

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: CARE INITIATIVES
D Employer identification number: 76-0262402
E Telephone number: 515-224-4442
G Gross receipts \$: 261,097,441.
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: [X] 501(c)(3)
J Website: CAREINITIATIVES.ORG
K Form of organization: [X] Corporation
L Year of formation: 1989
M State of legal domicile: TX

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, governance checks, revenue breakdown, and net assets.

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.

Signature of officer: DAVID DIXON, SVP/CFO
Preparer: KATHY FAIRCHILD
Firm: RSM US LLP

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 239,927,886. including grants of \$ 183,507. ) (Revenue \$ 259,287,988. ) DURING 2023, CARE PROVIDED SERVICES TO A DAILY AVERAGE OF 2,339 RESIDENTS IN 43 IOWA NURSING HOMES, 6 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 239,927,886.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for items 11, 12, and 20. 'Yes' and 'No' columns contain 'X' marks indicating responses.

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 17 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DAVID DIXON - 515-224-4442
1611 WEST LAKES PKWY, WEST DES MOINES, IA 50266-8212

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MICHAEL BEAL PRESIDENT/CEO/VICE CHAIR	40.00	X		X			697,817.	0.	23,510.	
(2) JOSEPH REESE SVP/COO	40.00			X			466,689.	0.	4,054.	
(3) DAVID DIXON SVP/CFO/TREASURER	40.00			X			419,154.	0.	910.	
(4) ERIC WOODMAN VP HOME HEALTH & HOSPICE	40.00				X		337,373.	0.	171.	
(5) JOHANNA VOLM VP/CLINICAL SERVICES	40.00				X		289,666.	0.	9,027.	
(6) CYNTHIA WILLIAMS VP INFORMATION SYSTEMS	40.00				X		288,381.	0.	7,481.	
(7) JERAMY KUHN VP - CHIEF COMPLIANCE OFFI	40.00				X		286,158.	0.	8,721.	
(8) ELIZABETH GANA CHARGE NURSE-LPN	86.00				X		279,060.	0.	0.	
(9) JESSICA MCDYER VP SKILLED NURSING OPERATIONS	40.00			X			227,167.	0.	26,830.	
(10) JENNIFER HARWOOD VP HOSPICE	40.00			X			78,681.	0.	1,606.	
(11) DENISE STURM BOARD CHAIR	2.00	X		X			28,000.	0.	0.	
(12) STEVEN ACKERSON SECRETARY	3.00	X		X			28,000.	0.	0.	
(13) LANE BOWEN DIRECTOR	2.00	X					28,000.	0.	0.	
(14) MARY JANE CAROTHERS DIRECTOR	2.00	X					28,000.	0.	0.	
(15) KEITH KREIN DIRECTOR	3.00	X					28,000.	0.	0.	
(16) ELIZABETH RUST DIRECTOR	3.00	X					28,000.	0.	0.	
(17) LINDA UPMEYER DIRECTOR	4.00	X					28,000.	0.	0.	

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) KEVIN CHILDS DIRECTOR FROM 4/2023	1.00	X						17,500.	0.	0.
(19) RON HARMOND DIRECTOR THRU 3/2023	1.00	X						7,000.	0.	0.
<b>1b Subtotal</b> .....								3,590,646.	0.	82,310.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								3,590,646.	0.	82,310.

**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 158

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
GRAPE TREE MEDICAL STAFFING LLC PO BOX 5340, SIOUX FALLS, SD 57117	NURSE STAFFING	11,719,328.
RELIANT PRO REHAB LLC, 5800 GRANITE PKWY, SUITE 1000, PLANO, TX 75024	PHYS/OCC/SP THERAPY	9,821,509.
NEXT LEVEL HOSPITALITY SERVICES LLC, 100 CHALLENGER RD STE 105, RIDGEFIELD PARK, NJ	HOUSEKEEPING/LAUNDRY SERV	5,124,602.
SHIFTKEY, LLC, 5221 N O CONNOR BLVD STE 1400, IRVING, TX 75039	NURSE STAFFING	2,282,482.
CAREERSTAFF UNLIMITED, 6333 N STATE HIGHWAY 161, SUITE 100, IRVING, TX 75038	NURSE STAFFING	1,362,389.

**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 27



**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>	746,062.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	86,020.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			832,082.			
Program Service Revenue	<b>2 a</b> NURSING HOME SERVICES	Business Code	623000	235,362,300.	235,362,300.		
	<b>b</b> HOSPICE SERVICES		623000	23,140,805.	23,140,805.		
	<b>c</b> ASSISTED LIVING SERVIC		623990	748,293.	748,293.		
	<b>d</b> SENIOR LIVING APARTMEN		623990	135,701.	135,701.		
	<b>e</b> GUEST MEALS		721210	41,044.		41,044.	
	<b>f</b> All other program service revenue		900099	9,208.		9,208.	
	<b>g Total.</b> Add lines 2a-2f			259,437,351.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			779,915.		779,915.	
	<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		68,415.		
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		22,190.			
	<b>c</b> Gain or (loss)	<b>7c</b>		46,225.			
<b>d</b> Net gain or (loss)			46,225.		46,225.		
<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	78,789.		78,789.	
	<b>b</b> LTC PHARMCO LLC		623000	-99,111.	-99,111.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			-20,322.			
<b>12 Total revenue.</b> See instructions			261,075,251.	259,287,988.	0.	955,181.	

**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

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,003.	10,003.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	173,504.	173,504.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,166,918.		2,166,918.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	134,259,118.	123,143,340.	11,115,778.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	6,747,388.	5,870,543.	876,845.	
10 Payroll taxes .....	9,921,451.	9,229,067.	692,384.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	504,044.		504,044.	
c Accounting .....	214,536.		214,536.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	37,034,816.	36,509,247.	525,569.	
12 Advertising and promotion .....	824,472.	714,086.	110,386.	
13 Office expenses .....	1,499,933.	1,311,131.	188,802.	
14 Information technology .....	4,333,757.		4,333,757.	
15 Royalties .....				
16 Occupancy .....	10,014,730.	9,749,683.	265,047.	
17 Travel .....	4,527,890.	4,121,760.	406,130.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	2,833,334.	2,773,235.	60,099.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	8,115,304.	7,790,787.	324,517.	
23 Insurance .....	1,644,261.	1,620,619.	23,642.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	12,792,366.	12,792,366.		
b BAD DEBT EXPENSE	12,265,243.	12,265,243.		
c DIETARY SUPPLIES	7,162,619.	7,162,619.		
d MAINTENANCE	1,838,532.	1,838,532.		
e All other expenses	2,924,123.	2,852,121.	72,002.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>261,808,342.</b>	<b>239,927,886.</b>	<b>21,880,456.</b>	<b>0.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 .....	19,712.	<b>1</b>	17,690.
	<b>2</b> Savings and temporary cash investments .....	31,768,186.	<b>2</b>	34,555,753.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	30,827,475.	<b>4</b>	29,621,132.
	<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 .....	1,115,205.	<b>8</b>	655,921.
	<b>9</b> Prepaid expenses and deferred charges .....	1,833,959.	<b>9</b>	3,817,584.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 262,018,387.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 181,595,461.	83,969,745.	<b>10c</b> 80,422,926.
	<b>11</b> Investments - publicly traded securities .....	23,685,153.	<b>11</b>	18,446,227.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,190,000.	<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	239,805.	<b>13</b>	2,646,798.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,208,774.	<b>15</b>	3,191,131.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	177,858,014.	<b>16</b>	173,375,162.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	41,119,446.	<b>17</b>	39,850,639.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	48,157,255.	<b>20</b>	45,546,276.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</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>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	20,896,000.	<b>23</b>	19,896,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</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 .....	1,367,503.	<b>25</b>	1,093,876.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	111,540,204.	<b>26</b>	106,386,791.
<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 .....	66,317,810.	<b>27</b>	66,988,371.
	<b>28</b> Net assets with donor restrictions .....		<b>28</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>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	66,317,810.	<b>32</b>	66,988,371.
<b>33</b> Total liabilities and net assets/fund balances .....	177,858,014.	<b>33</b>	173,375,162.	

**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>	261,075,251.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	261,808,342.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-733,091.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	66,317,810.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,000,000.
<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>	403,652.
<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>	66,988,371.

**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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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>	X	

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

<b>Name of the organization</b>  CARE INITIATIVES	<b>Employer identification number</b>  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).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 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).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; b 33 1/3% support test - 2022; 17a 10% -facts-and-circumstances test - 2023; b 10% -facts-and-circumstances test - 2022; 18 Private foundation.

