Form <b>JJU</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

#### \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

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

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

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



AI	For the	e 2019 calendar year, or tax year beginning and e	ending		
Β	Check if applicabl	c Name of organization		D Employer identific	ation number
	Addre: chang	CARE INITIATIVES			
	Name chang	Doing business as		76-0262402	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	1611 WEST LAKES PKWY		515-224-4442	
	termin ated			<b>G</b> Gross receipts \$	192,725,578.
	Ameno return	WEST DES MOTNES, IN SUZUC-0212		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: MICHAEL BEAL		for subordinates?	? Yes 🗴 No
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates ind	
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	or 527		list. (see instructions)
		e: CAREINITIATIVES.ORG		H(c) Group exemption	
	Form of <b>art 1</b>	organization: X Corporation Trust Association Other	L Year (	of formation: 1989 M	State of legal domicile: TX
F	_	Summary	DIE NON	PROFIT: 44	
e	1	Briefly describe the organization's mission or most significant activities:	ABLE NON-	PROFIT: 44	
anc		NURSING HOMES, 8 ASSISTED LIVING FACILITIES, 3 SENIOR LIVING			
Governance	2	Check this box if the organization discontinued its operations or dispose			ets. 8
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
		Number of independent voting members of the governing body (Part VI, line 1b)			4519
Activities &	6	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			805
ti		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac	l /a	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		65,257.	77,573.
Revenue	9	Program service revenue (Part VIII, line 2g)		187,828,337.	191,739,234.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		797,251.	825,048.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,996.	80,804.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		188,697,841.	192,722,659.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		162,514.	118,941.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		105,785,686.	108,080,048.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		82,824,957.	83,200,184.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		188,773,157.	191,399,173.
		Revenue less expenses. Subtract line 18 from line 12		-75,316.	1,323,486.
S OF			Be	ginning of Current Year	End of Year
Net Assets	g 20	Total assets (Part X, line 16)		188,887,260.	183,418,361.
3t As	21	Total liabilities (Part X, line 26)		115,971,303.	109,178,918.
		Net assets or fund balances. Subtract line 21 from line 20		72,915,957.	74,239,443.
Pa	art II	Signature Block			

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

Sign	Signature of officer			Date		
Here	DAVID DIXON, SVP/CFO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	KATHY FAIRCHILD		11/09/20	) IT self-employe	ed P00222608	
Preparer	Firm's name 🕒 RSM US LLP			Firm's EIN 🕨	42-0714325	
Use Only	Firm's address 🖕 400 LOCUST STREET, SUITE	640				
	DES MOINES, IA 50309-235	4		Phone no.515	-284-8660	
May the II	S discuss this return with the preparer shown abov	/e? (see instructions)			X Yes	No
David Dixon, svp/cFo         Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature       Date       Check       PTIN         Paid       Print/Type preparer's name       Preparer's signature       Date       Check       PTIN         Preparer       Firm's name       RSM US LLP       Firm's EIN       42-0714325         Firm's address       400 LOCUST STREET, SUITE 640       Phone no.515-284-8660         Des MOINES, IA 50309-2354       Phone no.515-284-8660					(2019)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2019) CARE INITIATIVES	76-0262402	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	IMPROVING QUALITY OF LIFE FOR IOWANS AND THEIR FAMILIES DURING LIFE'S		
	HEALTH TRANSITIONS THROUGH COMPASSIONATE INDIVIDUALIZED CARE.		
	Did the exemization undertake any cignificant program conjuged during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the	Г	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Г	Yes X No
3	If "Yes," describe these changes on Schedule O.	······ L	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	heasured by exp	ansas
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	, the total exper	13e3, and
4a	(Code:) (Expenses \$179,902,646. including grants of \$118,941. ) (Revenue	s 1	91,675,266.
	DURING 2019, CARE PROVIDED SERVICES TO A DAILY AVERAGE OF 2,312		,
	RESIDENTS IN 44 IOWA NURSING HOMES, 8 ASSISTED LIVING FACILITIES AND 3		
	SENIOR LIVING APARTMENT LOCATIONS. CARE PROVIDED THESE RESIDENTS, WHICH		
	ARE COMPRISED OF ELDERLY, INFIRMED AND FINANCIALLY LIMITED INDIVIDUALS		
	WITH A COMFORTABLE, CLEAN, HOME LIKE ATMOSPHERE. CARE PROVIDES HIGH		
	QUALITY HEALTH CARE, FREE OF AS MANY RESTRAINTS AND PSYCHOTROPIC		
	MEDICATIONS AS IS PRUDENT FOR THEIR SAFETY AND THE SAFETY OF OTHER		
	RESIDENTS, AT THE LOWEST POSSIBLE COST. SERVICES PROVIDED INCLUDE ROOM		
	AND BOARD, PROVISION FOR DIETARY REQUIREMENTS, ASSISTANCE WITH PERSONAL		
	HYGIENE WHERE NEEDED, AND PHYSICAL AND SOCIAL ACTIVITIES TO MAINTAIN		
	THE HIGHEST PHYSICAL AND MENTAL QUALITY OF LIFE ATTAINABLE. ADDITIONAL		
	SERVICES INCLUDE OCCUPATIONAL, SPEECH AND PHYSICAL THERAPY, OUTPATIENT		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 179,902,646.		Form <b>990</b> (2010)

Form	990 (2019) CARE INITIATIVES 76-026240	2	Р	age <b>3</b>
Pa	rt IV Checklist of Required Schedules			-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
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 "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		.	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Ŧ	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	l

Form	990 (2019) CARE INITIATIVES 76-02624	02	Р	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
Ŭ	any tax-exempt bonds?	24c		x
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 TU		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		254		
U	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		056		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IL	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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," 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, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	х	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
00		38	х	1
Pa		1.00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Vac	No
			162	

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	713			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

Form	990 (2019) CARE INITIATIVES 76-026240	2	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			U
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4519			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	х	
b	If "Yes," enter the name of the foreign country  TURKS/CAICOS ISL			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	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 required			
•	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A <b>10a</b>			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.			
-			000	

Form **990** (2019)

Form	990 (2019) CARE INITIATIVES 76-026240			age <b>6</b>
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_		w
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X X	
a	Each committee with authority to act on behalf of the governing body?	8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	101	х	
Sec	exempt status with respect to such arrangements?	16b	А	
17	List the states with which a copy of this Form 990 is required to be filed  NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availa	ble
.0	for public inspection. Indicate how you made these available. Check all that apply.	S Siny)	avand	
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	DAVID DIXON - 515-224-4442			
	1611 WEST LAKES PKWY, WEST DES MOINES, IA 50266-8212			

Form 990 (2019) CARE INITIATI									76-026240	2 Page <b>7</b>
Part VII Compensation of Officers, D			tee	s, k	(ey	En	nplo	oyees, Highest Co	mpensated	
Employees, and Independen	t Contracto	ors								
Check if Schedule O contains a respo	onse or note to	any	' line	in t	his F	Part	VII			
Section A. Officers, Directors, Trustees, Key I	Employees, ar	nd H	ligh	est (	Com	nper	Isat	ed Employees		
1a Complete this table for all persons required to	be listed. Rep	ort	com	pens	satic	on fo	r the	e calendar year ending v	vith or within the organ	ization's tax year.
• List all of the organization's <b>current</b> officers			es (w	heth	ner i	ndiv	idua	als or organizations), reg	ardless of amount of c	ompensation.
Enter -0- in columns (D), (E), and (F) if no compens	•			-+		o fo	- da	finition of Illow omployed	• "	
<ul> <li>List all of the organization's current key em</li> <li>List the organization's five current highest co</li> </ul>										received report
able compensation (Box 5 of Form W-2 and/or Bo	x 7 of Form 10	99-1	viso	C) of	mo	re th	an §	\$100,000 from the organ	nization and any related	l organizations.
• List all of the organization's <b>former</b> officers, reportable compensation from the organization ar	nd any related	orga	iniza	tion	s.					
<ul> <li>List all of the organization's former director more than \$10,000 of reportable compensation from</li> </ul>									or or trustee of the org	anization,
See instructions for the order in which to list the p	•				.,			<b>J</b> an <b>L</b> ation of		
Check this box if neither the organization no			niza	tion	com	nor	eate	ad any current officer, di	rector or trustee	
(A)	(B)	Jiga	mza		<u>COII</u> C)	iper	isate	(D)	(E)	(F)
(A) Name and title	Average			Pos		1		Reportable	Reportable	(F) Estimated
Name and the	hours per		not c , unle:					compensation	compensation	amount of
	week		cer ar					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	a.			ted		organization	(W-2/1099-MISC)	from the
	related	stee o	truste		æ	pensa		(W-2/1099-MISC)		organization
	organizations	ıal tru	onal t		ploye	ee com				and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MILES KING	40.00	-	=	5	ž	포칭	E			
PRESIDENT/CEO	40.00	x		x				540,752.	0.	52,433.
(2) CHARLEEN SCHLEPP	40.00	л		^				- 540,752.	0.	52,455.
VP/DIR OF OPERATIONS	40.00			x				328,450.	0.	10,197.
(3) DAVID DIXON	40.00			~				520,430.	••	10,197.
VP/CFO/TREASURER	40.00			x				293,700.	0.	2,565.
(4) MIRIAM YOCUM	40.00			A				255,700.	••	2,505.
VP/HOSPICE	40.00			x				232,560.	0.	1,525.
(5) JERAMY KUHN	40.00			/11				232,500.	<u> </u>	1,525.
COMPLIANCE OFFICER	10.00					x		214,474.	0.	7,672.
(6) KENNETH NELSON	40.00									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DIVISIONAL DIRECTOR						x		173,335.	0.	18,387.
(7) CASEY STEPHENS	40.00								<b>.</b>	
DIVISIONAL DIRECTOR						x		165,432.	0.	19,805.
(8) LORANNIE BELLINGER	40.00									
ADMINISTRATOR						x		141,446.	0.	1,449.
(9) LEANNE O'BRIEN	40.00							,		,
REHAB SERVICES COORDINATOR						x		125,662.	0.	21,363.
(10) STEVEN ACKERSON	3.00							,		
DIRECTOR		х						28,000.	0.	Ο.
(11) MICHAEL BYRNES	4.00									
DIRECTOR		х						28,000.	0.	Ο.
(12) ROBERT CONLON	7.00									
DIRECTOR		х						28,000.	0.	Ο.
(13) STEPHANIE EDWARDS	4.00									
DIRECTOR		х						28,000.	0.	0.
(14) RON HARMOND	6.00									
DIRECTOR		х						28,000.	0.	Ο.
(15) KENT KAPLAN	4.00									
SECRETARY		х		x				28,000.	0.	Ο.
(16) RON NORTHUP	5.00							, ,		
DIRECTOR		х						28,000.	0.	Ο.
(17) HULON WALKER	1.00									
DIRECTOR (THROUGH 5/19)		х						8,000.	0.	0.
		-	-	-	-	-	-			

