# Form 990

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2018

Department of the Treasury

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.

Open to Public

Inter	nal Reven	ue Service	► Go to www.irs.gov/Form990 for instructions and the latest informa	tion.	Inspection			
A	For the	2018 calend	ar year, or tax year beginning , 2018, and end	ing	, 20			
В	Check if a	applicable:	C Name of organization THE CARE CENTER	5 17	D Employer Identification no.			
	Address	change	Doing business as		58-1767813			
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Initial retu	ırn	285 MAIN STREET		(423)775-0019			
	Final retu	rn/terminated	City or town, state or province, country, and ZiP or foreign postal code		G Gross receipts			
	Amended	l return	DAYTON, TN 37321		\$ 496,482			
	Application	on pending	F Name and address of principal officer: LISANNE BOLING	H(a) is this a group return f	for subordinates? Yes X No			
_			SAME AS C ABOVE	H(b) Are all subordinate	es included? Yes No			
1	Tax-exem	pt status: X	501(c)(3)	If "No," attach	a list. (see instructions)			
J	Website:	► WWW	.THECARECENTERIN.ORG	H(c) Group exemption	number			
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formetion: 198	M State of leg	al domicile: TN			
Pa	irt [	Summar	У					
	1	Briefly descri	be the organization's mission or most significant activities: EMPOWERING WOMEN	AND MEN TO M	AKE			
9		LIFE-AFF	IRMING DECISIONS REGARDING PREGNANCY, TO UPHOLD THE VALUE	OF ABSTINEN	ICE BEFORE			
Activities & Governance		MARRIAGE	, AND TO PROVIDE HOPE AND HELP AFTER ABORTION, THROUGH CO	MPASSIONATE	CARE,			
em	. 4		NG, EDUCATION, AND THROUGH THE GOSPEL OF OUR LORD, JESUS					
Š	2		ox $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25% of its	net assets.	E			
*5	3		oting members of the governing body (Part VI, line 1a)		12			
es	4		dependent voting members of the governing body (Part VI, line 1b)		12			
Ž	5		r of individuals employed in calendar year 2018 (Part V, line 2a)		11			
Act	6		of volunteers (estimate if necessary)		<u> </u>			
	7a		ed business revenue from Part VIII, column (C), line 12					
	b	Net unrelated	business taxable Income from Form 990-T, line 38	• • • • • •   7b	0			
				Prior Year	Current Year			
d	8		and grants (Part VIII, line 1h)	297,69	4 346,420			
Š	9		vlce revenue (Part VIII, line 2g)		0			
Revenue	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)	24				
Ř	- 2		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,70				
_	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	421,63	2			
	13		Imilar amounts paid (Part IX, column (A), lines 1-3)		0			
	14		to or for members (Part IX, column (A), line 4)					
S	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	260,27	0 231,833			
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)	Marian Contract	0			
xbe	A-D				to the second			
Ш		-	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	160,42				
	18	200	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	420,69				
-3		Revenue les	s expenses. Subtract line 18 from line 12	94: Jinning of Current Year	3 102,280 End of Year			
집	20	Total accete	(Part X, line 16)	429,08				
ess	21		s (Part X, line 26)	7,18				
Net Assets or	22		r fund balances. Subtract line 21 from line 20	421,90				
-	rt II		re Block		1			
Und	er penaltic	es of perjury, I ded	stare that I have examined this return, including accompanying schedules and statements, and to the best of my knowl	edge and belief, it is				
true	, correct, a	and complete. Dec	claration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
		ANIT	A J HOSTETLER		8/24/19			
Sig	n		e of officer	Dat	le			
He	re	ANIT	A J HOSTETLER, TREASURER					
			print name and title					
77.	- 12	Print/Type pre	parer's name Preparer of Signature of Control Date	Check if	PTIN			
Pai			A SHELLEY CRA TONEL TONELLEY 08-24-2019	self-employed	P00535662			
	parei	distance of the second	► SHELLEY & SHERRELL, PC CPA'S O	imi's EIN				
Us	e Only	Firm's addres	9 ► 4513 HIXSON PIKE SUITE 105	Phone no.				
			HIXSON TN 37343-5039	423-521-4130				
_	_		return with the preparer shown above? (see instructions)	• • • • • • • •				
For	Paperv	vork Reduction	on Act Notice, see the separate Instructions.		Form 990 (2018)			

	1990 (2018) THE CARE CENTER 58-1767813 Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EMPOWERING WOMEN AND MEN TO MAKE LIFE-AFFIRMING DECISIONS REGARDING PREGNANCY, TO UPHOLD THE
	VALUE OF ABSTINENCE BEFORE MARRIAGE, AND TO PROVIDE HOPE AND HELP AFTER ABORTION, THROUGH
	COMPASSIONATE CARE, COUNSELING, EDUCATION, AND THROUGH THE GOSPEL OF OUR LORD, JESUS
_	CHRIST.
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 Yes No
3	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	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.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$169,994 including grants of \$) (Revenue \$)
	AID IN COUNSELING YOUNG GIRLS AND WOMEN IN CRISIS PREGNANCY SITUATIONS.
	ALD IN COUNDELLING TOUNG GIRLS AND WOMEN IN CRISIS PREGNANCY SITUATIONS.
4b	(Code:) (Expenses \$ 131,338 including grants of \$ 94,841 ) (Revenue \$ )
	THE GOAL OF THE EDGE EDUCATION PROGRAM IS TO EQUIP ADOLESCENTS WITH THE KNOWLEDGE AND SUPPORT
	TO ABSTAIN FROM RISKY BEHAVIORS INCLUDING SEXUAL ACTIVITY THROUGH PROGRAMS PRESENTED IN THE
	LOCAL SCHOOL SYSTEM AND EDUCATING PARENTS AND LEADERS WITH THE KNOWLEDGE THAT IS CURRENT AND
	RELEVANT TO TODAY'S YOUTH THROUGH PARENT WORKSHOPS, TEACHERS IN-SERVICE, AND COMMUNITY
	EVENTS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses 301,332
EEA	Form 990 (2018)