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	77,573.	19,803,280.	8,861,358.	1,127,901.	832,082.	30,702,194.
<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	191,675,266.	192,200,808.	214,299,606.	236,435,477.	259,287,988.	1093899145.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	63,968.	34,151.	37,604.	43,929.	50,252.	229,904.
<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	191,816,807.	212,038,239.	223,198,568.	237,607,307.	260,170,322.	1124831243.
<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.)						1124831243.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6	191,816,807.	212,038,239.	223,198,568.	237,607,307.	260,170,322.	1124831243.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	827,967.	871,169.	734,982.	485,514.	779,915.	3,699,547.
<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	827,967.	871,169.	734,982.	485,514.	779,915.	3,699,547.
<b>11</b> Net income from unrelated business activities not included on 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.)	80,804.	45,122.	-12,591.	-110,813.	78,789.	81,311.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	192,725,578.	212,954,530.	223,920,959.	237,982,008.	261,029,026.	1128612101.

**14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.66 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	99.65 %

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	.33 %
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	.35 %

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

**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 Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

**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)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (2023)

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

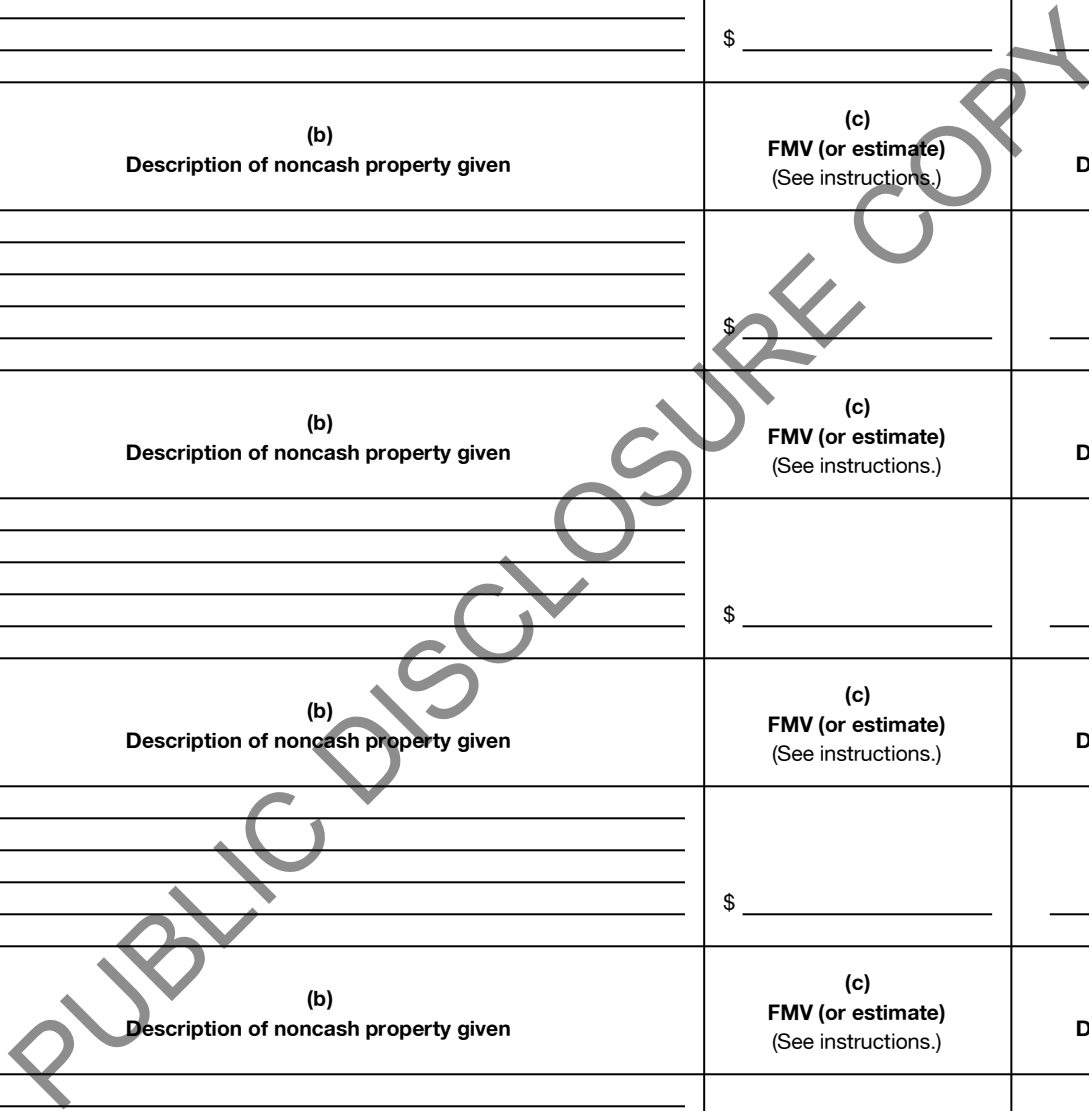
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 746,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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.

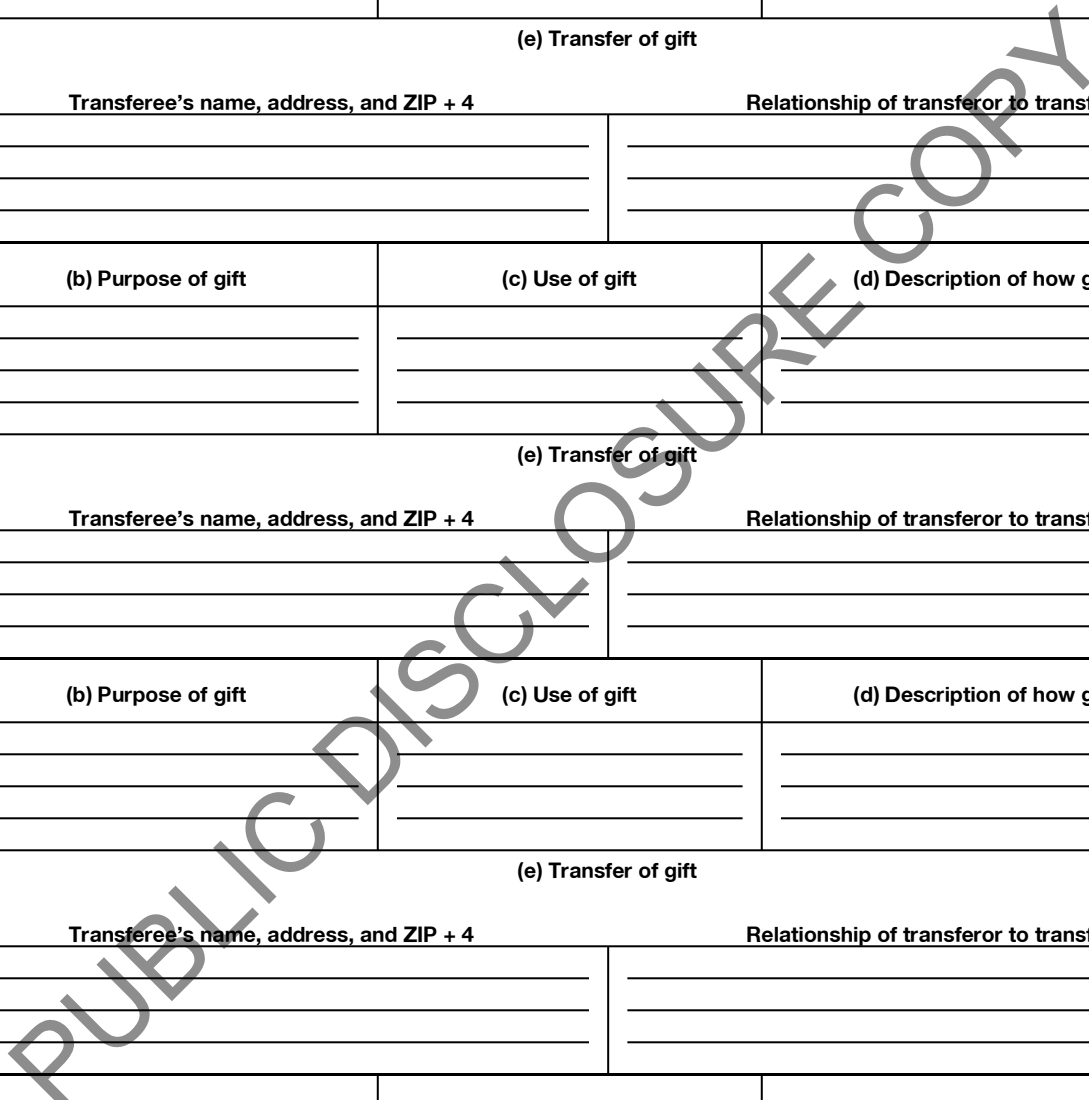
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



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/>	
	<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/>	
	<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/>	
	<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/>	
	<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)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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? .....														