Form 990 (2019) CARE INITIAT	IVES								76-02	6240	2	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per	(do box,	not c , unle:	C Posi heck r ss per nd a di	C) ition more rson is	) than c s both	ne an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensatio	on		<b>(F)</b> stimate nount	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MK	is	fr org an	other pensa om th anizat d relat anizati	e ion ed
								6	O'				
									)				
		-						<b>b</b> .					
		-				5		2 410 911		0.		125	396.
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								2,419,811. 0. 2,419,811.		0.		,	0. 396.
<ul> <li>2 Total number of individuals (including but n compensation from the organization</li> </ul>		ose	liste	d ab	ove	e) wh	o re		000 of reportable	3		,	42
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer													
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su											4	х	
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>											4		
rendered to the organization? If "Yes," con											5		х
Section B. Independent Contractors 1 Complete this table for your five highest co	mponeoted inc	lono	ndo	nt oo	ntro	actor	0. ++	at received more than ¢	100 000 of com		ion fr		
the organization. Report compensation for (A)	-	-											
Name and business RELIANT PRO REHAB LLC, 5800 GRANITE							_	Description of s	ervices	<u>с</u>		nsatio	n
SUITE 1000, DALLAS, TX 75024	,							PHYS/OCC/SP THERAP	v	1	12	,420,	713
GRAPE TREE MEDICAL STAFFING							_		-			,,	
1003 23RD STREET, MILFORD, IA 51351							_	NURSE STAFFING			3	,108,	941.
ONE STAFF MEDICAL LLC PO BOX 3544, OMAHA, NE 68103								NURSE STAFFING		1	1	,261,	652.
ACCESSIBLE STAFFING, 939 OFFICE PARK	RD,												
SUITE 124, WEST DES MOINES, IA 50265 AUSTIN BUILDERS LLC							-	NURSE STAFFING				476,	831.
1205 N ANKENY BLVD, ANKENY, IA 50021								CONSTRUCTION SERVI	CES			461,	493.
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot lin	nited	d to t	thos 29		ted	above) who received mo	ore than				

	t VII	2010)	INITIATIVI <b>enue</b>					76-026240	2 Pag
		Check if Schedule O cor	ntains a resi	ponse or	note to any line	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 5
Ś	1 a	Federated campaigns	1a	1					
iun		Membership dues		,					
ğ		Fundraising events		;					
ar A		<b>–</b> • • • • • •	1d	-					
n i		Government grants (contribu		,					
5		All other contributions, gifts, gra	-						
ihei		similar amounts not included ab	oove 1f		77,573.			4	
and Other Similar Amounts	g	Noncash contributions included in line	es 1a-1f <b>1g</b>	\$					
anc	h	Total. Add lines 1a-1f			►	77,573.			
					Business Code				
	2 a	NURSING HOME SERVICES	5		623000	180,321,062.	180,321,062.		
0	b	HOSPICE SERVICES			623000	10,038,210.	10,038,210.		
nue	с	ASSISTED LIVING SERVI	C		623990	1,128,097.	1,128,097.		
eve	d	SENIOR LIVING APARTME	EN		623990	116,801.	116,801.		
r	е	GUEST MEALS			722210	55,968.			55,96
Revenue	f	All other program service rev	venue		900099	79,096.	71,096.		8,00
	g	Total. Add lines 2a-2f			►	191,739,234,	hV		
	3	Investment income (including	g dividends	, interest	t, and				
		other similar amounts)			►	827,967.			827,96
	4	Income from investment of ta	ax-exempt l	oond pro	oceeds 🕨 🕨				
	5	Royalties	·····	<u></u>					
			(i) Re	eal	(ii) Personal	$\sim$			
	6 a	Gross rents6	6a			()			
	b	Less: rental expenses 6	6b			$\mathbf{\nabla}$			
	с	Rental income or (loss) 6	6c			1			
	d	Net rental income or (loss)	<u></u>	<u></u>					
	7 a	Gross amount from sales of	(i) Secu	irities	(ii) Other				
		assets other than inventory <b>7</b>	7a						
	b	Less: cost or other basis							
		and sales expenses 7			2,919.				
		Gain or (loss)			-2,919.				
2		Net gain or (loss)			🕨	-2,919.			-2,93
	8 a	Gross income from fundraising							
5		including \$	of						
		contributions reported on lin							
		Part IV, line 18							
		Less: direct expenses		. 8b					
		Net income or (loss) from fur			•				
	Уa	Gross income from gaming a							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from ga			▶				
	iu a	Gross sales of inventory, les		40					
	L	and allowances							
		Less: cost of goods sold			<b>_</b>				
+	c	Net income or (loss) from sal	lies of invent		Business Code				
	<b>11</b> -	SUBPART F INCOME		┝	900099	80,804.			80,80
Revenue				-		00,004.			
ven	b			-					
Be	с с			-					
		All other revenue				80,804.			
- 1	e	Total. Add lines 11a-11d			🕨	00,004.			

CARE INITIATIVES

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 20,593 20,593 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 98,348 98,348, individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 1,666,183 trustees, and key employees 1,666,183, Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 92,423,885. 519,438 Other salaries and wages 87,904,447. 7 8 Pension plan accruals and contributions (include 19,208 section 401(k) and 403(b) employer contributions) 145,765 126,557 756,771 7,038,405 6 281,634 Other employee benefits 9 6,805,810. 6,446,106 359,704 10 Payroll taxes 11 Fees for services (nonemployees): Management а 528,625 528,625, b Legal 155,674 155,674, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 851 710 25,545,435. 306,275 column (A) amount, list line 11g expenses on Sch 0.) 828,229 753,264, 74,965 12 Advertising and promotion 1,388,354 1,201,152. 187,202. Office expenses \_\_\_\_\_ 13 2,616,527 2,616,527. Information technology 14 15 Royalties 8,800,506 8,573,370. 227,136 Occupancy 16 2,191,130, 2,400,667, 209,537 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 ..... 3,071,327, 3,022,859, 48,468, 20 Interest Payments to affiliates ... 21 Depreciation, depletion, and amortization ..... 9,026,772 8,816,202, 210,570 22 2,959,346. 2,953,603. 5,743 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If

8,502,213.

6,570,045.

1,361,162.

1,175,879.

7,963,148,

191,399,173.

8,502,213.

6,570,045.

1,361,162.

1,175,879.

7,883,510,

179,902,646.

а

h

С

d

е

25 26 line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

MEDICAL SUPPLIES

DIETARY SUPPLIES

HOUSEKEEPING & LAUNDRY

MAINTENANCE

Check here

All other expenses

0.

79,638

11,496,527

Net Assets or Fund

29

30

31

32

33

Form	990 (	2019) CARE INITIATIVES				76-	0262402 Page <b>11</b>
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any li	ine in this Part X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			22,325.	1	22,825.
	2	Savings and temporary cash investments			39,527,767.	2	41,142,006.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			29,262,655.	4	30,697,100.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst				-	
	6	controlled entity or family member of any of thes	•			5	
	0	Loans and other receivables from other disqualit under section 4958(f)(1)), and persons described		~ 4059(a)(2)(D)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	593,972.	8	637,084.		
As	9	Prepaid expenses and deferred charges	1,049,778.	9	1,303,225.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	253,326,373.	$\sim$		
	b	Less: accumulated depreciation		156,783,548.	102,480,891.	10c	96,542,825.
	11	Investments - publicly traded securities			10,610,086.	11	7,891,846.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			-352,771.	13	-503,331.
	14	Intangible assets				14	<b></b>
	15				5,692,557.	15	5,684,781.
	16	Total assets. Add lines 1 through 15 (must equa			188,887,260. 19,355,368.	16	183,418,361. 20,121,495.
	17 18	Accounts payable and accrued expenses Grants payable			19,333,300.	17 18	20,121,495.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			96,615,935.	20	89,057,423.
	21	Escrow or custodial account liability. Complete I			, ,	21	, <u>,</u>
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abil		controlled entity or family member of any of the	e person	s		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). C	Complete Part X			
		of Schedule D			115 071 202	25	100 170 010
	26	Total liabilities. Add lines 17 through 25			115,971,303.	26	109,178,918.
ş		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck nere				
Balances	27				72,915,957.	27	74,239,443.
3ala	27				, ,	27	
	20			·····		20	

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 72,915,957. 74,239,443. Total net assets or fund balances 32 188,887,260. 183,418,361. 33 Form 990 (2019)

Form	990 (2019) CARE INITIATIVES	76-0262402		Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	192,	722,	659.
2	Total expenses (must equal Part IX, column (A), line 25)	2		399,	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	323,	486.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72,	915,	957.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	74,	239,	443.
Pai	rt XII Financial Statements and Reporting	$\mathbf{O}$			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		X
		) _		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			Ţ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-	~		v
	Act and OMB Circular A-133?		3a		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		<b>.</b>		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	(2019)
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi or audits, explain why on Schedule O and describe any steps taken to undergo such audits	F	·orm	330 (	2019)
	$\sim$				
	$\nabla$				
	*				

SCH	EDU	LE	Α
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(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.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service			<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>				Open to Public Inspection			
Nan	ne of t	the organizati		Ŭ					Employer	identification number
			CARE I	NITIATIVES						76-0262402
Pa	rt I	Reason	for Public C	Charity Status 🥡	All organizations must co	mplete th	is part.) Se	e instructions	6.	
The	organ	ization is not a	a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, co	nvention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).		
2		A school des	cribed in <b>secti</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	search organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat	e:						_	
5					llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
				Complete Part II.)					$\mathbf{\nabla}$	
6	$\square$			-	nental unit described in					
7					ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	bublic described in
0				omplete Part II.)	(1)(A)(vi). (Complete Parl	. 11.)				
8 9	H				in section 170(b)(1)(A)(i		nd in contr	unction with a	land grant	collogo
3					ulture (see instructions).					
		university:	or a normana g	frank conege of agric			name, ory	vand state of	the conege	
10	X		on that normal	Ily receives: (1) more	than 33 1/3% of its supp	port from a	ontributio	ns, membersl	nip fees, an	d gross receipts from
					ct to certain exceptions,					
					(less section 511 tax) fro		· · ·			
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
					d in section 509(a)(1) o					Check the box in
		-			f supporting organization					
а					upervised, or controlled					
					gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
	_	<b>-</b>		complete Part IV, Se	-					
b					or controlled in connect					
				t complete Part IV,	anization vested in the sa	ane perso	ns that coi	itroi or manag	ge the supp	onted
с		-			g organization operated	in connect	tion with a	and functional	llv integrate	d with
U			-	-	). You must complete F				iy integrate	a wiai,
d			-		porting organization oper				ted organiz	ration(s)
					ation generally must sati					
					nplete Part IV, Sections					
е		Check this	box if the orga	nization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
g				about the supporte		(iv) Is the ora	anization listed			
	(	<ul> <li>i) Name of supp organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ng document?	(v) Amount o <sup>.</sup> support (see ir	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			
Tota	al									