Form 990 (2018) THE CARE CENTER
Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			8
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election In effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		<u>X</u>
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			·
	debt negotiation services? If "Yes," complete Schedule D, Part IV			v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	-	X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	, I	er gar	.47
	VII, VIII, IX, or X as applicable.		STORY.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Ada:	
_	complete Schedule D, Part VI	11a	x	89
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116	1	X
c	Dld the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	.,,,		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1100		
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4=		***
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		37
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		Х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Λ	
17	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Х
_		-111		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
24a	employees? If "Yes," complete Schedule J	23		X
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		S
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
ь	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	25b	0 0	x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		冲了	3
	Part IV Instructions for applicable filing thresholds, conditions, and exceptions):		11	1111
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			Verse
	complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
250	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	È	X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36	2 3	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
Н	P1 4		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 100fg	(A)	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable		ř.,	41
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	- fo	25.7	
	reportable gaming (gambling) winnings to prize winners?	1c_	X	2046
EEA		Form	990 (2	4U10)

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

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

If "Yes," complete Form 4720, Schedule O.

16

_	n 990 (2018) THE CARE CENTER 58-176	57813	P	age 6
Pa	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 in Schedule O. See instruction	S.		
	Check if Schedule O contains a response or note to any line in this Part VI			· X
Sec	ction A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2	di lala	
	If there are material differences in voting rights among members of the governing body, or	1.7		+14
	if the governing body delegated broad authority to an executive committee or similar	14.5		
	committee, explain in Schedule O.	16.		Seav."
þ	Enter the number of voting members included in line 1a, above, who are independent	2		90
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	. 2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		Х
6	Did the organization have members or stockholders?	. 6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	. 7a	1	х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7 A	1 1	+
	the year by the following:		718	OI.
а	The governing body?	- Ba	X	
b	Each committee with authority to act on behalf of the governing body?	• 8b	X	- 352
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 in Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		r	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	- 10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44 -	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_	
11a	,	11a	X	ं र
b 420	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually Interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<b>₩</b>	
13	describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	· 12c	X	
14	Did the organization have a written document retention and destruction policy?	. 14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by	1 1 27	72	3301
	Independent persons, comparability data, and contemporarieous substantiation of the deliberation and decision?	2.5	(集)	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	- 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	70.40		7
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10 (A)		
	with a taxable entity during the year?	· 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1227	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		4	
	organization's exempt status with respect to such arrangements?	- 16b		***********
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   Tennessee		_	80
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.			
40	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	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:			
	ANITA J HOSTETLER (423)775-0019, 285 MAIN STREET, DAYTON, TN 37321			

Form	000	(2018)	
rum	330	(ZUIN)	

THE CARE CENTER

58-1767813

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Part VIII 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 Vil

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any	box,	unle	Pos eck m ss per	son Is	nan one 3 both an /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ANITA J HOSTETLER TREASURER	1.00_	х		x				0	0	
(2) BOB SIMPSON, DR VICE-CHAIRMAN	1.00	х		х				0	0	
(3) BARRY SHAVER BOARD MEMBER	1.00	х						0	0	
(4) ANNEKE WILKEY SECRETARY	1.00	х		x				0	0	
(5) BILLY MARTIN CHAIRMAN	1.00	x		х				0	0	7/20
(6) DUSTIN HARRIS BOARD MEMBER	1.00	x						0	0	
(7) JACE COCHRAN BOARD MEMBER	1.00_	x			=0.5			0	0	
(8) LEBRON PURSER BOARD MEMBER	1.00_	x						0	0	
9) BETH HARRIS BOARD MEMBER	1.00	X						0	0	
10)CHARLOTTE JOHNSTON BOARD MEMBER	1.00	х						0	0	
11) PASTOR BOB SCHAFER BOARD MEMBER	1.00	x						0	0	
12)VILLA EDWARDS BOARD MEMBER	1.00	х						0	0	
13)ADINA SCRUGGS, DR. BOARD MEMBER	1.00	х						0	. 0	
(14)LISANNE BOLING EXECUTIVE DIRECTOR	40.00			x	х			61,448	0	

(19) Name and 166	Part	VII Section A. Officers, Directors, Trustees, F	Key Employe	es, an	d HI	ghe	st C	ompe	nsal	ted Employees (c	ontinued)	
Processor   Proc				(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	Reportable compensation from	Estimated amount of
(19) (29) (21) (29) (25) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29			related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		compensation from the organization and related
(17) (19) (20) (21) (22) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (22) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (26) (27) (27) (27) (28) (29) (29) (20) (20) (21) (22) (22) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	<u>(15)</u>											
(19) (20) (21) (22) (23) (24) (25)  1b Sub-total (27) (28) (29)  1 Total from continuation sheets to Part VII, Section A (29) (29) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (28) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(16)						-			y		
(19)   (20)   (21)   (22)   (23)   (24)   (25)	(17)						7					
(21)   (22)   (23)   (24)   (25)   (25)   (25)   (26)   (27)	<u>(18)</u>						1					
[21]  [22]  [23]  [25]  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  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   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1ar / if "Yes," complete Schedule J for such individual  4 For any Individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,007 if "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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    Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.	<u>(19)</u>						7					
(23)   (24)   (25)	(20)						7					
(23)   (25)	(21)			=		1	7		7			
[24]  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines 1b and 1c)  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 ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person \$  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)  (B)  Compensation	(22)					1	7		1		<del>, 11 i. 2 -                                 </del>	
1b   Sub-total	(23)				Ť		1					
1b Sub-total  C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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 ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 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? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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  Description of services  Compensation	(24)				ı		1			<del></del>		- "-
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)	(25)							3				
Total (add lines 1b and 1c)  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 ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							• •		•			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0    Yes   No		<del>-</del>					• •	e 		61.448	0	0
3 Dld the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such Individual 4 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? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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)  (B)  (C)  Compensation	2	Total number of individuals (including but not limited t					_		ore t			
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? If "Yes," complete Schedule J for such individual	,=		or trustee, key	/ empl	oyee	, or	high	est co	mpe	nsated		Property of the same of the same of
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		· · ·			n an	 Id ot					*********	3 X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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)  (B)  (C)  Name and business address  Description of services  Compensation		organization and related organizations greater than \$	150,000? <i>If</i> "	Yes," c	omp	lete	Sch	edule	J foi	r such	**************************************	4 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)  (B)  (C)  Name and business address  Description of services  Compensation	5	Did any person listed on line 1a receive or accrue co	mpensation f	rom ar	ny un	rela	ted o	organi	zatio	n or individual		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  Description of services  Compensation			implete scrie	uule J	101 3	ucn	pers	SUIT				
(A) Name and business address Description of services Compensation		compensation from the organization. Report compen	-									
		(A)									renices	
2 Total number of independent contractors (including but not limited to those listed above) who		Name and pusiness address			_			_	_	Description of 8	POL AIDOS	- Juliya Ballari
Total number of independent contractors (including but not limited to those listed above) who			* **		_							
	2	Total number of independent contractors (including b	ut not limited	to tho	se lis	sted	abo	ve) wh	10	1		- 1450 - 1