Yes  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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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		48,785.
<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			48,785.
<b>2a</b> Did the activities in line 1 cause the organization to not be 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 expenditures 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 2023, CARE INITIATIVES HAD NO DIRECT EXPENSE FOR LOBBYING

ACTIVITIES. CARE INITIATIVES WAS NOTIFIED BY IOWA HEALTH CARE

ASSOCIATION THAT 14.5% OF DUES WOULD BE SPENT ON LOBBYING AND OTHER

EXPENDITURES SUBJECT TO CODE SEC 162 (E) (1). DURING 2023, CARE

INITIATIVES PAID DUES TO IHCA OF \$218,095. CARE INITIATIVES WAS

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

NOTIFIED BY AMERICAN HEALTH CARE ASSOCIATION THAT 30.0% OF DUES WOULD

BE SPENT ON LOBBYING AND OTHER EXPENDITURES SUBJECT TO CODE SEC 162 (E)

(1). DURING 2023 CARE INITIATIVES PAID DUES TO AHCA OF \$56,120. CARE

INITIATIVES WAS NOTIFIED BY NATIONAL HOSPICE AND PALLIATIVE CARE

ORGANIZATION THAT 2.18% OF DUES WERE USED FOR SPECIFIC LOBBYING

PURPOSES. DURING 2023, CARE INITIATIVES PAID DUES TO NHPCO OF \$14,914.

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

2023

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 questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

**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             | 613,580.   |
| d Additions during the year     | 7,610,428. |
| e Distributions during the year | 7,670,831. |
| f Ending balance                | 553,177.   |
- 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 in 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? |     |    |
- 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		8,553,111.		8,553,111.
b Buildings		177,140,031.	121,231,125.	55,908,906.
c Leasehold improvements		8,127,644.	4,557,588.	3,570,056.
d Equipment		55,765,043.	44,610,098.	11,154,945.
e Other		12,432,558.	11,196,650.	1,235,908.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				80,422,926.

**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, line 12, col. (B))		

**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, line 13, col. (B))		

**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, line 15, col. (B))	

**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) SHORT TERM RIGHT TO USE LIABILITY	779,167.
(3) LONG TERM RIGHT TO USE LIABILITY	314,709.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	
	1,093,876.

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 SUBSIDIARIES 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)*

PUBLIC DISCLOSURE COPY

**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

**2023**

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		PROFESSIONAL & GENERAL LIABILITY INSURANCE	N/A	60,981.
CENTRAL AMERICA & THE CARIBBEAN	1		INVESTMENTS	N/A	187,362.
<b>3 a</b> Subtotal .....	2	0			248,343.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	2	0			248,343.

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

Schedule F (Form 990) 2023

**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 a tax exempt 501(c)(3) organization 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 III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

PUBLIC DISCLOSURE COPY

**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

PUBLIC DISCLOSURE COPY

**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.

Horizontal lines for supplemental information entry.

PUBLIC DISCLOSURE COPY

**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

**2023**

**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 noncash 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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

**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	6	173,504.	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 6 INDIVIDUALS AT A



**Part IV** Supplemental Information

VALUE OF \$173,504.

PUBLIC DISCLOSURE COPY

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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>		

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

Schedule J (Form 990) 2023

**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 and/or 1099-NEC 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) MICHAEL BEAL PRESIDENT/CEO/VICE CHAIR	(i)	661,717.	0.	36,100.	0.	23,510.	721,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH REESE SVP/COO	(i)	55,734.	0.	410,955.	0.	4,054.	470,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID DIXON SVP/CFO/TREASURER	(i)	383,054.	0.	36,100.	0.	910.	420,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC WOODMAN VP HOME HEALTH & HOSPICE	(i)	70,673.	0.	266,700.	0.	171.	337,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHANNA VOLM VP/CLINICAL SERVICES	(i)	253,566.	0.	36,100.	0.	9,027.	298,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CYNTHIA WILLIAMS VP INFORMATION SYSTEMS	(i)	230,766.	0.	57,615.	0.	7,481.	295,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JERAMY KUHN VP - CHIEF COMPLIANCE OFFI	(i)	250,058.	0.	36,100.	0.	8,721.	294,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ELIZABETH GANA CHARGE NURSE-LPN	(i)	275,476.	0.	3,584.	0.	0.	279,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JESSICA MCDYER VP SKILLED NURSING OPERATIONS	(i)	225,967.	0.	1,200.	0.	26,830.	253,997.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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, 4A, SEVERANCE:

SVP/COO JOSEPH REESE RESIGNED EFFECTIVE 2/13/2023. AS PART OF THIS

TRANSITION, HE WAS GRANTED A SEVERANCE PAYMENT OF \$351,000. VP HOME

HEALTH AND HOSPICE ERIC WOODMAN RESIGNED EFFECTIVE 3/22/2023. AS PART

OF THIS TRANSITION, HE WAS GRANTED A SEVERANCE PAYMENT OF \$262,500.

THESE AMOUNTS WERE INCLUDED IN PART II, COLUMN B (III) FOR EACH

INDIVIDUAL.