### Schedule A (Form 990 or 990-EZ) 2019 CARE INITIATIVES

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					4	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions					$\sim$	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				$\langle \rangle$		
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	1	1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			6			
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		$\mathbf{h}$				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,						
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stor ction C. Computation of Publi	o here C Support Per	centade				
				al			
	Public support percentage for 2019 (I					14	<u>%</u>
	Public support percentage from 2018 33 1/3% support test - 2019. If the o					15	<u>%</u>
108	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the o		•			or more check thi	
L.	¥						
17-	and stop here. The organization qual 10% -facts-and-circumstances test					and line 14 is 10%	
17 a							
	and if the organization meets the "fac			-	-	-	
ь	meets the "facts-and-circumstances"	-	-	• • • •		7a and line 15 is 1	
D D	<b>10% -facts-and-circumstances test</b> more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation If the organizatio			•	,		

Schedule A (Form 990 or 990-EZ) 2019

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

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

#### Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2017 (d) 2018 (e) 2019 (a) 2015 (b) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 77,908 326,805. 50,129 55,938. 65,257. 77,573. 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 192,864,423. 191,675,266. 186,785,173. 192,962,367. 187,754,009. 952,041,238. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 74,328 60,995. 3 968 92,187 76,338 367,816. 4 Tax revenues levied 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 186,955,268 192,990,890 193,079,300. 187 893,594 191,816,807 952,735,859. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and Ο. 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 0. c Add lines 7a and 7b 0. 952,735,859. Public support. (Subtract line 7c from line 6.) Section B. Total Support (b) 2016 Calendar year (or fiscal year beginning in) 🕨 (a) 2015 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 192,990,890 186,955,268 193,079,300, 187.893.594 191,816,807 952,735,859. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, .929 348 467,303 582,394 797,178, 827,967, 3,023,771. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 348,929 467,303 582,394 797,178, 827,967 3,023,771. 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 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 22,066 30,542 12,408, 6,996, 80,804 152,816. 187,326,263. 193,488,735. 193,674,102. 188,697,768. 192,725,578. 955,912,446. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 99.67 % Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 15 99.73 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .32 17 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) % .26 18 18 Investment income percentage from 2018 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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")? "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		L
			Yes	No
4	Did the diverters twisters as membership of one as more supported examinations have the neurosta		163	
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			L
<u></u>			Vaa	No
	Did the superior time service to each of its superstand superior bits to be the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see insti	uctions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
Ŀ.	that these activities constituted substantially all of its activities.	2a		
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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l .

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 CARE INITIATIVES			76-0262402 Page <b>6</b>
Pa		Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	Nov. 20, 1970 (explain in P	art VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must comp	olete S	ections A through E.	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			4
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019	CARE	INITIATIVES
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Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			4
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Inform	natior	1. Provide the explan
Schedule A	(Form 990 or 990-EZ) 2019	CARE	INITIATIVES

art 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.)

C

## **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

76-0262402

CARE	INITIATIVES

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is	s covered by the General Rule or a Special Rule.
Note: Only a section 501(c)(	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
Special Rules	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is exclusively religious.

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

CARE INITIATIVES

76-0262402

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$9,958.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

923452 11-06-19

	B (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>3</b>
Name of o	rganization		Employer identification number
CARE INI	TIATIVES		76-0262402
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

0 60 11					
0 60- 41	76-0262402				ARE INIT
o for the y	501(c)(7), (8), or (10) that total more than \$1,000 f r organizations	lowing line entry For	h) through (e) and the follow	from any one contributor. Complete columns (	Part III
	or the year. (Enter this info. once.) 🏴 🖇	of <b>\$1,000 or less</b> fo	charitable, etc., contributions of space is needed.	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	
neld	(d) Description of how gift is he	of gift	(c) Use of	(b) Purpose of gift	(a) No. from Part I
			·		rurti
	1	ansfer of gift	e) Trans		-
	Relationship of transferor to transferee		nd <b>ZI</b> P + 4	Transferee's name, address, a	
	$\frown$				
		-			
neld	(d) Description of how gift is he	of gift	(c) Use of	(b) Purpose of gift	(a) No. from Part I
		-			
		ansfer of gift	e) Trans		F
	Relationship of transferor to transferee	3	nd ZIP + 4	Transferee's name, address, a	
neld	(d) Description of how gift is he	of gift	(c) Use of	(b) Purpose of gift	(a) No. from Part I
			) <u> </u>		
		ansfer of gift	(e) Trans		
	Relationship of transferor to transferee		nd <b>ZI</b> P + 4	Transferee's name, address, a	F
		_			
	1	-			(a) No.
neld	(d) Description of how gift is he	of gift	(c) Use of	(b) Purpose of gift	from Part I
	1	ansfer of gift	e) Trans		F
	Relationship of transferor to transferee		nd <b>ZI</b> P + 4	Transferee's name, address, a	
		_			
	(d) Description of how gift is he	of gift	(c) Use of	(b) Purpose of gift	(a) No. from Part I

SCHEDULE C	Po	olitical Ca	ampaign a	nd Lobbying	g Activities	OMB No. 1545-0047	
(Form 990 or 990-EZ)						2010	
		2. Open to Public					
Department of the Treasury Internal Revenue Service							
If the organization answ			-		46 (Political Campaign A	ctivities), then	
<ul> <li>Section 501(c)(3) or</li> </ul>						,,	
		•			o not complete Part I-B.		
<ul> <li>Section 527 organization</li> </ul>	ations: Complete	e Part I-A only.					
If the organization answ	vered "Yes," on	n Form 990, Pai	rt IV, line 4, or For	m 990-EZ, Part VI, line	e 47 (Lobbying Activities),	, then	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	have filed Form	5768 (election und	er section 501(h)): Con	nplete Part II-A. Do not com	ıplete Part II-B.	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	have NOT filed I	Form 5768 (electior	n under section 501(h))	: Complete Part II-B. Do no	t complete Part II-A.	
-		n Form 990, Pa	rt IV, line 5 (Proxy	Tax) (see separate ins	structions) or Form 990-E	Z, Part V, line 35c (Proxy	
Tax) (see separate inst							
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizat	tions: Complete	Part III.				
Name of organization	<b>ANDE INTE</b>				Emplo	over identification number	
Part I-A Comple	CARE INITIA		exempt under	section 501(c) or	r is a section 527 org	76-0262402	
			exempt under				
<ul> <li>Duccido o descuinti:</li> </ul>			a di in diva at va aliti a al				
				campaign activities in			
<b>3</b> Volunteer hours for	political campai	gri activities .					
Part I-B Comple	ete if the org	anization is	exempt under	section 501(c)(3)			
1 Enter the amount o					▶\$		
			•	s under section 4955	▶\$		
3 If the organization i		, ,	•			Vee Ne	
4a Was a correction m							
<b>b</b> If "Yes," describe ir							
Part I-C Comple	ete if the org	janization is	exempt under	section 501(c), e	except section 501(c)	(3).	
1 Enter the amount d	irectly expended	d by the filing or	ganization for secti	on 527 exempt functio	n activities > \$		
2 Enter the amount o	f the filing organ	ization's funds (	contributed to othe	r organizations for sec	tion 527		
exempt function ac	tivities				▶\$		
3 Total exempt functi	on expenditures	. Add lines 1 an	d 2. Enter here and	on Form 1120-POL,			
line 17b					▶\$		
4 Did the filing organi						Yes No	
					ical organizations to which		
					tion's funds. Also enter the		
				eparate political organ e information in Part IV	ization, such as a separate	segregated fund or a	
				1			
<b>(a)</b> Name		(b) /	Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and	
					funds. If none, enter -0	promptly and directly	
						delivered to a separate	
						political organization. If none, enter -0	
X							

chedule C (Form 990 or 990-EZ) 2019						262402 Page <b>2</b>
Part II-A Complete if the orga	anizatio	n is exer	npt under sectio	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).						
				n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share		, 0	1 ,			
Check  Ch	tion check	ed box A ai	nd "limited control" pr	ovisions apply.		
Limit	ts on Lobl	oying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" m	eans amou	ints paid or incurred	)	totals	
a Total lobbying expenditures to influ	ience pub	ic opinion (	arassroots lobbving)			
<b>b</b> Total lobbying expenditures to influ						
c Total lobbying expenditures (add lir						
d Other exempt purpose expenditure						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) or			bying nontaxable an			
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ent	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer	ro on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
			eraging Period Unde		(	
(Some organizations the			ate instructions for li		of the five columns b	elow.
			nditures During 4-Ye			
		, , ,				
Calendar year	(a)	2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
(or fiscal year beginning in)		C				
2a Lobbying nontaxable amount		$\frown$	•			
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))	C					
c Total lobbying expenditures	$\overline{}$					
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
$\sim$						
f Grassroots lobbying expenditures			1	1	1	
				1		n 990 or 990-EZ) 2019

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

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(b)	
	e lobbying activity.	Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x		
	Media advertisements?		x		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?	Х	$\boldsymbol{\mathcal{O}}$	•	51,346.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
j	Total. Add lines 1c through 1i				51,346.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year	? 3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line 🤅	3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year				
c					
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II-	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAR	F II-B, LINE 1, LOBBYING ACTIVITIES:				
DUR	ING 2019, CARE INITIATIVES HAD NO DIRECT EXPENSES FOR LOBBYING				
ACT	IVITIES. CARE INITIATIVES WAS NOTIFIED BY IOWA HEALTH CARE				
ASSO	OCIATION THAT 16.0% OF DUES WOULD BE SPENT ON LOBBYING AND OTHER				
EXPI	ENDITURES SUBJECT TO CODE SEC. 162(E)(1). DURING 2019, CARE				
INI	TIATIVES PAID DUES TO IHCA OF \$201,342. CARE INITIATIVES WAS				