Form 990 (2018) Statement of Revenue

VIII		Check if Schedule O contains a response	or note to any line in thi	s Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tex under sections 512-514
もお	1a	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts	Ь	manufacture and a second	1b			1.114	3.634
Am A	C	Fundraising events	1c		Santa Hills		A Section 2
E E	d	Related organizations	1d	A Contract of		Street Street	
Ş, E	e	Government grants (contributions)	10 94,841		在 其實 医囊肿	5.00学数数1.	
er S	<sub>o</sub> f	All other contributions, gifts, grants,					
혈		and similar amounts not included above	1f 251,579	437	17.51 127.50		
E E	g	Noncash contributions included in lines 1a-1					
0.4	h	Total. Add lines 1a-1f		346,420			100
			Business Code	· · · · · · · / Maralar	11 / 18 / 18 / 18 / 1 / 1 / 1 / 1 / 1 /		2.1
Program Service Revenue	2a						
8	Ь						
9	C						
796	d						<del>//</del>
Ĕ	9						
ngo	f	All other program service revenue					
Σ.	ı	Total. Add lines 2a-2f			1. 强烈性的	(************************************	
		Investment Income (including dividends, inter and other similar amounts) Income from investment of tax-exempt bond provides	est,	825			170
		(i) Real	(li) Personal		1,775,990,975,57	THE SAME TO P	to a view .
	6a	Gross rents	(ii/ Ferential	and Carlo	at a second	1 - 1 - 100 - 12 - 12 - 12 - 12 - 12 - 1	National Constitution
	b	Less: rental expenses · · · ·			The second second	- 10 T	Salange L
		Rental income or (loss)		一片。沙漠西亚			
				The Proceedings of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A A PROPERTY OF ILL	
		Gross amount from sales of (i) Securities		NELL CANDOS AN	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	TWEET T	XXXX
	'a	assets other than inventory	(ii) Gaisi	and the state of	4	ar a figure in	
		Less: cost or other basis		1. 一种大学		·工业报题"·二	
		and sales expenses		2. 州李州4人	PHARMA VA	<b>《基本》</b>	(A) 17 A
	c	Gain or (loss)		1998			Total
				A N. DEDILARD MANY	A STATE OF THE STA	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
e		Gross income from fundralsing		The State of the S	COLUMN TRANSPORT	Carles Carles	CARREST NOT
= 1	7	events (not including \$		2.75年最高的			
è		of contributions reported on line 1c).				1	V. V. V.
ia i		See Part IV, line 18	2 140 027		a designation	14 M	
Other Reve	h	Less: direct expenses	a 149,237 b 27,794		Torin 1		
0		Net income or (loss) from fundraising events	21,194		- 1-19-12-15-84-6-2-2-2-	THE PROPERTY OF THE PARTY OF TH	101 442
		Gross income from gaming activities.	- 1, x y 2, 101 (100 )	121,443	Control of the contro	CALL STATE OF THE	121,443
	Ju	See Part IV, line 19		101.12 Vic. 101.	<b>的数据数据数</b>	<b>美国的</b>	
	h	Less: direct expenses			Action of the second second	内。	
		Net income or (loss) from gaming activities	.,	THE POPULATION OF	* # OMDERS & K	* 1. (kg 1) 2 2 2 2 1	1. 2. 种种类型
				The Block	TOTAL DWGGET OF	352 JUZBURG 57	A - 7 (54)
	10a	Gross sales of inventory, less returns and allowances			19月1日本		
	h	Less: cost of goods sold	b				
		Net income or (loss) from sales of inventory		The state of the s	THE THE HE TO SELECT TO	SHAPTIS.	1 100 No. 24 1
			Business Code		- 1994g# :	A SHANEY A	and the state of the latest
	11a	Miscellaneous Revenue	DUSIN988 COD9	Test advection to the second	210000000000000000000000000000000000000	ALC: PLANE ALC:	BLOO BEST BERESTON AND THE
	h		_	<del></del>			
	2			<del></del>			
	d	All other revenue					
		Total, Add lines 11a-11d			10、表示整数键1.4.1		Caller
				468,688	. 11 - 15 - 2 to 14 - 2 - 1 - 1	0	121,443
	14	Total Tevenide, Occ Instituctions		400,008	045		151/113

Form 990 (2018)