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

CARE INITIATIVES HAS A 457B PLAN FOR ITS EXECUTIVES. IT WAS FUNDED BY

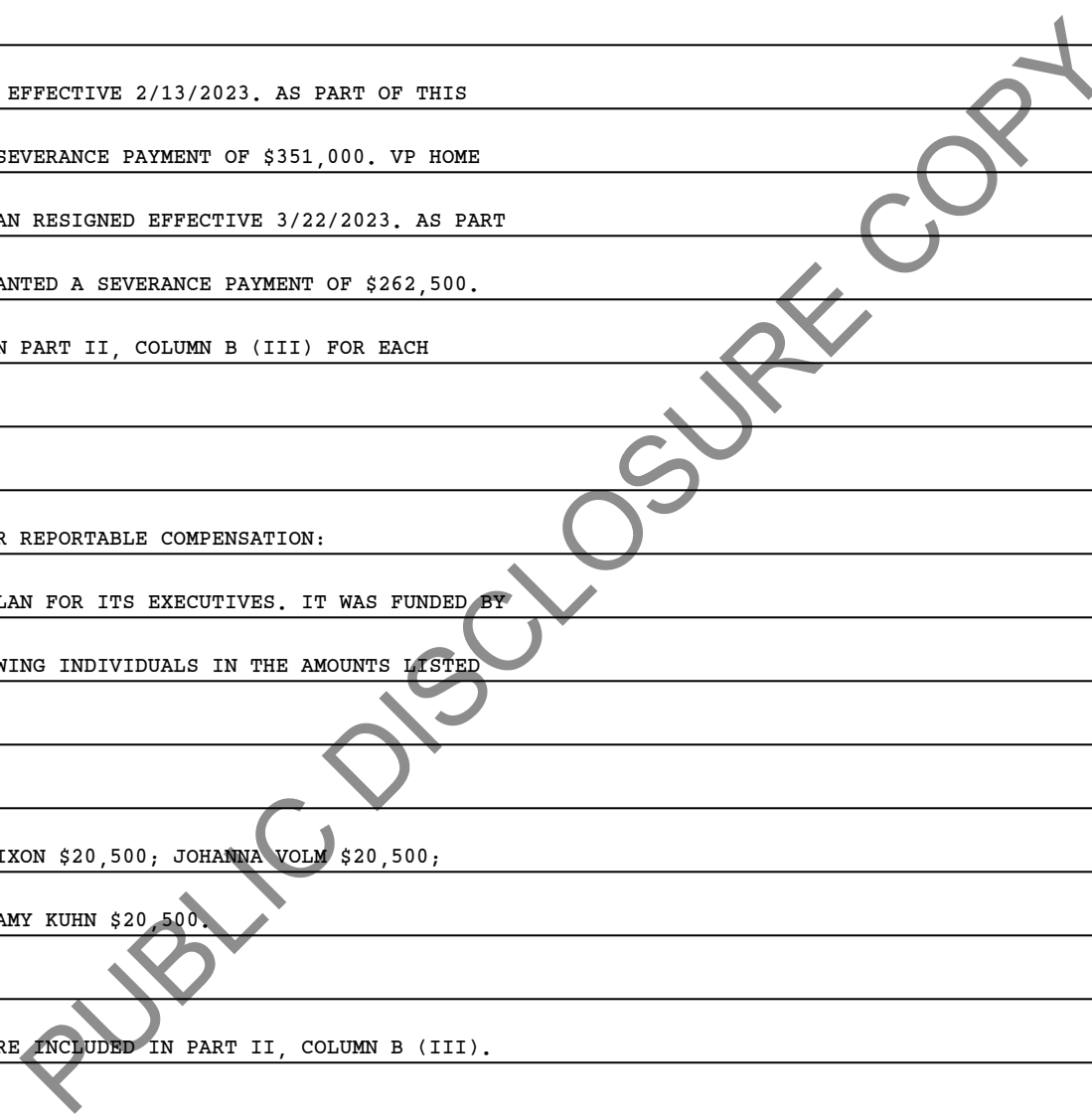
THE ORGANIZATION TO THE FOLLOWING INDIVIDUALS IN THE AMOUNTS LISTED

BELOW:

MICHAEL BEAL \$20,500; DAVID DIXON \$20,500; JOHANNA VOLM \$20,500;

CYNTHIA WILLIAMS \$20,500; JERAMY KUHN \$20,500.

THE ABOVE MENTIONED AMOUNTS ARE INCLUDED IN PART II, COLUMN B (III).



**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**

<b>Part I Bond Issues</b>											
(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
<b>A</b> IOWA FINANCE AUTHORITY	52-1699886	NONE	06/28/13	11,720,000.	REFUND PRIOR BONDS (5/28/98)		X		X		X
<b>B</b> IOWA FINANCE AUTHORITY	52-1699886	NONE	12/11/14	41,736,000.	SEE PART VI		X		X		X
<b>C</b> IOWA FINANCE AUTHORITY	52-1699886	NONE	12/19/18	10,592,000.	REFUND PRIOR BONDS (6/1/15)		X		X		X
<b>D</b>											

<b>Part II Proceeds</b>										
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>			
<b>1</b> Amount of bonds retired .....	7,225,000.		10,539,266.		737,533.					
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	11,720,000.		41,736,496.		10,592,000.					
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....	228,829.		414,991.		208,389.					
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....			19,915,498.							
<b>11</b> Other spent proceeds .....	11,491,171.		21,406,007.		10,383,611.					
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	2000		2016		2013					
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>		
<b>14</b> 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					
<b>15</b> 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				
<b>16</b> Has the final allocation of proceeds been made? .....	X		X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X					

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

<b>Part III Private Business Use</b>								
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....				X		X		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....				X		X		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....				X		X		
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....				X		X		
<b>d</b> 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? .....								
<b>4</b> 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 .....		%		%		%		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....				X		X		
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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			

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

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

	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			

**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

NOTE REGARDING THE 12/28/2013 AND 12/31/2018 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.

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

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

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)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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, 7 HOSPICE LOCATIONS.

FORM 990, PART I, LINE 6, VOLUNTEERS:

CARE INITIATIVES HAD 5,266 RECORDED VOLUNTEER HOURS IN 2023. THE

AVERAGE VOLUNTEER WORKS ONE HOUR PER WEEK RESULTING IN A CALCULATED

NUMBER OF VOLUNTEERS OF 101. 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 2023, CARE ALSO PROVIDED HOSPICE SERVICES TO A DAILY AVERAGE OF

402 PATIENTS THROUGH SEVEN 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 2023, A DAILY AVERAGE OF 1,336 RESIDENTS PARTICIPATED IN THE MEDICAID PROGRAM. CARE'S COST FOR THESE RESIDENTS EXCEEDED REVENUE BY \$27,336,000. 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 \$142 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 2023, CARE CONTRIBUTED TO ITS COMMUNITIES BY PAYING PROPERTY TAX OF \$2.53 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 5,266 HOURS TO HELP THE ELDERLY. USING THE INDEPENDENT SECTOR'S ESTIMATED DOLLAR VALUE OF VOLUNTEER TIME, THE ESTIMATED VALUE OF VOLUNTEER TIME TOTALED APPROXIMATELY \$152,080.

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

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 2023, \$10,003 IN CHARITABLE CONTRIBUTIONS WERE MADE TO SUPPORT

CHARITABLE ORGANIZATIONS THAT FURTHER CARE'S EXEMPT MISSION.

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 VP/CHIEF

COMPLIANCE OFFICER. ADDITIONALLY, THE BOARD AND OFFICERS RECEIVE REQUIRED

ANNUAL COMPLIANCE TRAINING, INCLUDING BUSINESS PRACTICES AND CONFLICT OF

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, SVP/COO, AND SVP/COO HAVE BEEN IDENTIFIED AS

DISQUALIFIED PERSONS. COMPENSATION FOR THESE POSITIONS IS DETERMINED BY

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

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 2022 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, SVP/CFO, AND SVP/DIRECTOR OF OPERATIONS 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 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

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

CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

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

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES 36,509,247.

MANAGEMENT AND GENERAL EXPENSES 525,569.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 37,034,816.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 37,034,816.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT DUE TO OWNERSHIP CHANGE OF THREE LIMITED

LIABILITY COMPANIES -110,392.

BOOK/TAX DIFFERENCE AMERICAN HEALTH HOLDINGS LLC 132,204.

BOOK/TAX DIFFERENCE LC PHARMCO LLC K-1 381,840.

TOTAL TO FORM 990, PART XI, LINE 9 403,652.

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

**2023**

**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
ODEBOLT ASSISTED LIVING LLC - 20-3738090 1611 WEST LAKES PKWY WEST DES MOINES, IA 50266-8212	LOW INCOME HOUSING	NEBRASKA	37,574.	-3,581.	CARE INITIATIVES
DUNLAP ASSISTED LIVING LLC - 20-3738210 1611 WEST LAKES PKWY WEST DES MOINES, IA 50266-8212	LOW INCOME HOUSING	NEBRASKA	710.	8,052.	CARE INITIATIVES
LAMONI ASSISTED LIVING LLC - 20-3738239 1611 WEST LAKES PKWY WEST DES MOINES, IA 50266-8212	LOW INCOME HOUSING	NEBRASKA	44,025.	278.	CARE INITIATIVES
PANORA ASSISTED LIVING LLC - 20-3738136 1611 WEST LAKES PKWY WEST DES MOINES, IA 50266-8212	LOW INCOME HOUSING	NEBRASKA	10,303.	525.	CARE INITIATIVES

**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) 2023

**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	
AMERICAN HEALTH HOLDINGS OF IOWA, LLC - 61-2001857, 201 JORDAN RD SUITE 200, FRANKLIN, TN 37067	ISNP	TN	N/A	UNRELATED	0.	581,379.		X	N/A		X	20.81%
LTC PHARMCO LLC - 88-3847954 703 MAIN STREET DUBUQUE, IA 52001	PHARMACY	IA	N/A	RELATED	-99,111.	2,102,728.		X	N/A		X	50.00%

**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	78,789.	2,706,452.	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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		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) LTC PHARMCO LLC	B	1,000,000. FMV	
(2)			
(3)			
(4)			
(5)			
(6)			



Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

PUBLIC DISCLOSURE COPY

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Section A: Check box if address changed. Section B: Exempt under section 501(c)(3) 408(e) checked. Section C: Book value of all assets at end of year 173,375,162. Section D: Employer identification number 76-0262402. Section E: Group exemption number. Section F: Check box if an amended return.

Section G: Check organization type 501(c) corporation checked. Section H: Check if filing only to claim. Section I: Check if a 501(c)(3) organization filing a consolidated return.

Section J: Enter the number of attached Schedules A (Form 990-T) 1. Section K: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No checked.

Section L: The books are in care of DAVID DIXON. Telephone number 515-224-4442.

Section M: The books are in care of DAVID DIXON. Telephone number 515-224-4442.

Part I: Total Unrelated Business Taxable Income. Table with 11 rows and 2 columns. Line 11: Unrelated business taxable income 0.

Part II: Tax Computation. Table with 7 rows and 2 columns. Line 7: Total tax 0.

Part III: Tax and Payments. Table with 5 main rows and sub-rows (1a-1d, 3a-3e). Line 5: Current net 965 tax liability paid from Form 965-A, Part II, column (k) 0.