NOTIFIED BY AMERICAN HEALTH CARE ASSOCIATION THAT 28.0% OF DUES WOULD
BE SPENT ON LOBBYING AND OTHER EXPENDITURES SUBJECT TO CODE SEC.
162(E)(1). DURING 2019, CARE INITIATIVES PAID DUES TO AHCA OF \$63,784.
CARE INITIATIVES WAS NOTIFIED BY NATIONAL HOSPICE AND PALLIATIVE CARE
ORGANIZATION THAT 3.81% OF DUES WERE USED FOR SPECIFIC LOBBYING
PURPOSES. DURING 2019, CARE INITIATIVES PAID DUES TO NHPCO OF \$7,079.
CARE INITIATIVES WAS NOTIFIED BY HOSPICE AND PALLIATIVE CARE
ASSOCIATION OF IOWA THAT 14.3% OF DUES WERE SPENT ON LOBBYING. DURING
2019, CARE INITIATIVES PAID DUES TO HPCAI OF \$7,000.
G

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the	organization
------	--------	--------------

	CARE INITIATIVES			76-0262402
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
	•	(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	sed funds	
	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
				Yes No
Pa			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (for example, recreat		of a historically imp	ortant land area
	Protection of natural habitat		of a certified histori	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the forn	of a conservation	easement on the last
	day of the tax year.			d at the End of the Tax Year
а	Total number of conservation easements		2a	
b			0	
c	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired at			
-	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele		·····	ng the tax
-	year ►	,		
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		-	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			nts during the year
				0
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	ation easements d	uring the year
	►\$			0
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	)(h)(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot			es the
	organization's accounting for conservation easements.			
Pa		Art, Historical Treasures, or C	ther Similar A	ssets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet	works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in	furtherance of publ	ic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ms.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet wo	rks of
	art, historical treasures, or other similar assets held for public	-		
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,		·
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
	···· · · · · · · · · · · · · · · · · ·		<b>N A</b>	
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS		<b>U</b> , <b>I</b>	
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$	
	Assets included in Form 990, Part X			

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

Sche	dule D (Form 990) 2019 CARE INITI						0262402	Page <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Art, H	listorical Tre	easures, o	r Othe	r Similar Ass	ets <sub>(contin</sub>	nued)
3	Using the organization's acquisition, accessi	on, and other records, ch	heck any of the	following that	t make s	ignificant use of	its	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	am			
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's c						art XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be m						Yes	No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		f the organizatio	on answered	"Yes" or	n Form 990, Part	IV, line 9, or	
- 1a	Is the organization an agent, trustee, custod		for contribution	s or other as	sets not	included		
	on Form 990, Part X?					1	X Yes	No
b	If "Yes," explain the arrangement in Part XIII							
	, I	i i i i i i i i i i i i i i i i i i i	5				Amoun	t
с	Beginning balance					10		391,418.
d	Additions during the year						5	,375,402.
е	Distributions during the year					1e	5	,384,204.
f	Ending balance					) 1f		382,616.
2a	Did the organization include an amount on F				unt liabi	lity?	Yes	X No
	If "Yes," explain the arrangement in Part XIII.							
Pa	<b>t V</b> Endowment Funds. Complete	if the organization answe	ered "Yes" on Fo			10.		
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years ba	ack <b>(e)</b> Four	r years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs							
f	Administrative expenses							
g	End of year balance		,					
2	Provide the estimated percentage of the cur	rent year end balance (lin	ne 1g, column (a	)) held as:				
a	Board designated or quasi-endowment	%	)					
b	Permanent endowment  Term endowment	9/0						
С	The percentages on lines 2a, 2b, and 2c sho	20 wild aqual 100%						
20	Are there endowment funds not in the posse		that are hold a	ad administo	rad for th	o organization		
Ja	by:	ssion of the organization				le organization	[	Yes No
							3a(i)	163 140
							o (")	
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the							
Pa	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11a. S	See Form 990	), Part X,	line 10.		
	Description of property	(a) Cost or other basis (investment	r (b) Cost	t or other (other)	(c) A	Accumulated	<b>(d)</b> Boo	k value
<b>1</b> a	Land		8	,710,816.			8	,710,816.
b	Buildings			,589,288.	:	107,050,690.		,538,598.
	Leasehold improvements		8	,077,542.		4,188,206.	3	,889,336.
	Equipment		46	,641,651.		35,975,394.	10	,666,257.
	Other		16	,307,076.		9,569,258.	6	,737,818.
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, c	olumn (B), line 1	0c.)			96	,542,825.

Schedule D (Form 990) 2019

(a) Description of security of category (including name of security)	(b) BOOK value	(c) Method of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			4
(G)			1
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dort IV line	11a Saa Form 000 Dart V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
			or your market value
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)	L C		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)	S		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	- <i>1</i> 5)		
Part X Other Liabilities.	2 10.,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	,,,,	,,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) The last sector of the last			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	<u>9</u> 25)	▶	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

#### CARE INITIATIVES

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security)

Sche	dule D (Form 990) 2019 CARE INITIATIVES		76-0262402	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue pe	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 statement	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne <u>12.)</u>		
Pa	t XII Reconciliation of Expenses per Audited Financia	I Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	20		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.) rt XIII Supplemental Information.	line 18.)	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		, line 4; Part X, line 2; Part XI	,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information.		
חמגם				
PARI	X, LINE 2:			
CARE	INITIATIVES IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATI	ON. THE WHOLLY		
	INTERTIVES IS CONSCITED AS A TAX EXEMPT ORGANIZATI			
OWNE	D SUBSIDIARY AND THE FOUR LIMITED LIABILITY COMPANIES	ARE PASS THROUGH		
ENTI	TIES; GENERALLY, NONE OF THESE ENTITIES ARE SUBJECT T	O FEDERAL AND		
STAT	TE INCOME TAXES ON RELATED INCOME. CARE IS SUBJECT TO	FEDERAL AND STATE		
INCO	ME TAXES TO THE EXTENT IT HAS UNRELATED BUSINESS INCO	ME. IN ACCORDANCE		
	₩			
WITH	I THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME TA	XES, MANAGEMENT		
HAS	EVALUATED CARE'S MATERIAL TAX POSITIONS AND DETERMINE	D THAT THERE ARE		
NO I	NCOME TAXES THAT NEED TO BE REFLECTED IN ITS CONSOLID	ATED FINANCIAL		
STAT	'EMENTS.			

	(Form 990) 2019	CARE		TTAT.	IVES
Part XIII	Supplemental	Information	•		

Supplemental Information (continued)	

SCH	EDULE F	Stateme	ent of Act	ivities Outside the Ur	nited Sta	ites	OMB No. 1545-	-0047
(Form	n 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	201	9
	nt of the Treasury evenue Service	► Go to	www.irs.gov/Fo	Attach to Form 990. orm990 for instructions and the latest	information		Open to Public Inspection	
	of the organization		WWW. O.govi (			Employer	identification nu	umber
						76 006	2402	
Part	INITIATIVES	Information on A	Activities Out	side the United States. Comple	ete if the organ	76-026 nization answ		
		Part IV, line 14b.						
	-	•		ds to substantiate the amount of its gra the selection criteria used to award the		-	🗌 Yes 🗌	No
	<b>or grantmakers.</b> Inited States.	Describe in Part V th	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	e outside the	
<b>3</b> A	ctivities per Regi			an be duplicated if additional space is n			<u> </u>	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service e specific typ (s) in the reg	e expend for a	litures and nents
					$\sim$			
CENTRA	AL AMERICA &			PROFESSIONAL & GENERAL				
THE CA	ARIBBEAN	1	. 0	LIABILITY INSURANCE	N/A		66	,292.
CENTRA	AL AMERICA &							
	ARIBBEAN	C	0	INVESTMENTS	N/A		180	,342.
				05				
			C	$\mathcal{O}^{\mathbf{v}}$				
	Q	$\mathcal{A}^{\star}$						
	Subtotal		. 0				246	,634.
	otal from continu		0 0					0.
сT	otals (add lines 3 nd 3b)		. 0				246	,634.

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

Schedule F (Form 990) 2019

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					(	?		
					C			
				5				
			SCY					
		C						
	, Ç	S						
			ecognized as charities by the f					
by the IRS, or for whic <b>3</b> Enter total number of	other organizations o	nsel has provided a sect r entities	ion 501(c)(3) equivalency letter			•		

Schedule F (Form 990) 2019

hedule F (Form 990) 2019 C2 art III Grants and Other Assistanc			ates. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	Pac
Part III can be duplicated if ac (a) Type of grant or assistance	dditional space is neede (b) Region	d. (c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
					8	1	
					0		
				R			
				S			
			C				
		S	2				
		(C					
	. (2)						

Schedule F (Form 990) 2019

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	_	_
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	1	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	<b>—</b>	<b>TT</b>
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No
	Sc	hedule F (For	m 990) 2019
	PUBLIC		

Schedule F (Form 990) 2019	CARE	INITIATIVES
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Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Go	vernments, an ete if the organization	nd Individual	ls in the Ŭni	ted States		2019
Department of the Treasury Internal Revenue Service		•		Attach to For s.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organizat	ON CARE INITIATI	VES						Employer identification number 76-0262402
Part I General II	nformation on Grants a							
1 Does the organiz	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	 on
-	award the grants or assis		-					X Yes No
	IV the organization's pro							
	d Other Assistance to hat received more than S	-				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CEN 1111 9TH STREET DES MOINES, IA 50		42-0680425	501(C)(3)	9,500.	0.			GENERAL SUPPORT
		8						
	<							
	per of section 501(c)(3) a			e line 1 table				<u>1.</u>
	per of other organizations Reduction Act Notice							

Part III         Grants and Other Assistance to Domestic Individuals           Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				T	
HARDSHIP FUNDS/FINANCIAL ASSISTANCE	17	98,348.	0.		
				CO'	
			.0		
		C	S		
		C			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART 1, LINE 2, GENERAL INFORMATION ON GRANTS AND	ASSISTANCE:				
ORGANIZATIONS ARE SELECTED BASED UPON RELATEDNESS	TO CARE INITI	ATIVES			
EXEMPT MISSION. NO ADDITIONAL MONITORING IS PERFOR	MED.				
PART III, COLUMN (B), NUMBER OF RECIPIENTS:	·				
EXPLANATION: CHARITY CARE AND PARTIAL TO FULL FINAL	NCIAL ASSISTA	NCE IS			
PROVIDED TO PATIENTS ON A CASE-BY-CASE BASIS. NO R	ESIDENT OF CA	RE IS			
DENIED A MEDICATION, NURSING SUPPLY, OR THERAPY, R	EGARDLESS OF	THEIR			
ABILITY TO PAY. CHARITY CARE WAS MADE AVAILABLE T	O 17 INDIVIDU	ALS AT A			

