section 959(c)(2))	(xiii) Section 245A(e)(2) Inclusion (section 959(c)(2))	(xiv) Section 959(e) (section 959(c)(2))	(xv) Section 964(e)(4) Inclusion (section 959(c)(2))		
1a						6,996.	6,996.
b							
c						6,996.	6,996.
2a							
b							
3							
4							
5a							
b							
6							
7						6,996.	6,996.
8						80,804.	80,804.
9							
10							
11							
12							
13							
14						87,800.	87,800.

**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

**Important:** Enter amounts in functional currency.

1	Balance at beginning of year .....	▶	1	
2	Additions (amounts subject to future recapture) .....	▶	2	
3	Subtractions (amounts recaptured in current year) .....	▶	3	
4	Balance at end of year (combine lines 1 through 3) .....	▶	4	

Schedule J (Form 5471) (Rev. 12-2019)

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**SCHEDULE M  
(Form 5471)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation  
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471	Identifying number
<b>CARE INITIATIVES</b>	76-0262402

Name of foreign corporation	EIN (if any)	Reference ID number
IOWA INDEMNITY COMPANY LTD	00-0000000	TK001

**Important:** Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ UNITED STATES, DOLLAR

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade .....					
3 Sales of property rights (patents, trademarks, etc.) .....					
4 Platform contribution transaction payments received .....					
5 Cost sharing transaction payments received .....					
6 Compensation received for technical, managerial, engineering, construction, or like services .....					
7 Commissions received .....					
8 Rents, royalties, and license fees received .....					
9 Hybrid dividends received (see instr.) .....					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income) .....					
11 Interest received .....					
12 Premiums received for insurance or reinsurance .....					
13 Add lines 1 through 12 .....					
14 Purchases of stock in trade (inventory) .....					
15 Purchases of tangible property other than stock in trade .....					
16 Purchases of property rights (patents, trademarks, etc.) .....					
17 Platform contribution transaction payments paid .....					
18 Cost sharing transaction payments paid .....					
19 Compensation paid for technical, managerial, engineering, construction, or like services .....					
20 Commissions paid .....					
21 Rents, royalties, and license fees paid .....					
22 Hybrid dividends paid (see instructions) .....					
23 Dividends paid (exclude hybrid dividends paid) .....					
24 Interest paid .....					
25 Premiums paid for insurance or reinsurance .....					
26 Add lines 14 through 25 .....					
27 Accounts Payable .....					
28 Amounts borrowed (enter the maximum loan balance during the year) - see instr. .....					
29 Accounts Receivable .....					
30 Amounts loaned (enter the maximum loan balance during the year) - see instr. .....					

**SCHEDULE P  
(Form 5471)**

(Rev. December 2019)

Department of the Treasury  
Internal Revenue Service

**Previously Taxed Earnings and Profits of U.S. Shareholder  
of Certain Foreign Corporations**

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0123

Name of U.S. shareholder <b>CARE INITIATIVES</b>		Identifying number <b>76-0262402</b>
Name of foreign corporation <b>IOWA INDEMNITY COMPANY LTD</b>	EIN (if any) <b>00-0000000</b>	Reference ID number (see instructions) <b>TK001</b>
<b>a</b> Separate Category (Enter code - see instructions.) ..... ▶		GEN
<b>b</b> If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶		