**Part III Tax and Payments** (continued)

<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	40,000.	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800	<b>6g</b>		
<b>h</b>	Payment from Form 2439	<b>6h</b>		
<b>i</b>	Credit from Form 4136	<b>6i</b>		
<b>j</b>	Other (see instructions)	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j	<b>7</b>		40,000.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		40,000.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	<b>11</b>		40,000.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>TURKS/CAICOS ISL</u>	<b>Yes</b>	<b>No</b>
		X	
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
<b>6 a</b>	Reserved for future use		
<b>b</b>	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ SVP / CFO Title \_\_\_\_\_

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

**Paid Preparer Use Only**

Print/Type preparer's name: KATHY FAIRCHILD  
 Preparer's signature: \_\_\_\_\_  
 Date: 11/04/24  
 Check  if self-employed  
 PTIN: P00222608  
 Firm's name: RSM US LLP  
 Firm's address: 400 LOCUST STREET, SUITE 640, DES MOINES, IA 50309-2354  
 Firm's EIN: 42-0714325  
 Phone no.: 515-558-6600

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization CARE INITIATIVES B Employer identification number 76-0262402 C Unrelated business activity code (see instructions) 525990 D Sequence: 1 of 1

E Describe the unrelated trade or business AMERICAN HEALTH

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income of section 501(c)(7), (9), or (17) organizations, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Line number, Description, and Amount. Rows include 1 Compensation of officers, directors, and trustees (Part X), 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest (attach statement). See instructions, 6 Taxes and licenses, 7 Depreciation (attach Form 4562). See instructions, 8 Less depreciation claimed in Part III and elsewhere on return, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses (Part VIII), 13 Excess readership costs (Part IX), 14 Other deductions (attach statement), 15 Total deductions. Add lines 1 through 14, 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C), 17 Deduction for net operating loss. See instructions, 18 Unrelated business taxable income. Subtract line 17 from line 16.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach statement)	4
5	Other costs (attach statement)	5
6	<b>Total.</b> Add lines 1 through 5	6
7	Inventory at end of year	7
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A   
 B   
 C   
 D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A   
 B   
 C   
 D

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 <b>Total dividends-received deductions</b> included in line 10				0.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4
5	Gross income from activity that is not unrelated business income _____	5
6	Expenses attributable to income entered on line 5 _____	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A   
B   
C   
D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs  
6 Circulation income  
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-  
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7


a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13			0.
---	---------------------------------------------------------------------------------------------------------------------	--	--	----

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

**Part XI Supplemental Information** (see instructions)

---



---



---



---



---



---



---



---



---



---



**Alternative Minimum Tax-Corporations**

**2023**

Attach to your tax return.  
 Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

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

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52?  Yes  No  
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)?  Yes  No  
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.)  
 If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):			
<b>a</b> Consolidated net income or loss per the AFS of the corporation	<b>1a</b>		
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss)	<b>1b</b>		
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	<b>1c</b>		
<b>d</b> Adjustment for certain consolidating entries (see instructions)	<b>1d</b>		
<b>e</b> Specified additional net income or loss item B. Reserved for future use	<b>1e</b>		
<b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	<b>1f</b>		
<b>2</b> Adjustments:			
<b>a</b> Financial statements covering different tax years	<b>2a</b>		
<b>b</b> Corporations that are not included on the taxpayer's consolidated return (see instructions)	<b>2b</b>		
<b>c</b> Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	<b>2c</b>		
<b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	<b>2d</b>		
<b>e</b> Certain taxes (see instructions)	<b>2e</b>		
<b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2f</b>		
<b>g</b> Alaska native corporations	<b>2g</b>		
<b>h</b> Certain credits (see instructions)	<b>2h</b>		
<b>i</b> Mortgage servicing income	<b>2i</b>		
<b>j</b> Tax-exempt entities (organizations subject to tax under section 511)	<b>2j</b>		
<b>k</b> Depreciation	<b>2k</b>		
<b>l</b> Qualified wireless spectrum	<b>2l</b>		
<b>m</b> Covered transactions	<b>2m</b>		
<b>n</b> Adjustments related to bankruptcy and insolvency	<b>2n</b>		
<b>o</b> Certain insurance company adjustments	<b>2o</b>		
<b>p</b> Adjustment P - Reserved for future use	<b>2p</b>		
<b>q</b> Adjustment Q - Reserved for future use	<b>2q</b>		
<b>r</b> Adjustment R - Reserved for future use	<b>2r</b>		
<b>s</b> Adjustment S - Reserved for future use	<b>2s</b>		
<b>z</b> Other (see instructions)	<b>2z</b>		
<b>3</b> Specified adjustment. Reserved for future use	<b>3</b>		
<b>4</b> Total adjustments. Combine lines 2a through 2z	<b>4</b>		
<b>5</b> AFSI. Combine lines 1f and 4	<b>5</b>		
<b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			<b>6</b>
<b>7</b> 3-year average annual AFSI (see instructions)			<b>7</b>

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?  
 **Yes.** Continue to line 9.  
 **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?  
 **Yes.** Continue to line 10.  
 **No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>10</b> AFSI for purposes of the \$100 million test before adjustments:			
<b>a</b> AFSI from line 5 .....	<b>10a</b>		
<b>b</b> Aggregation differences (see instructions) .....	<b>10b</b>		
<b>c</b> Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b .....	<b>10c</b>		
<b>11</b> Adjustments:			
<b>a</b> Income not effectively connected to a U.S. trade or business .....	<b>11a</b>		
<b>b</b> Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) .....	<b>11b</b>		
<b>c</b> Reserved for future use - Other adjustments 1 .....	<b>11c</b>		
<b>d</b> Reserved for future use - Other adjustments 2 .....	<b>11d</b>		
<b>12</b> Total adjustments. Combine lines 11a and 11b .....	<b>12</b>		
<b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 .....	<b>13</b>		
<b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....			
<b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....			
<b>16</b> Is line 15 \$100 million or more? <input type="checkbox"/> <b>Yes.</b> Continue to Part II. <input type="checkbox"/> <b>No.</b> STOP here. Attach to your tax return.			

Part II Corporate Alternative Minimum Tax

Table with 3 columns: Description, Line Number, and Amount. Includes rows for Net income or loss per applicable financial statement(s) (AFS), Adjustments (2a-2z), Total adjustments, and Corporate alternative minimum tax foreign tax credit.

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

Table with 3 columns: Description, Line Number, and Amount. Includes rows for Current income tax provision (Foreign and Federal), Deferred income tax provision, and Adjustments A through H.

**Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit**

**Section I - AMT Foreign Tax Credit**

<b>1</b>	Domestic corporation AMT foreign income taxes:			
<b>a</b>	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....	<b>1a</b>		
<b>b</b>	Adjustment .....	<b>1b</b>		
<b>c</b>	Adjustment .....	<b>1c</b>		
<b>d</b>	Adjustment .....	<b>1d</b>		
<b>e</b>	Adjustment .....	<b>1e</b>		
<b>f</b>	Adjustment .....	<b>1f</b>		
<b>g</b>	Adjustment .....	<b>1g</b>		
<b>2</b>	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g .....			<b>2</b>
<b>3</b>	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
<b>a</b>	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) .....	<b>3a</b>		
<b>b</b>	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....	<b>3b</b>		
<b>c</b>	Total CFC AMT foreign income taxes. Add lines 3a and 3b .....			<b>3c</b>
<b>d</b>	Percentage specified in section 55(b)(2)(A)(i) .....	<b>3d</b>	15%	
<b>e</b>	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) .....	<b>3e</b>		
<b>f</b>	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) .....			<b>3f</b>
<b>g</b>	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) .....			<b>3g</b>
<b>4</b>	CAMT FTC Line 4 - Reserved for future use .....			<b>4</b>
<b>5</b>	CAMT FTC Line 5 - Reserved for future use .....			<b>5</b>
<b>6</b>	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 .....			<b>6</b>

PUBLIC DISCLOSURE COPY

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 1

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS	
FOR TAX YEAR 2018	
FOR TAX YEAR 2019	
FOR TAX YEAR 2020	
FOR TAX YEAR 2021	
FOR TAX YEAR 2022	
TOTAL CARRYOVER	
CURRENT YEAR CONTRIBUTIONS	100,000
TOTAL CONTRIBUTIONS	100,000
10% OF TAXABLE INCOME AS ADJUSTED	0
EXCESS CONTRIBUTIONS	100,000
ALLOWABLE CONTRIBUTIONS	0
AMT CHARITABLE DEDUCTION	0
REGULAR CONTRIBUTION DEDUCTION	0
AMT CONTRIBUTION ADJUSTMENT	0