CARE INITIATIVES

Schedule I (Form 990) (2019)

76-0262402

Page 2

Schedule I	(Form 990) CARE INITIATIVES	76-0262402	Page <b>2</b>
Part IV	(Form 990) CARE INITIATIVES Supplemental Information		
VALUE OF	\$98,348.		
		4	
	(		
		_	
	▼ ▼		

SCHEDULE	Compensation Information	OMB No.	1545-004	.7			
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2019					
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Department of the Trea	Department of the Treasury						
Internal Revenue Servi		Inspection					
Name of the org		Employer identificati	on nur	nber			
Part I Que	CARE INITIATIVES	76-0262402					
			N				
te Chaolistha	nunvista hav(as) if the augonization nunvided any of the following to av fex a narrow listed on Form OC		Yes	No			
	propriate box(es) if the organization provided any of the following to or for a person listed on Form 99	<i>J</i> U,					
	ion A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	er companions Payments for business use of personal resider the author social club dues or initiation fees	Jenice					
	phrimication and gross-up payments phrant of social club dues of initiation rees phrant of social club dues of initiation rees phrant of social club dues of initiation rees	chaf					
		criei)					
<b>b</b> If any of the	boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	nt or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
	ization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		1			
liusiees, ai		·····					
3 Indicate wh	h, if any, of the following the organization used to establish the compensation of the organization's						
	ve Director. Check all that apply. Do not check any boxes for methods used by a related organization	, to					
	pensation of the CEO/Executive Director, but explain in Part III.	.0					
	Isation committee Written employment contract						
	dent compensation consultant X Compensation survey or study						
		mmittoo					
	0 of other organizations						
4 During the	ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	or a related organization:						
-		4a		х			
				X			
				X			
•	, or receive payment from, an equity-based compensation arrangement?						
11 103 101							
Only sectio	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	the revenues of:						
a The organiz	ion?	5a		х			
<b>b</b> Any related				x			
•	e 5a or 5b, describe in Part III.						
	isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	the net earnings of:						
-	ion?	6a		х			
<b>b</b> Any related	rganization?			x			
	e 6a or 6b, describe in Part III.						
	isted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	I on lines 5 and 6? If "Yes," describe in Part III	7		х			
	ounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
-				х			
	e 8, did the organization also follow the rebuttable presumption procedure described in						
		9					
	ection 53.4958-6(c)? ork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Fori	n 000)	2010			
LINA FUI Paper		Schedule J (FOI	11 990)	2019			

76-0262402

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MILES KING	(i)	524,192.	0.	16,560.	2,880.	49,553.	593,185.	0.	
PRESIDENT/CEO	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(2) CHARLEEN SCHLEPP	(i)	311,890.	0.	16,560.	2,265.	7,932.	338,647.	0.	
VP/DIR OF OPERATIONS	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(3) DAVID DIXON	(i)	278,100.	0.	15,600.	2,203.	362.	296,265.	0.	
VP/CFO/TREASURER	(ii)	٥.	0.	0.	0.	0.	0.	٥.	
(4) MIRIAM YOCUM	(i)	216,000.	0.	16,560.	1,163.	362.	234,085.	٥.	
VP/HOSPICE	(ii)	٥.	0.	0.	0.	0.	0.	٥.	
(5) JERAMY KUHN	(i)	197,914.	0.	16,560.	0.	7,672.	222,146.	٥.	
COMPLIANCE OFFICER	(ii)	٥.	0.	0.	٥.	0.	0.	٥.	
(6) KENNETH NELSON	(i)	172,899.	0.	436.	1,364.	17,023.	191,722.	٥.	
DIVISIONAL DIRECTOR	(ii)	٥.	0.	0.	٥.	0.	0.	٥.	
(7) CASEY STEPHENS	(i)	165,432.	0.	0.	0.	19,805.	185,237.	٥.	
DIVISIONAL DIRECTOR	(ii)	٥.	٥.	0.	0.	0.	0.	٥.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)	$\mathcal{O}$							
	(i)								
	(ii)								
	(i)								
	(i) (ii)								
	(i)								
	(i) (ii)								

#### Page 3

### Part III Supplemental Information

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

PART I, LINE 6:
PRIOR TO 2019, NELSON AND STEPHENS PARTICIPATED IN AN INCENTIVE PLAN FOR
SKILLED NURSING DIVISIONAL DIRECTORS. THE CALCULATION CRITERIA OF THE
AWARD WAS BASED UPON THE ANNUAL PROFITABILITY OF CARE FOR THE MEASUREMENT
PERIOD, AS DEFINED IN THAT AGREEMENT, AND WAS ALLOCATED TO INDIVIDUALS
UTILIZING FOUR CRITERIA: OPERATING PROFITS (AS DEFINED), QUALITY OF
RESIDENT AND PATIENT CARE, SATISFACTION WITH CARE, AND RISK MANAGEMENT
EFFORTS. THAT PLAN WAS SUSPENDED IN 2019 AND THERE WERE NO PAYMENTS MADE
UNDER THAT PLAN IN 2019.
PART II, COLUMN B (III), OTHER REPORTABLE COMPENSATION:
CARE INITIATIVES HAS A 457B PLAN FOR ITS EXECUTIVES, IN WHICH THE
FOLLOWING PARTICIPATE: MILES KING, CHARLEEN SCHLEPP, DAVID DIXON, AND
JERAMY KUHN. IN 2019, THE ORGANIZATION DID NOT FUND ANY AMOUNT TO THAT
PLAN.

(Form 990) Department of the	CHEDULE K Form 990) epartment of the Treasury ternal Revenue Service Service Service Service Service Service Service Service Service Supplemental Information on Tax-Exempt Bonds Supplemental Information answered Service Se										OMB No. 1545-00 <b>2019</b> <b>Open to Pub</b> <b>Inspection</b>			
Name of the	organization								-	-	identifi		n num	ber
	CARE INITIATIVES							1		76-02	262402	<u> </u>		
Part I E	Bond Issues	1	· · · · ·						_					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descriptio	n of purpose	<b>(g)</b> De	efeased	(h) On			
											of iss	suer	finan	-
								<b>&gt;</b>	Yes	No	Yes	No	Yes	No
							REFUND PRIOR	BONDS						l
A IOWA F	INANCE AUTHORITY	52-1699886	NONE	06/28/13	11,7	20,000.	(5/28/98)			X	$\square$	Х		X
							$\bigcirc$							l
B IOWA F	INANCE AUTHORITY	52-1699886	NONE	12/11/14	41,7	<u> </u>	SEE PART VI			X		Х		X
							REFUND PRIOR	BONDS						l
C IOWA F	INANCE AUTHORITY	52-1699886	NONE	12/19/18	10,5		(6/1/15)			X		X		X
							REFUND PRIOR	BONDS						l
	INANCE AUTHORITY	52-1699886	NONE	01/31/19	39,3	71,095.	(05/12/16)			X		Х		X
Part II F	Proceeds						I							
				A			В	C		_		D		
				4,	,075,000.		5,153,615.					5	,132,	816.
2 Amou	int of bonds legally defeased													
3 Total	proceeds of issue			11,	,720,000.		41,736,496.	10,5	92,000	).		39	,371,	095.
4 Gross	proceeds in reserve funds													
5 Capita	alized interest from proceeds													
6 Proce	eds in refunding escrows									_				
7 Issuar	nce costs from proceeds				228,829. 414,991.			2	208,389.					
8 Credit	t enhancement from proceeds													
	ng capital expenditures from proceeds													
10 Capita	al expenditures from proceeds				19,915,498.									
11 Other	spent proceeds			11,	,491,171.		21,406,007.	10,3	10,383,611.					
	unspent proceeds				2000							/	,371,	095.
13 Year of	13 Year of substantial completion						2016		2013			2006		
				Yes	No	Yes	No	Yes	No		Yes	$\rightarrow$	No	
	the bonds issued as part of a refunding i		oonds (or,					_			_			
	ed prior to 2018, a current refunding issu			Х		Х		X			X	$\rightarrow$		
	the bonds issued as part of a refunding i		ds (or, if											
-	d prior to 2018, an advance refunding iss	-			Х		X		X			——		X
	he final allocation of proceeds been made			Х		Х		X			Х	——		
	the organization maintain adequate book	ks and records to sup	pport the											
final a	Illocation of proceeds?			X		Х		X			Х			

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

Schedule K (Form 990) 2019

### Schedule K (Form 990) 2019 CARE INITIATIVES

Page 2

Par	t III Private Business Use								
			Α		В		c		כ
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?				x		X		
2	Are there any lease arrangements that may result in private business use of				-				
	bond-financed property?				x		x		
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?				X		x		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of								
	bond-financed property?				x		x		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by				•				•
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of						, -		, -
-	unrelated trade or business activity carried on by your organization, another		<b>^</b>						
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		//		x		x		
-	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?				x		x		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		1		•		1		L
~	of		%		%		%		%
C	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		<u>,,,</u>		<u>,,,</u>		/0		<u></u>
•	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
Ŭ	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?			х		х			
Par	t IV Arbitrage						1 1		I
			Δ		В		С	Γ	<u></u>
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
•	Penalty in Lieu of Arbitrage Rebate?	100	x	100	x	100	x	100	x
2	If "No" to line 1, did the following apply?						1		
	Rebate not due yet?		x		x		x		x
	Exception to rebate?	X		X		X		X	
-	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1		•				1
	performed								
3	Is the bond issue a variable rate issue?		X		x		x	X	

Schedule K (Form 990) 2019 CARE INITIATIVES			76-0	262402				Page 3
Part IV Arbitrage (continued)	_		_				-	
	A		E	3	C	2	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х		Х		x
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		Х		x
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		Х		x
7 Has the organization established written procedures to monitor the requirements of								
section 148?	X		x		Х		X	
Part V Procedures To Undertake Corrective Action								
	A		E	3		<u>,                                     </u>	D	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X		Х		Х		X	
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instr	uctions					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:	· ·							
EXPLANATION:	·							
(A) ISSUER NAME: IOWA FINANCE AUTHORITY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 12/28/2013								
(A) ISSUER NAME: IOWA FINANCE AUTHORITY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2016								
(A) ISSUER NAME: IOWA FINANCE AUTHORITY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2018								
(A) ISSUER NAME: IOWA FINANCE AUTHORITY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 01/31/2019								
NOTE REGARDING THE 12/28/2013, 12/31/2018, AND 1/31/2019 REBATE								
COMPUTATIONS:								
SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET								
AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER								
REBATE CALCULATIONS ARE NECESSARY.								