THE CARE CENTER

Part IX Statement of Functional Expenses

Sec	tion F01(a)(2) and F01(a)(4) arraniations must are at a few at		·		
360	tion 501(c)(3) and 501(c)(4) organizations must complete all col				
Do	Check if Schedule O contains a response or note to not include amounts reported on lines 6b, 7b,	any line in this Part IX	(B)	(C)	
	9b, and 10b of Part VIII.	Total expenses	Program service	Management and	( <b>D)</b> Fundralsing
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Fart IV, line 21				
2	Grants and other assistance to domestic			\$490 Market 1984	
_	individuals. See Part IV, line 22	8			
3	Grants and other assistance to foreign			10070 2 100 M	7 4 4 6 7 7 7 7
-	organizations, foreign governments, and foreign		1	Z. (2)	
	individuals. See Part IV, lines 15 and 16			<b>第二十二次第</b>	
4	Benefits paid to or for members				7. A 1 15.
5	Compensation of current officers, directors,			Ewe - 194	A 41 Au 4
	trustees, and key employees	61,447	49,158	9,217	3,072
6	Compensation not included above, to disqualified		13,130	9,211	3,072
	persons (as defined under section 4958(f)(1)) and		1	1	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	153,879	123,103	23,082	7,694
8	Pension plan accruals and contributions (include			137,332	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes	16,507	13,206	2,476	825
11	Fees for services (non-employees);				
a	Management				
b	Legal				
C	Accounting	3,530	3,530		
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services. See Part IV, line 17		244		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion [	7,405	7,405		
13	Office expenses	5,510	4,692	409	409
14	Information technology		7221		
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	6,201	5,453	374	374
17	Travel	1,227	1,227		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,617	4,617		
20	Interest · · · · · · · · · · · · · · · · · · ·	72/			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,770	8,832	969	969
23	Insurance	7,343	6,609	367	367
24	Other expenses. Itemize expenses not covered		<b>"特别是"。</b> "一定"	(4) - 1 (4 - 4) (4 - 6 )	
	above (List miscellaneous expenses in line 24e. If	4 (1)			
	line 24e amount exceeds 10% of line 25, column	THE STATE OF	A STATE OF THE STA		
	(A) amount, list line 24e expenses on Schedule O.)		14. n. 14.		1623
a	SUPPLIES	53,194	39,896	5,319	7,979
b	PRINTING	7,476	7,476		
C	MEDICAL EXPENSES	5,089	5,089		
d	SATELLITE EXPENSES	17,426	17,426		
е 25	All other expenses	4,787	3,613	587	587
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	366,408	301,332	42,800	22,276
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B)
	1	Cash - non-interest-bearing	208,194	1	End of year
	2	Savings and temporary cash investments	200,194	2	303,704
	3	Pledges and grants receivable, net	5,936	3	C 647
	4	Accounts receivable, net	5,330	4	6,647
	5	Loans and other receivables from current and former officers, directors,	The State of the s		2. T. T. T. A. S. 2011
		trustees, key employees, and highest compensated employees.		0.00	
	0	Complete Part II of Schedule L	2 2 3 2011	5	
	6	Loans and other receivables from other disqualified persons (as defined under section	TO A STANFACTOR	可以高	61 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a
	[	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		100	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	100	1100	學 二二 新疆
		organizations (see instructions). Complete Part II of Schedule L	Ces più lan (Parti - pr	6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	5,773	9	5,677
- 1	10a	Land, buildings, and equipment: cost or		133	
		other basis. Complete Part VI of Schedule D 10a 364, 107		1	
	ь	Less: accumulated depreciation 10b 152,469	209,186	10c	211,638
	11	Investments - publicly traded securities	2057100	11	211,030
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	429,089	16	527,666
	17	Accounts payable and accrued expenses	7,182	17	3,479
ar .	18	Grants payable	7,7,202	18	3/./5
	19	Deferred revenue		19	
3	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,		12	4.
達		trustees, key employees, highest compensated employees, and		111	
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	\$0		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,182	26	3,479
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and	(方) <b>德</b> 斯· (4)	1	
Ces		complete lines 27 through 29, and lines 33 and 34.		100	
a a	27	Unrestricted net assets	413,256	27	443,707
Ba	28	Temporarily restricted net assets	8,651	28	80,480
Б	29	Permanently restricted net assets		29	- race (Series Series (179)
교	1	Organizations that do not follow SFAS 117 (ASC 958), check here			
0		complete lines 30 through 34,	<b>有种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种</b>		2 / 1 3 Gentle
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	421,907	33	524,187
	34	Total liabilities and net assets/fund balances	429,089	34	527,666

The real Property lies	1 990 (2018) THE CARE CENTER 58-176781	3 Page 12
Pa	rt XIII Reconciliation of Net Assets	
_	Check if Schedule O contains a response or note to any line in this Part XI	
1	Total revenue (must equal Part VIII, column (A), line 12)	468,688
2	Total expenses (must equal Part IX, column (A), line 25)	366,408
3	Revenue less expenses. Subtract line 2 from line 1	102,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	421,907
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	33, column (B))	524,187
Pa	rt XII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	П
		Yes No
1	Accounting method used to prepare the Form 990:   Cash  Cash  Other	3 45
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	
	Schedule O.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	· 一类 海海 ·
	reviewed on a separate basis, consolidated basis, or both:	
	Separate basis Donsolidated basis Both consolidated and separate basis	2.1
þ	Were the organization's financial statements audited by an independent accountant?	2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
	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?	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in	
	Schedule O.	
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	
	the Single Audit Act and OMB Circular A-133?	3a X
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 in Schedule O and describe any steps taken to undergo such audits	3b
EΔ		Form 990 (2018)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