PUBLIC DISCLOSURE COPY

Form **5471**

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

OMB No. 1545-0123

(Rev. December 2023)

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

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1**, **2023**, and ending **DEC 31**, **2023**

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>	<b>A Identifying number</b>  76-0262402  <b>B Category of filer</b> (See instructions. Check applicable box(es).): 1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input type="checkbox"/> 5b <input type="checkbox"/> 5c <input 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 %
Filer's tax year beginning <b>JAN 1</b> , <b>2023</b> , and ending <b>DEC 31</b> , <b>2023</b>	

**D** Check box if this is a final Form 5471 for the foreign corporation

**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions)

**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) \_\_\_\_\_

**H** Person(s) on whose behalf this information return is filed:

(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</b> Name and address of foreign corporation  IOWA INDEMNITY COMPANY LTD BOX 560 BEATRICE BUTTERFIELD BUILDING PROVIDENCIALES TURKS & CAICOS ISLA TURKS AND CAICOS ISLANDS	<b>b(1)</b> Employer identification number, if any 00-0000000  <b>b(2)</b> Reference ID number (see instructions) TK001  <b>b(3)</b> Previous reference ID number(s), if any (see instr.)  <b>c</b> Country under whose laws incorporated TURKS AND CAICOS ISLAN			
<b>d</b> Date of incorporation 09/25/02	<b>e</b> Principal place of business TURKS AND CAICOS I	<b>f</b> Principal business activity code number 524110	<b>g</b> Principal business activity INSURANCE	<b>h</b> Functional currency code USD

**2** Provide the following information for the foreign corporation's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States N/A	<b>b</b> If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(i) Taxable income or (loss)</td> <td style="width:50%;">(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</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation  GLOBAL INS MANAGERS & ACTUARIES BOX 560 BEATRICE BUTTERFIELD BLDG PROVIDENCIALES TURKS AND CAICOS ISLANDS	<b>d</b> 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  GLOBAL INS MANAGERS & ACTUARIES 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 B Shareholders of Foreign Corporation**

**Part I U.S. Shareholders of Foreign Corporation** (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
CARE INITIATIVES 1611 WEST LAKES PARKWAY WEST DES MOINES IA 50266 76-0262402	COMMON	1,000,000	1,000,000	100.00%

**Part II Direct Shareholders of Foreign Corporation** (see instructions)

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
CARE INITIATIVES 1611 WEST LAKES PARKWAY WEST DES MOINES IA 50266 76-0262402	COMMON	1,000,000	1,000,000

**Schedule C** **Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. generally accepted accounting principles (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 dollar approximate separate transactions method (DASTM) corporations.

		Functional Currency	U.S. Dollars
<b>Income</b>	<b>1a</b> Gross receipts or sales .....	<b>1a</b>	279,442.
	<b>b</b> Returns and allowances .....	<b>1b</b>	
	<b>c</b> Subtract line 1b from line 1a .....	<b>1c</b>	279,442.
	<b>2</b> Cost of goods sold .....	<b>2</b>	
	<b>3</b> Gross profit (subtract line 2 from line 1c) .....	<b>3</b>	279,442.
	<b>4</b> Dividends .....	<b>4</b>	
	<b>5</b> Interest .....	<b>5</b>	78,789.
	<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>SEE STATEMENT 2</b>	<b>9</b>	248,766.	
<b>10</b> Total income (add lines 3 through 9) .....	<b>10</b>	606,997.	
<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 3</b>	<b>17</b>	60,981.
<b>18</b> Total deductions (add lines 11 through 17) .....	<b>18</b>	60,981.	
<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>	546,016.
	<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>	546,016.	
<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	1,765,967.	1,819,269.
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	749,023.	887,183.
14 Total assets .....	14	2,514,990.	2,706,452.
Liabilities and Shareholders' Equity			
15 Accounts payable .....	15		
16 Other current liabilities (attach statement) .....	16	937,566.	583,012.
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	577,424.	1,123,440.
23 Less cost of treasury stock .....	23	( )	( )
24 Total liabilities and shareholders' equity .....	24	2,514,990.	2,706,452.

**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 benefits .....	\$	
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 INCOME		STATEMENT 2
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
CHANGE IN UNPAID LOSS RESERVE			248,766.
TOTAL TO 5471, SCHEDULE C, LINE 9			248,766.

FORM 5471	OTHER DEDUCTIONS		STATEMENT 3
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
ADMINISTRATIVE & CONSULTING MANAGEMENT FEES			24,000.
ACTUARIAL COSTS			3,090.
AUDITING COSTS			8,100.
LICENSES & FEES			17,295.
TOTAL TO 5471, SCHEDULE C, LINE 17			8,496.
			60,981.

FORM 5471	OTHER ASSETS		STATEMENT 4
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
RESTRICTED CAPITAL DEPOSIT	185,421.	187,362.	
PREPAID COSTS	8,107.	11,611.	
DUE FROM PARENT	555,495.	688,210.	
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 13	749,023.	887,183.	

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 5

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ACCRUED OTHER	10,422.	10,089.
RESERVE FOR UNPAID LOSSES	927,144.	572,923.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	937,566.	583,012.

FORM 5471

RECONCILIATION OF PAID-IN OR CAPITAL SURPLUS

STATEMENT 6

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PAID-IN CAPITAL	1,000,000.	1,000,000.

PUBLIC DISCLOSURE COPY

**Schedule G** Other Information (continued)

	Yes	No
<b>6a</b> Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? ..... If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
<b>b</b> Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ..... \$ _____		
<b>c</b> Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer included in its computation of FDDEI ..... \$ _____		
<b>d</b> Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in its computation of FDDEI ..... \$ _____		
<b>7</b> During the tax year, was the foreign corporation a participant in any cost sharing arrangement? ..... If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
<b>8</b> 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
<b>9a</b> 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 tax year? ..... If "Yes," go to line 9b.		X
<b>b</b> Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d) (2)(B) for the tax year .....		
<b>10</b> During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? ..... If "Yes," see instructions and attach statement.		X
<b>11</b> During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? ..... If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
<b>12</b> During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....		X
<b>13</b> 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
<b>14</b> Did you answer "Yes" to any of the questions in the instructions for line 14? ..... If "Yes," enter the corresponding code(s) from the instructions and attach statement .....		X
<b>15</b> Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? ..... If "Yes," enter the amount ..... \$ _____		X
<b>16</b> Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? ..... If "Yes," enter the amount ..... \$ _____		X
<b>17a</b> Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)? .....		X
<b>b</b> If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)? .....		
<b>18a</b> Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest within the relevant safehaven range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)? .....		X
<b>b</b> Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest outside the relevant safehaven range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)? .....		X
<b>19a</b> Did the filer issue a covered debt instrument in any of the transactions described in Regulations section 1.385-3(b) (2) with respect to the foreign corporation during the tax year, or, did the filer issue or refinance indebtedness owed to the foreign corporation during the 36 months before or after the date of a distribution or acquisition described in Regulations section 1.385-3(b)(3)(i) made by the filer of this Form 5471, and either the issuance or refinance of indebtedness, or the distribution or acquisition, occurred during the tax year? .....		X
<b>b</b> If the answer to question 19a is "Yes," provide the following. (1) The amount of such transaction(s), distribution(s), and acquisition(s) ..... \$ _____ (2) The amount of such related party indebtedness ..... \$ _____		

**Schedule I Summary of Shareholder's Income From Foreign Corporation** (see instructions)

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

Name of U.S. shareholder **CARE INITIATIVES** Identifying number **76-0262402**

<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>	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	<b>1c</b>	
<b>d</b>	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	<b>1d</b>	
<b>e</b>	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	<b>1e</b>	
<b>f</b>	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	<b>1f</b>	
<b>g</b>	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	<b>1g</b>	
<b>h</b>	Other subpart F income (enter result from Worksheet A)	<b>1h</b>	606,997.
<b>2</b>	Earnings invested in U.S. property (enter the result from Worksheet B)	<b>2</b>	
<b>3</b>	Reserved for future use	<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>5a</b>	Section 245A eligible dividends (see instructions)	<b>5a</b>	
<b>b</b>	Extraordinary disposition amounts (see instructions)	<b>5b</b>	
<b>c</b>	Extraordinary reduction amounts (see instructions)	<b>5c</b>	
<b>d</b>	Section 245A(e) dividends (see instructions)	<b>5d</b>	
<b>e</b>	Dividends not reported on line 5a, 5b, 5c, or 5d	<b>5e</b>	
<b>6</b>	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	<b>6</b>	