Schedule K (Form 990) 2019	CARE INITIATIVES	76-0262402	Page 4
Part VI Supplemental Informa	tion. Provide additional information for responses to qu	uestions on Schedule K. See instructions (continued)	
NOTE REGARDING THE 12/31/2			
THIS DEBT WAS ISSUED ON A	DRAW-DOWN BASIS AND AMOUNTS WERE DRAWN A	S	
PROJECT COSTS WERE INCURRI	ED. AS NO REBATEABLE ARBITRAGE WAS EARNE	2D AND	
THE DEBT SERVICE FUND WAS	OPERATED ON A BONA FIDE BASIS, NO FURTHE	R	
REBATE ANALYSIS IS NECESSA	ARY.		
PART I, LINE B, COLUMN (F			
EXPLANATION: BUILDINGS, A	DDITIONS, REFUND PRIOR BONDS (9/30/10)		
PART II, LINE 3:		, <u> </u>	
	OCEEDS DO NOT AGREE TO THE ISSUE PRICE IN	I PART	
I, COLUMN (E) DUE TO INVES	STMENT EARNINGS.		
	C		
	()		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

EX 2019 Open to Public Inspection Employer identification number

76 - 0262402

OMB No. 1545-0047

CARE INITIATIVES

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

APARTMENT LOCATIONS, 6 HOSPICE LOCATIONS.

FORM 990, PART I, LINE 6, VOLUNTEERS:

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

AVERAGE VOLUNTEER WORKS ONE HOUR PER WEEK RESULTING IN A CALCULATED

NUMBER OF VOLUNTEERS OF 805. VOLUNTEERS MAINLY PROVIDE ENTERTAINMENT

FOR, AND CONVERSE WITH, RESIDENTS.

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

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

LIVING APARTMENTS AT SEVERAL LOCATIONS AND ASSISTED LIVING IN EIGHT

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

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

ADDITION, CARE PROVIDES LIMITED OUTPATIENT THERAPY SERVICES IN THE

COMMUNITIES IT SERVES.

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

186 PATIENTS THROUGH SIX HOSPICE LOCATIONS. CARE PROVIDES COMPASSIONATE

HEALTH CARE AND PALLIATIVE SUPPORT FOR PEOPLE FACING LIFE-LIMITING

ILLNESSES OR CONDITIONS. SOME OF THE SERVICES PROVIDED INCLUDE NURSING

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

MASSAGE THERAPY, MUSIC THERAPY, SPIRITUAL SUPPORT, AND BEREAVEMENT

SUPPORT.

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization CARE INITIATIVES	Employer identification number 76-0262402
CARE IS THE LARGEST NURSING HOME SERVICE PROVIDER FOR MEDICAID	
RESIDENTS IN IOWA. IN 2019, A DAILY AVERAGE OF 1,270 RESIDENTS	
PARTICIPATED IN THE MEDICAID PROGRAM. CARE'S COST FOR THESE RESIDENTS	
EXCEEDED REVENUE BY \$23,876,000. NO RESIDENT OF CARE IS DENIED A	
MEDICATION, NURSING SUPPLY OR THERAPY, REGARDLESS OF THEIR ABILITY TO	
PAY.	7
	$\sim$
CARE HAS A HISTORY OF MODERNIZATION AND REPLACEMENT OF NURSING	<u> </u>
FACILITIES. SINCE INCEPTION, CARE HAS INVESTED MORE THAN \$120 MILLION	
TO MODERNIZE ITS CENTERS. IMPROVEMENTS INCLUDE AIR CONDITIONING, FIRE	
SPRINKLERS, REPLACEMENT OF HVAC AND ELECTRICAL SYSTEMS, AND PAVED	
PARKING LOTS. EVERY CARE CENTER THAT HAS NOT YET BEEN REPLACED WITH A	
NEW REPLACEMENT BUILDING HAS HAD EXTENSIVE RENOVATIONS. SINCE	
INCEPTION, CARE HAS INVESTED MORE THAN \$111 MILLION IN FOURTEEN NEW	
REPLACEMENT CENTER BUILDINGS THROUGHOUT IOWA	
CARE PROMOTES ECONOMIC DEVELOPMENT IN THE COMMUNITIES IT SERVES BY	
ADDRESSING HOUSING, EMPLOYMENT, EDUCATIONAL OR ENVIRONMENTAL NEEDS AND	
CONCERNS. IN 2019, CARE CONTRIBUTED TO ITS COMMUNITIES BY PAYING	
PROPERTY TAX OF \$2.18 MILLION. IN MANY OF ITS COMMUNITIES, CARE IS THE	
LARGEST EMPLOYER AND THEIR FAMILIES FORM THE LARGEST STUDENT POPULATION	
BASE FOR THE LOCAL SCHOOL DISTRICT.	
CARE FACILITIES WERE A GATHERING PLACE FOR COMMUNITY VOLUNTEERS WHO	
PROVIDED 41.869 HOURS TO HELP THE ELDERLY. USING THE INDEPENDENT	

SECTOR'S ESTIMATED DOLLAR VALUE OF VOLUNTEER TIME, THE ESTIMATED VALUE

OF VOLUNTEER TIME TOTALED APPROXIMATELY \$1,006,101.

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization CARE INITIATIVES	Employer identification number 76-0262402
CARE'S CONTINUUM OF CARE EXTENDED INTO THE COMMUNITIES IT SERVES BY	
PROVIDING REDUCED OR NO-FEE SERVICES SUCH AS MEALS-ON-WHEELS, MEALS FOR	
COUNTY JAILS, EDUCATIONAL SERVICES AND PUBLIC AWARENESS PROGRAMS.	
IN 2019, \$20,593 IN CHARITABLE CONTRIBUTIONS WERE MADE TO SUPPORT	4
CHARITABLE ORGANIZATIONS THAT FURTHER CARE'S EXEMPT MISSION.	- 2
FORM 990, PART VI, SECTION A, LINE 4:	<u>),</u>
CARE INITIATIVES' BOARD OF DIRECTORS ADOPTED THE SECOND AMENDED AND	
RESTATED BYLAWS FOR THE ORGANIZATION IN MAY 2020. THIS UPDATE ADDRESSES	
REVISIONS AND/OR CLARIFICATIONS FOR THE FOLLOWING: THE ROLE AND AUTHORITY	
OF OFFICERS; CLARIFICATION OF DIRECTOR TERMS; CLARIFICATION OF WAIVER OF	
NOTICE; CLARIFICATION OF QUORUM FOR BOARD TRANSACTIONS; USE OF TECHNOLOGY	
TO FACILITATE REMOTE BOARD MEETINGS; AND THE AUTHORITY DELEGATED TO BOARD	
COMMITTEES.	
FORM 990, PART VI, SECTION B, LINE 11B.	
THE DRAFT OF THE ANNUAL FORM 990 IS REVIEWED, PRIOR TO FILING, BY THE FULL	
BOARD OF DIRECTORS IN A REGULARLY SCHEDULED BOARD MEETING. SUBSEQUENT TO	
FILING, A FILED COPY OF THE 990 IS MADE AVAILABLE TO THE BOARD MEMBERS.	
ADDITIONALLY, THE FILED 990 IS PUBLISHED ON CARE'S PUBLIC WEBSITE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO READ THE CORPORATE	
POLICY AND COMPLETE AN ANNUAL SIGNED CERTIFICATE REGARDING THE CORPORATE	
CONFLICT OF INTEREST POLICY. THIS PROCESS IS ADMINISTERED BY THE CORPORATE	
COMPLIANCE OFFICER. ADDITIONALLY, THE BOARD AND OFFICERS RECEIVE REQUIRED	