2018

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

		RE CENTER					58-17678	313	
_	irt l	Reason for Public Charit	ty Status (All or	ganizations must c	omplete	this part	<ul> <li>See instruction</li> </ul>	is.	
	ne organization is not a private foundation because It is: (For lines 1 through 12, check only one box.)								
1	닏	A church, convention of churches, or	association of chur	ches described in <b>sectio</b>	on 170(b)(1	)(A)(i).			
2	님	A school described in section 170(b)							
3	님	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Ш	A medical research organization ope	rated in conjunction	with a hospital described	in section	170(b)(1)	(A)(iii), Enter the		
_		hospital's name, city, and state:					<u> </u>		
5	Ц	An organization operated for the ben	efit of a college or u	niversity owned or opera	ted by a go	vemment	al unit described in		
_	_	section 170(b)(1)(A)(iv). (Complete I							
6	닖	A federal, state, or local government							
7	X	An organization that normally receive	es a substantial part	of its support from a gov	/ernmental	unit or fror	n the general public		
		described in section 170(b)(1)(A)(vi)							
8	H	A community trust described in section							
9	Ц	An agricultural research organization	described in section	n 170(b)(1)(A)(ix) operat	ted in conju	nction with	a land-grant college		
		or university or a non-land-grant colle	ge of agriculture (se	ee instructions). Enter th	e name, cit	y, and state	e of the college or		
40	$\Box$	university:							
10		An organization that normally receive						S	
		receipts from activities related to its e							
		support from gross investment incom					om businesses		
11	П	acquired by the organization after Jun							
12		An organization organized and operat							
-		An organization organized and opera of one or more publicly supported org							
		Check the box in lines 12a through 12							
	а	Type I. A supporting organization						12g.	
	•	the supported organization(s) the							
		supporting organization. You must			iy or irre un	ectors or it	ustees of the		
	ь	Type II. A supporting organization			ite eunnort	ed organiz	ation(s) by baying		
		control or management of the su					_	İ	
		organization(s). You must comp			isons mar	20111101 01 11	ianage the supported		
	C	Type III functionally integrated.	· ·		ection with	and function	nally integrated with		
		its supported organization(s) (see						7.60	
	ď	Type III non-functionally integra						e)	
		that is not functionally integrated.							
		requirement (see instructions). Ye							
	Θ.	Check this box if the organization	-				vpe II. Tvpe III		
		functionally integrated, or Type III					<b>3</b> F =, . <b>3</b> F =		
	f	Enter the number of supported organi	•						
	g	Provide the following information about	ut the supported org	anization(s).				· · · · · · · · · · · · · · · · · · ·	
	. (1)	Name of supported organization	(II) EIN	(III) Type of organization	(iv) is the o		(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other support (see Instructions)	
				above (see that deticine))	dicuit	ent i	mandenons)	mandedons)	
_					Yes	No			
A)			- W. SO						
B)									
C)									
	-	<del></del>							= 0
D)			(		į.		l		
		<del></del>							3
E)		A)							
-	7		CONTRACTOR OF THE	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	W. C.	(C) (A)			

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

_	cuoti Ai Fubile Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	228,707	249,862	247,916	290,605	346,420	1,363,510
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				=50,00	910,120	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	228,707	249,862	247,916	290,605	346,420	1,363,510
5	The portion of total contributions by		N-de TV	**************************************			
	each person (other than a	. ) 二次線系列				- NA	
	governmental unit or publicly			1.1			
	supported organization) included on					1-11-70	
	line 1 that exceeds 2% of the amount		1.00				
	shown on line 11, column (f)			1.0	A. W. F	· 加里克斯	183,240
6	Public support. Subtract line 5 from line 4 · ·	2000年,15万万元。 1000年,1000年		. 7.6次第5分		A STATE OF THE STA	1,180,270
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	228,707	249,862	247,916	290,605	346,420	1,363,510
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	150	169	194	242	825	1,580
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.)					ž.	
11	Total support. Add lines 7 through 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	11.10 Bank.	- 1660数: - 1.		1,365,090
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's first, se					
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c	• • • • • • • • • • • • • • • • • • • •		•			36.46 %
15	Public support percentage from 2017 Sched	lule A, Part II, line 1	4 эки и и и и и и	CHOICE A R R POSSESS		15	39.47 %
16a	33 1/3% support test - 2018. If the organiza						
	box and stop here. The organization qualifie						· · · ▶ 🗵
Ь	33 1/3% support test - 2017. If the organiza						. 🖪
	this box and stop here. The organization qu						· · · · ·
17a	10%-facts-and-circumstances test - 2018.	-					
	10% or more, and if the organization meets t				•		
	Part VI how the organization meets the "fact						
	organization						2 2 2 2 E
Ь	10%-facts-and-circumstances test - 2017.	•			•		
	15 is 10% or more, and if the organization m				-		
	Explain in Part VI how the organization meet supported organization						D
4 P	_					#20# (# (#) #) #!/#21#00# (#	
18	Private foundation. If the organization did n instructions					ente de la la entendada de	▶ □
	mica cationia						

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levled for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)				7		
Se	ction B. Total Support	L. Salasania	(42.151)				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		1			ii.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						an a sa sa sa sa sa
	First five years. If the Form 990 is for the organization, check this box and stop here ation C. Computation of Public Su						▶□
15	Public support percentage for 2018 (line 8, co					15	<u></u> %
16	Public support percentage from 2017 Schedul	- •				16	%
_	tion D. Computation of Investmen			CANADA S D S THE			
17	Investment Income percentage for 2018 (line			ımn (f)) · · · · ·		17	%
18	Investment income percentage from 2017 Sci					18	%
	33 1/3% support tests - 2018. If the organizal 17 is not more than 33 1/3%, check this box a	tion did not check th	he box on line 14, a	nd ilne 15 lş more	than 33 1/3%, and		▶ 🛚
b	33 1/3% support tests - 2017. If the organizatine 18 is not more than 33 1/3%, check this b	ox and stop here.	The organization qu	alifies as a publich	y supported organi	zation * * * * * *	
20	Private foundation. If the organization did not	t check a box on lin	e 14, 19a, or 19b, o	heck this box and	see instructions	16808 8 8 8 1806978	法 医 知識

Part IV Supporting Organizations

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

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

	Yes	No
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10a	ستف	الكنافة
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10b		

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Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b с A 35% controlled entity of a person described in (a) ог (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization. describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Dld the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations No Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

rant vi Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explain	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organia	zatio	ns must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
1 Net short-term capital gain	11		(optional)
2 Recoveries of prior-year distributions	_	<del></del>	
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	- 3		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)			
7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	7		
	8		(5) (2)
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T::	V - 740 (	(Optional)
instructions for short tax year or assets held for part of year):	1.1		
a Average monthly value of securities	1a	1875	1421
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	75	AND PROPERTY OF STATE	
factors (explain in detail in Part VI):	1.17		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		3
6 Multiply line 5 by .035.	6		
7 Recoverles of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	CHARLES	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	the facility of	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	1770at: 1770g	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally		rated Type III supporting	organization (see
instructions).			
	_		