	Yes	No
<b>7a</b> Was any income of the foreign corporation blocked?		X
<b>b</b> 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.		
<b>8a</b> Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		X
<b>b</b> If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>c</b> Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>9</b> Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

**SCHEDULE E  
(Form 5471)**

(Rev. December 2021)  
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>		<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 instructions) TK001
<b>a</b> Separate Category (Enter code - see instructions.) ..... <b>b</b> If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... <b>c</b> If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) .....		▶ <b>GEN</b> ▶ ▶	

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

**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspending Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	
1	IOWA INDEMNITY COMPANY LTD	TK001	<input type="checkbox"/>	TK	2023/12/31	2023/12/31	
2			<input type="checkbox"/>				
3			<input type="checkbox"/>				
4			<input type="checkbox"/>				
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1		<input type="checkbox"/>	USD				0.
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (m))						

**Section 2 - Taxes Deemed Paid by Foreign Corporation**

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)	
1					
2					
3					
4					
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6				

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>
------------------------------------------------------------------	-----------------------------------	--------------------------------------------------------

- 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) ..... ▶
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ..... ▶

**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 No. of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
<b>1</b>									
<b>2</b>									
<b>3</b>	In functional currency (combine lines 1 and 2) ..... <span style="float: right;">▶</span>								
<b>4</b>	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) ..... <span style="float: right;">▶</span>								

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

**IMPORTANT:** Enter amounts in U.S. dollars.

**Taxes related to:**

		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
<b>1a</b>	Balance at beginning of year (as reported in prior year Schedule E-1) .....				
<b>b</b>	Beginning balance adjustments (attach statement) .....				
<b>c</b>	Adjusted beginning balance (combine lines 1a and 1b) .....				
<b>2</b>	Adjustment for foreign tax redetermination .....				
<b>3a</b>	Taxes unsuspending under anti-splitter rules .....				
<b>b</b>	Taxes suspended under anti-splitter rules .....				
<b>4</b>	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l) .....				
<b>5</b>	Taxes carried over in nonrecognition transactions .....				
<b>6</b>	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i) .....				
<b>7</b>	Other adjustments (attach statement) .....				
<b>8</b>	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7) .....				
<b>9</b>	Taxes deemed paid with respect to inclusions (see instructions) .....				
<b>10</b>	Taxes deemed paid with respect to actual distributions .....				
<b>11</b>	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....				
<b>12</b>	Other (attach statement) .....				
<b>13</b>	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c)) .....				
<b>14</b>	Reserved for future use .....				
<b>15</b>	Reduction for other taxes not deemed paid .....				
<b>16</b>	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12 .....				

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>
------------------------------------------------------------------	-----------------------------------	--------------------------------------------------------

- 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) ..... ▶
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ..... ▶

**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)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
<b>1a</b>										
<b>b</b>										
<b>c</b>										
<b>2</b>										
<b>3a</b>										
<b>b</b>										
<b>4</b>										
<b>5</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>										
<b>15</b>										
<b>16</b>										

PUBLIC DISCLOSURE COPY



**SCHEDULE H  
(Form 5471)**

(Rev. December 2021)  
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

**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>	546,016.
<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, Section 1, line 6, column (m), and Part III, line 3, column (i))	<b>2g</b>		
<b>h</b>	Foreign currency gains or losses	<b>2h</b>		
<b>i</b>	Other (attach statement) <b>SEE STATEMENT 7</b>	<b>2i</b>	60,981.	528,208.
<b>3</b>	Total net additions	<b>3</b>	60,981.	
<b>4</b>	Total net subtractions	<b>4</b>		528,208.
<b>5a</b>	Current earnings and profits (line 1 plus line 3 minus line 4)		<b>5a</b>	78,789.
<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 and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines		<b>5c</b>	78,789.
	(i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(i)</b>		78,789.
	(ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(ii)</b>		
	(iii) Section 901(j) category:			
	(A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(A)</b>		
	(B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(B)</b>		
	(C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(C)</b>		
	(D) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(D)</b>		
<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>	78,789.
<b>e</b>	Enter exchange rate used for line 5d ▶			1.000000

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

FORM 5471

OTHER NET ADJUSTMENTS

STATEMENT 7

DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
PREMIUM INCOME/DEPOSIT LIABILITY		279,442.
LOSS EXPENSES/DEPOSIT LIABILITY	60,981.	
CHANGE IN LOSS RESERVE		248,766.
TOTAL TO 5471, SCHEDULE H, LINE 2I	60,981.	528,208.

PUBLIC DISCLOSURE COPY

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

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

OMB No. 1545-0123

(Rev. December 2021)

▶ **Attach to Form 5471.**

Department of the Treasury  
Internal Revenue Service

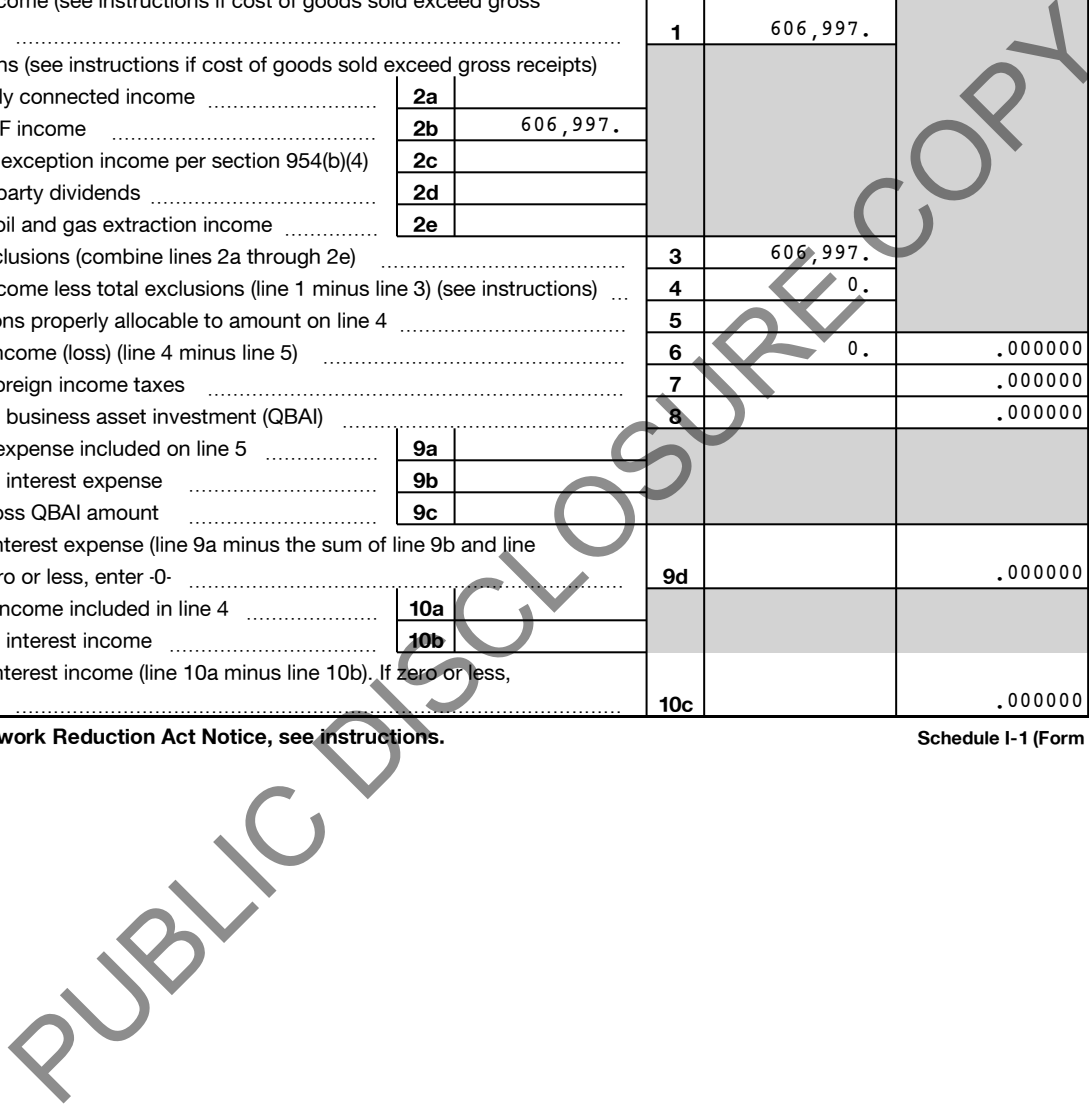
▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