ANNUAL COMPLIANCE TRAINING, INCLUDING BUSINESS PRACTICES AND CONFLICT OF

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization CARE INITIATIVES	Employer identification number 76-0262402
INTEREST, AGAIN UNDER THE SUPERVISION OF THE COMPLIANCE OFFICER. THE	
COMPLIANCE OFFICER ALSO ATTENDS EACH BOARD MEETING AND SERVES, ALONG WITH	
ALL BOARD MEMBERS, TO RECOGNIZE AND IDENTIFY POTENTIAL CONFLICT OF INTEREST	
EVENTS. IDENTIFIED CONFLICT OF INTEREST SITUATIONS AND DELIBERATIONS, IF	
ANY, ARE DOCUMENTED IN FORMAL BOARD OF DIRECTOR MINUTES.	1
	~~~~
FORM 990, PART VI, SECTION B, LINE 15:	$\overline{\mathbf{A}}$
CARE'S PRESIDENT/CEO, VP/CFO, VP/DIRECTOR OF OPERATIONS, AND VP/MARKETING &	
HOSPICE HAVE BEEN IDENTIFIED AS DISQUALIFIED PERSONS. COMPENSATION FOR	)
THESE POSITIONS IS DETERMINED BY INDEPENDENT DIRECTORS OF THE COMPENSATION	
COMMITTEE WITHOUT THE AFFECTED PARTIES BEING PRESENT AND IS SUBSEQUENTLY	
PROVIDED TO THE FULL BOARD FOR THEIR ACTION OR APPROVAL. FORMAL PERFORMANCE	
EVALUATIONS AND DOCUMENTATIONS OF EACH STEP IN THE DELIBERATION PROCESS ARE	
CONTAINED IN RETAINED COMPENSATION COMMITTEE REPORTS. THE DETERMINATION OF	
THE COMPENSATION COMMITTEE IS SUPPORTED BY A 2018 REPORT BY QUALIFIED	
INDEPENDENT COMPENSATION CONSULTANTS USING APPROPRIATE COMPARABILITY DATA.	
THE DELIBERATIONS OF THE COMPENSATION COMMITTEE AND BOARD ARE	
CONTEMPORANEOUSLY RECORDED IN FORMAL MEETING MINUTES THAT ARE RETAINED BY	
THE ORGANIZATION.	
OTHER EXECUTIVE COMPENSATION IS DETERMINED BY THE PRESIDENT/CEO IN	
CONSULTATION WITH THE MEMBERS OF THE COMPENSATION COMMITTEE AND BOARD OF	
DIRECTORS. THE REPORTS OF COMPENSATION CONSULTANTS UTILIZED IN THE	
EVALUATION OF COMPENSATION LEVELS FOR THE PRESIDENT/CEO, VP/CFO,	
VP/DIRECTOR OF OPERATIONS, AND VP/MARKETING & HOSPICE ARE REVIEWED, ALONG	
WITH PERFORMANCE EVALUATIONS, INFLATION DATA AND COMPETITIVE FACTORS, ALL	
TO ESTABLISH COMPENSATION LEVELS. COMPENSATION CHANGES ARE DOCUMENTED AND	
RETAINED BY THE CORPORATION'S HUMAN RESOURCE DEPARTMENT.	

OTHER MANAGEMENT COMPENSATION IS DETERMINED ACCORDING TO LONG STANDING

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization CARE INITIATIVES	Employer identification number 76-0262402
PERSONNEL POLICIES ADMINISTERED BY THE CORPORATION'S HUMAN RESOURCES	
DEPARTMENT.	
THE COMPENSATION REVIEW PROCESS DESCRIBED ABOVE OCCURS ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION C, LINE 19:	
CARE PROVIDES ITS FORM 990 ON THE ORGANIZATION'S PUBLIC WEBSITE. THE	2
ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENT, OR	$\sim$
CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.	<u> </u>
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES 25,545,435.	
MANAGEMENT AND GENERAL EXPENSES 306,275.	
FUNDRAISING EXPENSES 0.	
TOTAL EXPENSES 25,851,710.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 25,851,710.	
FORM 990, PART XII, LINE 2, CONSOLIDATED AUDITED FINANCIAL STATEMENTS:	
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT	
CERTIFIED PUBLIC ACCOUNTANT. THE ORGANIZATION HAS AN AUDIT COMMITTEE ON	
THE BOARD OF DIRECTORS THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF	
THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT	
ACCOUNTANT. THERE HAS BEEN NO CHANGE IN THIS PROCESS IN THE CURRENT	
YEAR.	

SCHEDUL (Form 990)	<b>))</b> f the Treasury	Related Organizations and Unrelated Partnerships         ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         ► Attach to Form 990.         ► Go to www.irs.gov/Form990 for instructions and the latest information.								
	ne organizat	CARE INITIATIVES	E · · · · · · · · · · · · · · · · · · ·				Employer id 76-026	entification n 2402	umber	
Part I	Identificati	on of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.	7				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity		ress, and EIN (if applicable)	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	or (d) Total inco	(e) End-of-year	assets Di	<b>(f)</b> rect controllin entity	g	
				S						
	Identificati	on of Related Tax-Exempt Organizat	<b>ions.</b> Complete if the organization	answered "Yes" on Form 990	). Part IV. line 34. b	ecause it had one o	or more related ta	x-exempt		
Part II	organizatio	ns during the tax year. (a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controll entity	ing Section	<b>g)</b> 512(b)(13) trolled tity?	
			J.C.Y			501(c)(3))		Yes	No	
		2								
		·								

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

Schedule R (Form 990) 2019

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

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

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

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

#### Schedule R (Form 990) 2019 CARE INITIATIVES

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transac						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled e				<u>1a</u>	X	x
				<u>1b</u>		X
				<u>1c</u>	x	
			$\sim$	<u>1d</u>		x
e Loans or loan guarantees by related organization(s)				<u>1e</u>		
f Dividends from related organization(s)		C		1f		х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		x
i Exchange of assets with related organization(s)				1i		x
j Lease of facilities, equipment, or other assets to related organization(s)				1j		х
· · · · · · · · · · · · · · · · · · ·						
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х
I Performance of services or membership or fundraising solicitations for related of						х
m Performance of services or membership or fundraising solicitations by related of				1m		х
n Sharing of facilities, equipment, mailing lists, or other assets with related organ	ization(s)			1n		Х
o Sharing of paid employees with related organization(s)						Х
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		х
q Reimbursement paid by related organization(s) for expenses				1q		Х
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete th	is line, including covered r	elationships and transaction thresholds	3.		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining ar	nount involved		
(1) DUNLAP ASSISTED LIVING, LLC	A	17,767.	GAAP			
2) ODEBOLT ASSISTED LIVING, LLC	A	17,767.	GAAP			
3) LAMONI ASSISTED LIVING, LLC	A	17,767.	GAAP			
4) PANORA ASSISTED LIVING, LLC	A	17,767.	даар			
5) DUNLAP ASSISTED LIVING, LLC	D	200,000.	GAAP			
(6) ODEBOLT ASSISTED LIVING, LLC	D	200,000.	GAAP			

### Schedule R (Form 990) CARE INITIATIVES

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

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

### Schedule R (Form 990) 2019 CARE INITIATIVES

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispropor- tionate allocations		managing partner?	ownership
					C	$\mathbf{O}$				
					K					
			C							
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		5								
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	$\mathcal{N}$									
	X									

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 CARE INITIATIVES	76-0262402	Page <b>5</b>
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
IOWA INDEMNITY COMPANY, LTD		
EIN: 76-0262402		
BOX 560 BEATRICE BUTTERFIELD BUILDING	~~	
PROVIDENCIALES, TURKS & CAICOS ISLANDS, TURKS AND CAICOS ISLANDS	$\mathbf{X}$	
	)	
PART V, LINE 1		
CARE IS THE 0.01% MANAGING MEMBER IN FOUR LIMITED LIABILITY COMPANIES		
PROVIDING ASSISTED LIVING SERVICES. THESE ENTITIES OWN BUILDINGS THAT		
ARE ATTACHED TO CARE'S RELATED SKILLED NURSING HOMES AND THEY QUALIFY		
FOR AN ALLOCATION OF LOW-INCOME HOUSING TAX CREDITS UNDER SECTION 42 OF		
THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND WERE PLACED IN		
SERVICE IN 2007. CARE INITIATIVES PROVIDES DAILY OPERATIONAL MANAGEMENT		
SERVICES AND PERMANENT FINANCING. THE AGREEMENTS PROVIDE FOR CARE		
INITIATIVES TO PURCHASE THE 99.99% INVESTOR MEMBER INTEREST AT THE END		
OF THE 15-YR TAX CREDIT COMPLIANCE PERIOD FOR AN AMOUNT BASED ON A		
PROCESS AS SPECIFIED IN THE AGREEMENT.		

Form <b>5471</b>	Re	espect	tion Return o to Certain Fo	oreig	yn Corpo	oration	S	ОМ	IB No. 1545-0123		
(Rev. December 2019)	-	► Go to www.irs.gov/Form5471 for instructions and the latest information.									
Department of the Treasury Internal Revenue Service		ormation furnished for the foreign corporation's annual accounting period (tax year required by ction 898) (see instructions) beginning JAN 1 , 2019, and ending DEC 31 ,							achment quence No. <b>121</b>		
		see instructio	ons) beginning JAN 1				, 2019	9 000			
Name of person filing this retu	1111			A	ldentifying num	ber					
CARE INITIATIVES					76-026240						
Number, street, and room or suite no		ber if mail is not	delivered to street address)	В	<b>B</b> Category of filer (See instructions. Check applicable box(es)):						
1611 WEST LAKES PKWY						1 X 2	3	4 X	5 X		
City or town, state, and ZIP co WEST DES MOINES, IA		2			Enter the total p you owned at th	-	-				
Filer's tax year beginning	JAN 1		, 2019 , and ending	DEC 3	1	, 2	019				
D Check box if this is a final						<u></u>	<u></u>		<u></u>		
E Check if any excepted spec				ee instru	ictions)				• L		
F Person(s) on whose behal	f this informatio	n return is file I	ed:			1					
( <b>1</b> ) Name			(2) Address			(3) Identifyi	ng number	(4) Che Shareholder	r Officer Director		
Important: Fill in all app	olicable lines a	nd schedule	es. All information must	be in E	nglish. All amou	ints must be	e stated in L	I.S. dolla	ırs		
	rwise indicated	d.									
1a Name and address of fore IOWA INDEMNITY CO	•				$\sim$		oloyer identifi -00000000	cation nu	mber, if any		
BOX 560 BEATRICE	BUTTERFIEL	D BUILDI	1G			<b>b(2)</b> Ref	erence ID nur	nber (see	instructions)		
PROVIDENCIALES TU	JRKS & CAIC	OS ISLA		$\frown$	9	TK	001				
TURKS AND CAICOS	ISLANDS			$\bigcirc$			c Country under whose laws incorporated TURKS AND CAICOS ISLAN				
d Date of e Pri incorporation	ncipal place of b	usiness	f Principal business activity code number	g Prii Isurai	ncipal business ac	tivity		n Functio	nal currency		
09/25/02 TURKS AN	ND CAICOS I		524140				UNITED S	TATES	DOLLAR		
2 Provide the following info	ormation for the	foreian corpo	ration's accounting period s	tated ab	OVe.			,			
a Name, address, and ident						<b>b</b> If a U.S.	income tax r	eturn was	s filed, enter:		
N/A	, ,						ncome or (los	(ii)	U.S. income tax paid (after all credits)		
		С.	$\mathbf{\vee}$								
c Name and address of fore in country of incorporatio	eign corporation In	's statutory o	r resident agent	pe	ame and address erson (or persons prporation, and the	) with custod	y of the book	s and reco	ords of the foreign		
GLOBAL INS MANAGE	ERS & ACTUA	RIES LTD		GI.	OBAL INS MAN	NAGERS &	ACTUARTES	5 1.470			
BOX 560 BEATRICE					X 560 BEATR:						
PROVIDENCIALES				PR	OVIDENCIALE	5					
TURKS AND CAICOS	ISLANDS			TU	RKS AND CAI	COS ISLAN	DS				
Schedule A Stock	of the For	eign Cor	poration								
						<b>(b)</b> Nu	mber of shar	es issued	l and outstanding		
	(a) Desc	ription of eac	h class of stock				ing of annual ting period		(ii) End of annual accounting period		
COMMON							1,000,0	00	1,000,000		
							, ,				

LHA For Paperwork Reduction Act Notice, see instructions.

Form 5471 (Rev. 12-2019) Schedule B Shai	reholders of Foreig	an Corpor	ation			Page
	holders of Foreig					
(a) Name, address number of s	, and identifying	(b) Description <b>Note:</b> This d	of each class of stock held by shareholder. escription should match the corresponding ion entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
CARE INITIATIVES		COMMON		1,000,00	0 1,000,000	<u> </u>
1611 WEST LAKES PAI	RKWAY					1
WEST DES MOINES IA	50266					1
76-0262402						1
					4	
						-
						-
						-
						-
						-
						-
						+
						1
						-
						1
Part II Direct Sha	areholders of Fore	eian Corpo	ration (see instructions)			<u>.</u>
(a) Name, address	and identifying number of ude country of incorporation or		(b) Description of each class of stock h Note: This description should match		(c) Number of shares held at beginning of annual	(d) Number of shares held at end of annual