Pa	rt V: Type III Non-Functionally Integrated 509(a)(3	) Supporting Organiz	cations (continued)	07025
Se	Current Year			
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.		27 - 27 - 37 - 37 - 37 - 37 - 47 - 37 - 47 - 37 - 47 - 4	
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	Mark Control of the C		7111041111101 2010
2	Underdistributions, if any, for years prior to 2018	San	The state of the s	A CONTRACTOR
	(reasonable cause required - explain in Part VI). See Instructions.			
3	Excess distributions carryover, if any, to 2018	Maria Cara Cara Cara Cara Cara Cara Cara		
a	From 2013	Charles The Arests	11. Find to 1. 17 2. 61 4.	1
	From 2014	184-1		907 - ONSBARY
	From 2015	A STATE OF		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	Total of lines 3a through e	N. S. C. P. C. S. C.	A STATE OF S	ero Post
	Applied to underdistributions of prior years	MARKET OF THE WARRANT	A And a service of the control of th	28 55 - ATM 805 85
	Applied to 2018 distributable amount	No. 1 12 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NO TALBELEVALE YEAR	
T	Carryover from 2013 not applied (see instructions)	Mary Annual Control of the Control o	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CONTRACTOR OF THE
ī	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			des auto
4	Distributions for 2018 from	B. N. T. T. T. C. Y. T.	5. 7. 10 Sept. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	Section D, line 7:			
а	Applied to underdistributions of prior years	TO THE SAME A	Hand and the second sec	
	Applied to 2018 distributable amount	(11-15)、正常通過的100m	"The management of the season	and the second s
	Remainder. Subtract lines 4a and 4b from 4.	Marie Control of the	1.179(01-1.1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	37 (4.8.000) 77. (1)
5	Remaining underdistributions for years prior to 2018, if	93.50 TO 180 BAR CO.	distribution of the state of th	9
	any. Subtract lines 3g and 4a from line 2. For result	1000 m 142 1867 13		
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h	9/ /		المسين الشائد المستدين
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		· 罗斯特 · · · · · · · · · · · · · · · · · · ·	
7	Excess distributions carryover to 2019. Add lines 3j		F1对新成份(4.47年)	新展·2018年11日
	and 4c.		A CONTRACTOR OF THE PARTY OF TH	
8	Breakdown of line 7:	""。"",那是我们在	生"中都有"一方"的	The state of the s
a	Excess from 2014	<b>建位于1000年度</b> 超過1000年		S. Califfer
-	Excess from 2015	<b>医生活力的 和新疆的</b> 工作	<b>在外的</b>	
	Excess from 2016	75. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	2000年第1日 · 公司中国	ja, 1554,145.
d	Excess from 2017	公司 为精神工	6世纪1980年,为《旅	8元一个,为例为,六十
	Excess from 2018	医内侧 学师使用点		The American Company

e Excess from 2018

. . . .

Schedule A (Form	990 or 990-EZ) 2018 Page 8
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.)
	- · · · · · · · · · · · · · · · · · · ·
	a-
·	<del></del>
	Φ ₩

#### SCHEDULE D (Form 990)

**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.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Name	of the organization		Employer Identification number					
TH	E CARE CENTER		58-1767813					
Pa	organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or Acc	counts,					
8335	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisor	s in writing that the assets held in donor advised						
	funds are the organization's property, subject to the orga							
6	Did the organization inform all grantees, donors, and dor							
	only for charitable purposes and not for the benefit of the							
	A TOTAL CONTROL OF THE STANDARD CONTROL OF THE STANDAR		- Commercial Commercia					
Pa	Conservation Easements.							
	Complete if the organization answered "Y	es" on Form 990. Part IV line 7						
1	Purpose(s) of conservation easements held by the organ		<del></del>					
	Preservation of land for public use (e.g., recreation of		rically important land area					
	Protection of natural habitat	Preservation of a certific						
	Preservation of open space	Freservation of a certific	ed historic structure					
2	. ,	unlified concention contribution to the form of						
~	Complete lines 2a through 2d if the organization held a q easement on the last day of the tax year.	ualilied conservation contribution in the form of a	Held at the End of the Tax Yea					
а	·							
	Total number of conservation easements							
b	·		· · · · · · · · · · · · · · · · · · ·					
C	Number of conservation easements on a certified historic		· · · 2c					
d	Number of conservation easements included in (c) acqui		W and					
_	historic structure listed in the National Register							
3	Number of conservation easements modified, transferred	d, released, extinguished, or terminated by the or	ganization during the					
	tax year >							
4	Number of states where property subject to conservation							
5	Does the organization have a written policy regarding the		п. п.					
	violations, and enforcement of the conservation easement							
6	Staff and volunteer hours devoted to monitoring, Inspecti	ng, handling of violations, and enforcing conserv	ation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, h	andling of violations, and enforcing conservation	easements during the year					
	<b>\$</b>							
В	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 170(h)	(4)(B)(i)					
	and section 170(h)(4)(B)(II)?		· · · · · · · · · · · · · · · · · · ·					
9	In Part XIII, describe how the organization reports conser	rvation easements in its revenue and expense st	atement, and					
	balance sheet, and include, if applicable, the text of the fe	potnote to the organization's financial statements	that describes the					
	organization's accounting for conservation easements.							
Pai		ions of Art, Historical Treasures, or	Other Similar Assets.					
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116							
	works of art, historical treasures, or other similar assets it	•						
	public service, provide, in Part XIII, the text of the footnot							
b	If the organization elected, as permitted under SFAS 116	·						
	works of art, historical treasures, or other similar assets t	neld for public exhibition, education, or research i	in furtherance of					
	public service, provide the following amounts relating to t							
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical		ain, provide the					
	following amounts required to be reported under SFAS 1							
а	Revenue included on Form 990, Part VIII, line 1							
_b	Assets included in Form 990, Part X		<b>&gt;</b> \$					
For F	aperwork Reduction Act Notice, see the Instructions t	for Form 990.	Schedule D (Form 990) 201					