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
Separate Category (Enter code - see instructions)		▶ <b>GEN</b>

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b> Gross income (see instructions if cost of goods sold exceed gross receipts) .....	<b>1</b>	606,997.		
<b>2</b> Exclusions (see instructions if cost of goods sold exceed gross receipts)				
<b>a</b> Effectively connected income .....	<b>2a</b>			
<b>b</b> Subpart F income .....	<b>2b</b>	606,997.		
<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 (combine lines 2a through 2e) .....	<b>3</b>	606,997.		
<b>4</b> Gross income less total exclusions (line 1 minus line 3) (see instructions) ...	<b>4</b>	0.		
<b>5</b> Deductions properly allocable to amount on line 4 .....	<b>5</b>			
<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. 12-2021)



**SCHEDULE J  
(Form 5471)**

(Rev. December 2020)  
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

76-0262402

Name of foreign corporation

EIN (if any)

Reference ID number

IOWA INDEMNITY COMPANY LTD

00-0000000

TK001

**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 an amount in column (e) (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) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
<b>1a</b> Balance at beginning of year (as reported on prior year Schedule J) .....	-123,404.					
<b>b</b> Beginning balance adjustments (attach statement) .....						
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....	-123,404.					
<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) (enter amount from applicable line 5c of Schedule H) .....	78,789.					
<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) .....	-44,615.					
<b>8</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....	-78,789.					
<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 post-transaction E&P (see instructions) .....						
<b>14</b> Balance at beginning of next year (combine lines 7 through 13) .....	-123,404.					

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

(e) Previously Taxed E&P (see instructions)					
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
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)				(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a				-123,404.
b				
c				-123,404.
2a				
b				
3				78,789.
4				
5a				
b				
6				
7				-44,615.
8			78,789.	0.
9				
10				
11				
12				
13				
14			78,789.	-44,615.

**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. 12-2020)

PUBLIC DISCLOSURE COPY

**SCHEDULE M  
(Form 5471)**

(Rev. December 2021)  
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
CARE INITIATIVES	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 1.000000

(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 Loan guarantee fees received .....					
14 Other amounts received (att. statement) .....					
15 Add lines 1 through 14 .....					
16 Purchases of stock in trade (inventory) .....					
17 Purchases of tangible property other than stock in trade .....					
18 Purchases of property rights (patents, trademarks, etc.) .....					
19 Platform contribution transaction payments paid .....					
20 Cost sharing transaction payments paid .....					
21 Compensation paid for technical, managerial, engineering, construction, or like services .....					
22 Commissions paid .....					
23 Rents, royalties, and license fees paid .....					
24 Hybrid dividends paid (see instructions) .....					
25 Dividends paid (exclude hybrid dividends paid) .....					
26 Interest paid .....					
27 Premiums paid for insurance or reinsurance .....					
28 Loan guarantee fees paid .....					
29 Other amounts paid (attach statement) .....					
30 Add lines 16 through 29 .....					

Name of person filing Form 5471

Identifying number

76-0262402

**CARE INITIATIVES**

(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
31 Accounts Payable .....					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
33 Accounts Receivable .....					
34 Amounts loaned (enter the maximum loan balance during the year) - see instr.	688,210.				

Schedule M (Form 5471) (Rev. 12-2021)

PUBLIC DISCLOSURE COPY



**SCHEDULE P  
(Form 5471)**

(Rev. December 2020)

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 person filing Form 5471 <b>CARE INITIATIVES</b>		Identifying number 76-0262402
Name of U.S. shareholder <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 Previously Taxed E&P in Functional Currency** (see instructions)

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<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) .....			

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a							120,331.	120,331.
b								
c							120,331.	120,331.
2								
3								
4								
5								
6							120,331.	120,331.
7							78,789.	78,789.
8								
9								
10								
11								
12							199,120.	199,120.

PUBLIC DISCLOSURE COPY

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

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<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) .....			

PUBLIC DISCLOSURE COPY

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

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a							120,331.	120,331.
b								
c							120,331.	120,331.
2								
3								
4								
5								
6							120,331.	120,331.
7							78,789.	78,789.
8								
9								
10								
11								
12							199,120.	199,120.

PUBLIC DISCLOSURE COPY

**SCHEDULE Q  
(Form 5471)**

(Rev. December 2023)  
Department of the Treasury  
Internal Revenue Service

**CFC Income by CFC Income Groups**

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

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

- A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) ..... GEN
- B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) .....
- C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions) .....

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

- D** Indicate whether this Schedule Q is being completed for:  U.S. source income or  Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

- E** If this Schedule Q is being completed for FOGEI or FORI income, check this box .....

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach statement)
<b>1</b> Subpart F Income Groups							
<b>a</b> Dividends, Interest, Rents, Royalties, & Annuities (Total) .....							STMT 8
<b>(1)</b> Unit name: .....							
<b>(2)</b> Unit name: .....							
<b>b</b> Net Gain From Certain Property Transactions (Total) .....							
<b>(1)</b> Unit name: .....							
<b>(2)</b> Unit name: .....							
<b>c</b> Net Gain From Commodities Transactions (Total) .....							
<b>(1)</b> Unit name: .....							
<b>(2)</b> Unit name: .....							
<b>d</b> Net Foreign Currency Gain (Total) .....							
<b>(1)</b> Unit name: .....							
<b>(2)</b> Unit name: .....							
<b>e</b> Income Equivalent to Interest (Total) .....							
<b>(1)</b> Unit name: .....							
<b>(2)</b> Unit name: .....							
<b>f</b> Other Foreign Personal Holding Company Income (Total) (attach statement - see instructions) .....							
<b>(1)</b> Unit name: .....							
<b>(2)</b> Unit name: .....							

**Important:** See Computer-Generated Schedule Q in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (Rev. 12-2023)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
<b>1</b>									
<b>a</b>									
(1)									
(2)									
<b>b</b>									
(1)									
(2)									
<b>c</b>									
(1)									
(2)									
<b>d</b>									
(1)									
(2)									
<b>e</b>									
(1)									
(2)									
<b>f</b>									
(1)									
(2)									

**Important:** See **Computer-Generated Schedule Q** in instructions.

PUBLIC DISCLOSURE COPY

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach statement)
<b>1</b> Subpart F Income Groups							
<b>g</b> Foreign Base Company Sales							
Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>h</b> Foreign Base Company Services							
Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>i</b> Full Inclusion Foreign Base Company							
Income (Total) .....		606,997.					528,208.
<b>(1)</b> Unit name: IOWA INDEMN	TK	606,997.					528,208.
<b>(2)</b> Unit name: _____							
<b>j</b> Insurance Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>k</b> International Boycott Income .....							
<b>l</b> Bribes, Kickbacks, and Other Payments .....							
<b>m</b> Section 901(j) income .....							
<b>2</b> Recaptured Subpart F Income .....							
<b>3</b> Tested Income Group (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>4</b> Residual Income Group (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>5</b> Total .....		606,997.					528,208.

**Important:** See Computer-Generated Schedule Q in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
<b>1</b>									
<b>g</b>									
(1)									
(2)									
<b>h</b>									
(1)									
(2)									
<b>i</b>				78,789.		2,610,721.			78,789.
(1)				78,789.		2,610,721.			78,789.
(2)									
<b>j</b>									
(1)									
(2)									
<b>k</b>									
<b>l</b>									
<b>m</b>									
<b>2</b>									
<b>3</b>									
(1)									
(2)									
<b>4</b>									
(1)									
(2)									
<b>5</b>				78,789.					78,789.

**Important:** See Computer-Generated Schedule Q in instructions.



FORM 5471

SCHEDULE Q OTHER EXPENSES

STATEMENT 8

LINE NUMBER

DESCRIPTION

AMOUNT

LINE 1I(1) PREM INC/DEPOSIT LIAB, CHANGE IN LOSS RESERVE

528,208.

PUBLIC DISCLOSURE COPY

**SCHEDULE R  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

**Distributions From a 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: **CARE INITIATIVES** Identifying number: **76-0262402**

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

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NA	12/31/2023	0.	0.
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

PUBLIC DISCLOSURE COPY