**Part I Previously Taxed E&P in Functional Currency** (see instructions)

		(a) Section 965(a) Inclusion (section 959(c)(1)(A))	(b) Section 965(b)(4)(A) (section 959(c)(1)(A))	(c) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(d) Section 951A Inclusion (section 959(c)(1)(A))	(e) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(f) Section 959(e) (section 959(c)(1)(A))	(g) Section 964(e)(4) Inclusion (section 959(c)(1)(A))
<b>1a</b>	Balance at beginning of year (see instructions) .....							
<b>b</b>	Beginning balance adjustments (attach statement) .....							
<b>c</b>	Adjusted beginning balance (combine lines 1a and 1b) .....							
<b>2</b>	Reduction for taxes unsuspended under anti-splitter rules .....							
<b>3</b>	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....							
<b>4</b>	Previously taxed E&P carried over in nonrecognition transaction .....							
<b>5</b>	Other adjustments (attach statement) .....							
<b>6</b>	Total previously taxed E&P (combine lines 1c through 5) .....							
<b>7</b>	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....							
<b>8</b>	Actual distributions of previously taxed E&P ...							
<b>9</b>	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....							
<b>10</b>	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) ...							
<b>11</b>	Other adjustments (attach statement) ...							
<b>12</b>	Balance at beginning of next year (combine lines 6 through 11) .....							

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule P (Form 5471) (Rev. 12-2019)

**Part I** Previously Taxed E&P in Functional Currency (see instructions) (continued)

	(h) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))	(i) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(j) Section 965(a) Inclusion (section 959(c)(2))	(k) Section 965(b)(4)(A) (section 959(c)(2))	(l) Section 951A Inclusion (section 959(c)(2))	(m) Section 245A(e)(2) Inclusion (section 959(c)(2))	(n) Section 959(e) (section 959(c)(2))	(o) Section 964(e)(4) Inclusion (section 959(c)(2))	(p) Section 951(a)(1)(A) Inclusion (section 959(c)(2))	(q) Total
<b>1a</b>								6,996.	6,996.	
<b>b</b>										
<b>c</b>								6,996.	6,996.	
<b>2</b>										
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>								6,996.	6,996.	
<b>7</b>								80,804.	80,804.	
<b>8</b>										
<b>9</b>										
<b>10</b>										
<b>11</b>										
<b>12</b>								87,800.	87,800.	

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**Part II Previously Taxed E&P in U.S. Dollars**

	(a) Section 965(a) Inclusion (section 959(c)(1)(A))	(b) Section 965(b)(4)(A) (section 959(c)(1)(A))	(c) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(d) Section 951A Inclusion (section 959(c)(1)(A))	(e) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(f) Section 959(e) (section 959(c)(1)(A))	(g) Section 964(e)(4) Inclusion (section 959(c)(1)(A))
<b>1a</b> Balance at beginning of year (see instructions)							
<b>b</b> Beginning balance adjustments (attach statement) .....							
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....							
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....							
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....							
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....							
<b>5</b> Other adjustments (attach statement) .....							
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....							
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....							
<b>8</b> Actual distributions of previously taxed E&P							
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....							
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) .....							
<b>11</b> Other adjustments (attach statement) .....							
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....							

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**Part II** Previously Taxed E&P in U.S. Dollars *(continued)*

	(h) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))	(i) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(j) Section 965(a) Inclusion (section 959(c)(2))	(k) Section 965(b)(4)(A) (section 959(c)(2))	(l) Section 951A Inclusion (section 959(c)(2))	(m) Section 245A(e)(2) Inclusion (section 959(c)(2))	(n) Section 959(e) (section 959(c)(2))	(o) Section 964(e)(4) Inclusion (section 959(c)(2))	(p) Section 951(a)(1)(A) Inclusion (section 959(c)(2))	(q) Total
<b>1a</b>								6,996.	6,996.	
<b>b</b>										
<b>c</b>								6,996.	6,996.	
<b>2</b>										
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>								6,996.	6,996.	
<b>7</b>								80,804.	80,804.	
<b>8</b>										
<b>9</b>										
<b>10</b>										
<b>11</b>										
<b>12</b>								87,800.	87,800.	

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# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  CARE INITIATIVES	Taxpayer identification number (TIN)  76-0262402
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1611 WEST LAKES PKWY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST DES MOINES, IA 50266-8212	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAVID DIXON

- The books are in the care of ▶ 1611 WEST LAKES PKWY - WEST DES MOINES, IA 50266-8212  
Telephone No. ▶ 515-224-4442 Fax No. ▶ 515-224-0960
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2019 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.