-	dule D (Form 990) 2018 THE CARE CENTE	ir			58-	-1767813	Page 2
P	art III Organizations Maintaining (	Collections of A	rt, Histor	ical Treasures,	or Other Similar	Assets (contin	nued)
3	Using the organization's acquisition, accession,	and other records,	check any of	the following that are	a significant use of its		
	collection items (check all that apply):	•	•		= 1.g-1 = 10 1, 110		
a	Public exhibition	d $\Pi$ Lo	an or excha	nge programs			
b	Scholarly research		her	igo programo			
C	Preservation for future generations	, 🗀 0.					
4	Provide a description of the organization's collection	ctions and explain he	ow they furth	er the organization's	avernet surness in Den	4	
	XIII.	otionio and oxpiaili in	ow arey runti	ei tile olganizations	exempt purpose in Fai	į.	
5	During the year, did the organization solicit or re	oceive donations of a	nt biotorical	transuras as ether el	!l		
	assets to be sold to raise funds rather than to be	e mointoland on and	iri, mstoncar	treasures, or other st		П.,	σ
Pa	rt IV	comente	of the organ	iization's collection?	CONSTRUCT OF A	· · · · · · · · Ye	s No
	Complete if the organization a	newered "Vee"	n Form 0	00 Port IV line	) or roported on a	hanaiint an Fac	
	990, Part X, line 21.	nowered les t	MI I OIIII 9	oo, Fait IV, lille i	, or reported an a	imount on Fon	i <b>II</b>
1a							
	Is the organization an agent, trustee, custodian included on Form 990, Part X?						_
b	· · · · · · · · · · · · · · · · · · ·					•el#o• → · ∐ Yes	s 📙 No
-	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table:				
_	Poglasias belossa				<u> </u>	Amount	
C							
ď							
9							
f	Ending balance	* * * * * * * * * * * * * * * * * * *	E MOVERNMENT OF A		1f		
2a	Did the organization include an amount on Form	1 990, Part X, line 21	, for escrow	or custodial account i	iability?	· · · · · . 🔲 Yes	s 📙 No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	nation has b	een provided on Part	XIII	uit a i a votator	· • U
r a				00 D. 4 D. U.			
	Complete if the organization ar	nswered "Yes" c	n Form 9	90, Part IV, line 1	0.		
		(a) Current year	(b) Prio	ryear (c) Two yes	rs back (d) Three year	s back (e) Four ye	ars back
1a	Beginning of year balance						
Þ	Contributions						
C	Net Investment earnings, gains, and				T	1	
	losses · · · · · · · · · · · · · · · · · ·						
d	Grants or scholarships						
9	Other expenditures for facilities and					1	**************************************
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current	year end balance (li	ne 1g, colum	n (a)) held as:			
а	Board designated or quasi-endowment	<u></u> %					
b	Permanent endowment > %						
C	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c should	equal 100%.					
3a	Are there endowment funds not in the possessio	on of the organization	that are hel	d and administered fo	or the		
	organization by:				£	Y	es No
	(I) unrelated organizations			194000104 # # # KOM10604	* * * * * * * * * * * *	3a(i)	
	(ii) related organizations				*********	3a(li)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required	on Schedule	R? • • • • • • • • • • • • • • • • • • •		3b	
4	Describe in Part XIII the intended uses of the org	ganization's endowm	ent funds.				
Pa	rt.VI Land, Buildings, and Equipm				98		
	Complete if the organization ar	nswered "Yes" o	n Form 99	90, Part IV, line 1	1a. See Form 990	), Part X, line 1	0.
	Description of property	(a) Cost or oth		(b) Cost or other basis	(c) Accumulated	(d) Book va	
		(Investm	- 1	(other)	depreciation		
1a	Land		7 7 7	20,000		2	0,000
b	Buildings			252,257	79,75		2,505
C	Leasehold improvements					1	
d	Equipment			91,850	72,717	7 1	9,133
0	Other			22,030	1		
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X.	column (B).	line 10c.)		21:	1,638
_			1-//	1000			

Schedule D (Form 990) 2018

THE CARE CENTER

	Complete if the organization answere			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuali Cost or end-of-year market	
	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
_(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "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	on:
41			Cost or end-of-year market	value
(1)				
(2)				
(3)			·	
(4)				
(5)				
(6)	<del></del>			~
(7)				
701				
(8)				
(9)			MD F1	The second second
(9) Total. (Column (b)	must equal Form 990, Part X, col. (8) line 13.)			7.4
(9) Total. (Column (b)	Other Assets.	d "Ves" on Form 990		Part X line 15
(9) Total. (Column (b)	Other Assets. Complete if the organization answere	A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR		
(9) Total. (Column (b) Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		Part X, line 15.
(9) Total. (Column (b) Part IX	Other Assets. Complete if the organization answere	A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR		
(9) Total. (Column (b) Rart X  (1) (2)	Other Assets. Complete if the organization answere	A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR		
(9)  Total. (Column (b)  Rart IX  (1) (2) (3)	Other Assets. Complete if the organization answere	A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR		
(9)  Total. (Column (b)  Raft IX  (1) (2) (3) (4)	Other Assets. Complete if the organization answere	A STANDARD TO A		
(9)  Total. (Column (b)  Raft IX  (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere	A STANDARD TO A		
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere	A STANDARD TO A		
(9)  Fotal. (Column (b)  Rart IX  (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere	A STANDARD TO A		
(9)  Fotal. (Column (b)  Raft IX  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere	A STANDARD TO A		
(9)  Total. (Column (b)  Rart IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere	A STANDARD TO A	Part IV, line 11d. See Form 990	
(9)  Total. (Column (b)  Rart IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)	A STANDARD TO A	Part IV, line 11d. See Form 990	
(9) Total. (Column (b) Rart IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answere	ascription	Part IV, line 11d. See Form 990	(b) Book value
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990,	Part IV, line 11d. See Form 990	(b) Book value
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	ascription	Part IV, line 11d. See Form 990	(b) Book value
(9)  Fotal. (Column (b)  Raft IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column  Part X	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	d "Yes" on Form 990,	Part IV, line 11d. See Form 990	(b) Book value
(9)  Total. (Column (b)  Raft IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X  I. (1) Federal in (2)	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	d "Yes" on Form 990,	Part IV, line 11d. See Form 990	(b) Book value
(9)  Fotal. (Column (b)  Raft IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column  Part X  (1) Federal in (2) (3)	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	d "Yes" on Form 990,	Part IV, line 11d. See Form 990	(b) Book value
(9)  Fotal. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column  Part X  (1) Federal in (2) (3) (4)	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	d "Yes" on Form 990,	Part IV, line 11d. See Form 990	(b) Book value
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X  (1) Federal in (2) (3) (4) (5)	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	d "Yes" on Form 990,	Part IV, line 11d. See Form 990	(b) Book value
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X  (1) Federal in (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	d "Yes" on Form 990,	Part IV, line 11d. See Form 990	(b) Book value
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X  I. (1) Federal in (2) (3) (4) (5)	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	d "Yes" on Form 990,	Part IV, line 11d. See Form 990	(b) Book value
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X  (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere  (a) D  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	d "Yes" on Form 990,	Part IV, line 11d. See Form 990	(b) Book value

	ule D (Form 990) 2018 THE CARE CENTER	58-1767813	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Return.	
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		468,688
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c d	Recoveries of prior year grants		
	Other (Describe In Part XIII.)	1. 34	
е 3	Add lines 2a through 2d		
4	Subtract line 2e from line 1	• 3	468,688
a	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4. 2.1	
b	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)  Add lines 4a and 4b	100	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	Reconciliation of Expenses per Audited Financial Statements With Expense		468,688
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	o per iveturn.	
1	Total expenses and losses per audited financial statements	. 17 [	265 400
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	- EXE	366,408
а	Donated services and use of facilities	10 - 20 L	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		41
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	366,408
4	Amounts Included on Form 990, Part IX, line 25, but not on line 1:		0007.200
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	10.14	
C	Add lines 4a and 4b	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	366,408
Pai	t XIII Supplemental Information.		
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
	*		
_		~	
300			
			£1
EEA		Schedule I	(Form 990) 2018

#### **SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection :

Name of the organization						Employer Identification number		
THE CARE CENTER						58-1767813		
Part I Fundraising Activities Form 990-EZ filers are no	. Complete if	the organiz	zation ans	swered "Yes" on I	orm 99	0, Part IV,	line 17.	
1 Indicate whether the organization rais				Man Ohnak all Abat an	- A -			
a Mail solicitations	ed idilas ulibagi							
b Internet and email solicitations								
c Phone solicitations				- •				
c ∐ Phone solicitations g ☐ Special fundraising events d ☐ In-person solicitations								
2a Dld the organization have a written or						п.,	<b>—</b>	
or key employees listed in Form 990, i							es 📙 No	
b If "Yes," list the 10 highest paid individ compensated at least \$5,000 by the o	uais or entires (i	undraisers) p	ursuant to a	greements under whic	n tne tundi	alser is to be		
compensated at least \$5,000 by the 0	rganization.							
(I) News and address (A) the second of the s								
<ul><li>(i) Name and address of Individual or entity (fundralser)</li></ul>	(II) Activity	(lil) Dld fundraiser have custody or control of contributions?		(Iv) Gross receipts from activity		etained by		
					fundraiser listed in (or retained by)		(or retained by) organization	
		Yes	No		C	ol. <b>(1)</b>		
Ĩ								
2								
3	<u> </u>						<del> </del>	
4								
5	<del></del>							
6							· · · · · · · · · · · · · · · · · · ·	
•				43				
7	3					<del> </del>		
8	<del>//</del>							
9		4	t					
10								
		1						
Table				<b>*</b>				
Total								
3 List all states in which the organization registration or licensing.	is registered or ii	censed to soil	CIT CONTRIBUTI	ons or has been notifi	ea it is exe	mpt trom		
region and revisioning.								
				* * * * * * * * * * * * * * * * * * *				
						:_		
<del></del>								
	* * * * * * * * * * * * * * * * * * * *				W 24 3			
		- 15						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BANQUET (add col. (a) through WALK/LIFE col. (c)) (event type) (total number) (event type) Gross receipts 89,587 55,997 3,653 149,237 Less: Contributions Gross income (line 1 minus 89,587 55,997 3,653 149,237 Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages 17,344 8,289 2,161 Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) 27,794 Net Income summary. Subtract line 10 from line 3, column (d) 11 121,443 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 ln column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

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

### 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.

OMB No. 1545-0047 **2018** 

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

THE CARE CENTER   58-1767813	
01. Form 990 governing body review (Part VI, line 11)	
THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO SUBMISSION OF THE RETURN AT A MONTHLY	
BOARD MEETING.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
EACH YEAR ALL DIRECTORS ARE REQUIRED TO COMPLETE THE ORGANIZATIONS! CONFLICT OF INTEREST	
FORM. THE COMPLETED FORMS ARE REVIEWED FOR CONFLICTS. AREAS OF CONFLICTS ARE RESOLVED.	-
03. CEO, executive director, top management comp (Part VI, line 15a)	
THE EXECUTIVE DIRECTOR'S SALARY IS COMPARED TO OTHER NON-PROFITS IN THE AREA EVERY THREE	
YEARS.	
04. Other officer or key employee compensation (Part VI, line 15b	
EACH YEAR ALL KEY EMPLOYEE SALARIES ARE COMPARED TO OTHER NON-PROFIT SALARIES IN THE AREA.	
05. Governing documents, etc, available to public (Part VI, line 19)	
ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	_