formati	on, if applicable.		description entered in Schedule	A, column (a).	accounting period	accounting perio
CARE INITIATIVES		COM	ION		1,000,000	1,000,00
1611 WEST LAKES PAR	RKWAY					
WEST DES MOINES IA	50266		$\sim$			
76-0262402						
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	C					<u> </u>
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X						<u> </u>
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### CARE INITIATIVES

Form 5471 (Rev. 12-2019)

### Schedule C Income Statement

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

		Functional Currency	U.S. Dollars
	1a Gross receipts or sales   1a		273,693.
	b Returns and allowances 1b		
	c Subtract line 1b from line 1a1c	;	273,693.
	2 Cost of goods sold 2		
	3 Gross profit (subtract line 2 from line 1c) 3		273,693.
e	4 Dividends 4		
ncome	5 Interest 5		80,804.
	6a Gross rents 6a	1	
	b Gross royalties and license fees 6b		
	7 Net gain or (loss) on sale of capital assets7		
	8a Foreign currency transaction gain or loss - unrealized 8a		
	b Foreign currency transaction gain or loss - realized 8b		
	9 Other income (attach statement)		
	10 Total income (add lines 3 through 9)   10		354,497.
	11 Compensation not deducted elsewhere 11		
	12a Rents 12:	a	
	b Royalties and license fees	b	
sı	13 Interest		
Deductions	14 Depreciation not deducted elsewhere		
auc	15 Depletion	i	
De	16 Taxes (exclude income tax expense (benefit))	)	
	17 Other deductions (attach statement - exclude income tax expense		
	(benefit)) SEE STATEMENT 1 17	,	211,922.
	18 Total deductions (add lines 11 through 17)   18	1	211,922.
	19 Net income or (loss) before unusual or infrequently occurring items, and		
ЭC	income tax expense (benefit) (subtract line 18 from line 10)	)	142,575.
Net Income	20 Unusual or infrequently occurring items 20	)	
	21a Income tax expense (benefit) - current	a	
Ne	b Income tax expense (benefit) - deferred 21	b	
	22 Current year net income or (loss) per books (combine lines 19 through 21b) 22	2	142,575.
	23a Foreign currency translation adjustments 23a	a	
	b Other 23	b	
ome	c Income tax expense (benefit) related to other comprehensive income 23	c	
Income	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less		
5	line 23c) 24	+	
			Form <b>5471</b> (Rev. 12-2019
	$\sim$		
	X		

### Schedule F Balance Sheet

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

	Assets		<b>(a)</b> Beginning of annual accounting period	a	<b>(b)</b> End of ann ccounting p		
1	Cash	1	1,780,401.		1,8	57,2	240
2a	Trade notes and accounts receivable	2a					
b	Less allowance for bad debts	2b	()	(			
3	Derivatives	3					
4	Inventories	4					
5	Other current assets (attach statement)	5					
6	Loans to shareholders and other related persons	6		4			
7	Investment in subsidiaries (attach statement)	7					
8	Other investments (attach statement)	8					
9a	Buildings and other depreciable assets	9a					
b	Less accumulated depreciation	9b		(			
10a	Depletable assets	10a					
b	Less accumulated depletion	10b		(			
11	Land (net of any amortization)	11					
12	Intangible assets:						
a	Goodwill	12a					
b	Organization costs	12b					
C	Patents, trademarks, and other intangible assets	120					
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	( )	(			
13	Other assets (attach statement) SEE STATEMENT 2	13	533,957.			88,1	
14	Total assets Liabilities and Shareholders' Equity	14	2,314,358.		2,3	45,3	394.
	Liabilities and Shareholders' Equity						
15	Accounts payable	15					
16	Other current liabilities (attach statement) SEE STATEMENT 3	16	846,101.		7	34,5	562.
17	Derivatives	17					
18	Loans from shareholders and other related persons	18					
19	Other liabilities (attach statement)	19					
20	Capital stock:						
а	Preferred stockCommon stock	20a					
b	Common stock	20b					
21	Paid-in or capital surplus (attach reconciliation)	21	1,000,000.		1,0	00,0	000.
22	Retained earnings	22	468,257.		6	10,8	332.
23	Less cost of treasury stock	23	( )	(			
24	Total liabilities and shareholders' equity	24	2,314,358.		2,3	45,3	394.
Scł	nedule G Other Information						
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in partnership? If "Yes," see the instructions for required statement.	-	-		······	/es	No X
2						_	X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as set						
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation of busicely and a section of the section of t	JWIT al	iy ioreign				
	branches (see instructions)?					_	X
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).						
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to th		•				
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a						
	payment made or accrued to the foreign corporation (see instructions)?					_	X
	If "Yes," complete lines 4b and 4c.						
b	Enter the total amount of the base erosion payments						
C	Enter the total amount of the base erosion tax benefit						
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the d	educti	on is not				
	allowed under section 267A?						X
	If ID / and III and a second state of the seco						
	If "Yes," complete line 5b.						

FORM 5471	OTHER DED	UCTIONS		STATEMENT 1
DESCRIPTION		FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
MANAGEMENT FEES ADMINISTRATIVE & CONSULTING LICENSES & FEES ACTUARIAL COSTS AUDITING COSTS CHANGE IN UNPAID LOSS RESERVE				10,468. 24,000. 8,484. 6,025. 17,315. 145,630.
TOTAL TO 5471, SCHEDULE C, LIN	JE 17			211,922.
FORM 5471	OTHER A	SSETS	.0	STATEMENT 2
		SSEIS	$\leftarrow$	
DESCRIPTION			G. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
RESTRICTED CAPITAL DEPOSIT PREPAID COSTS DUE FROM PARENT		$\mathcal{O}^{\mathcal{O}}$	178,802. 7,792. 347,363.	180,341. 8,788. 299,025.
TOTAL TO 5471, PAGE 4, SCHEDUI	LE F, LINE	13	533,957.	488,154.
4	S			
FORM 5471 OTHE	ER CURRENT	LIABILITIES		STATEMENT 3
DESCRIPTION	-		G. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DESCRIPTION		<del></del>	·	
ACCRUED OTHER RESERVE FOR UNPAID LOSSES			7,563. 838,538.	13,937. 720,625.

CARE	INITIATIVES

Schedule G         Other Information (continued)           6a         Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any anounts listed on Scheduel M?         X           11 "Yes," complete lines Bb, c, and GL         X           6a         Is the filer of this Form 5471 claiming a foreign-derived intagoible income dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of FOREI (see instructions)         S           6         Enter the amount of poss income derived from a license of property to the foreign corporation that the filer included in its computation of FODEI (see instructions)         S           6         During the cax year, was the foreign corporation to the foreign corporation that the filer included in its computation of FODEI (see instructions)         S           7         During the cax year, was the foreign corporation aparticipant in any cost sharing arrangement?         X           8         During the cax year, was the foreign corporation aparticipant in a cost sharing arrangement?         X           9         If the answer to question 1/b Yes, 'test the the related of the anoty to corporation that the file included in the asset of tax operation aparticipant in a cost sharing arrangement?         X           11         If the answer to question 1/b Yes, 'test bits appropriate contributions as defined under Regulations section 1.482-7(0) used to device the appropriate on the tax oppropriate approprise on the care thragoiprise method denter the app	Form	5471 (Rev. 12-2019)	F	Þage <b>5</b>
Ga       Is the file of this Form 6471 claming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M?       x         If "Yes," complete lines 06, co. and 04.       x         In error that mount of opes income derived from sales, leases, exchanges, or other dispositions (but not licenses) incompatibility of the foreign corporation that the life included in a science of property to the foreign corporation that the life included in its computation of PDDE (see instructions)       x         In the amount of opes income derived from a lease of property to the foreign corporation that the life included in its computation of PDDE (see instructions)       x         In the amount of opes income derived from a lease of property to the foreign corporation that the life included in its computation of PDDE (see instructions)       x         In the answer to question 7 is "Yes," was the foreign corporation to aparticipant in any cost staring arrangement?       x         If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost staring arrangement that was a inefficient any cost staring arrangement?       x         If the answer to question 10 is "Yes," was the foreign corporation procease to the law set of the law cost and law set of the law cost and law set of law set of the law cost and law set of law set	Scl	nedule G Other Information (continued)		
to any amounts listed on Schedule M?       X         II "Yes," complete lines 60, 6c, and 6d.       Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the file included in its computation of FDDEI (see instructions)       S         c Enter the amount of gross income derived from a locurse of property to the foreign corporation that the file included in its computation of FDDEI (see instructions)       S       X         To During the tax year, with the foreign corporation become a participant in any cost sharing arrangement?       X       X         The answer to question 7 is "Yes," data the foreign corporation that the file included in its computation of FDDEI (see instructions)       X       X         The answer to question 7 is "Yes," data the foreign corporation become a participant in any cost sharing arrangement?       X       X         Ouring the course of the tax year, with the foreign corporation become a participant in a cost sharing arrangement that was in effect before January 5, 2009?       X       X         If the answer to question 7 is "Yes," data the bore the method under Regulations section 1482-r(2) used to determine the prize of the platform contribution transaction(s):       Acquisition price method       X         If the answer to question 10 is "Yes, "etent the present value of the platform contributions in U.S. Jollars       X       X         If the answer to question 10 is "Yes, "etent the present value of the platform contribution transactions, "Platform Applice an			Yes	No
II 'res' complete lines 6b, 6c, and 6d.         Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the forsign corporation that the filer included in its computation of FDDEI (see instructions) <ul> <li>S</li> <li>Enter the amount of gross income derived from a license of property to the forsign corporation that the filer included in its computation of FDDEI (see instructions)</li> <li>Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions)</li> <li>Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions)</li> <li>S</li> <li>During the tax year, was the foreign corporation a participant in a cost sharing arrangement?</li> <li>X</li> </ul> X           9 Urit the answer to question 7 is 'Yes,' did a LUS, taxpayer make any platform contributions as defined under Regulations section 1482-7(c) to that cost sharing arrangement during the taxable year?         X           11 If the answer to question 10 is 'Yes,' enter the prevent value of the platform contributions in LUS, dollars         X           12 If the answer to question 10 is 'Yes,' enter the prevent value of the platform contributions in LUS, dollars         X           12 If the answer to question 10 is 'Yes,' enter the prevent value of the platform contributions in LUS, dollars         X           13 Form April 25, 2014, to Decement 31, 2017, did the foreign corporation purchase stock ore security and the d	6a			
b       Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign derived deduction eligible income (FODE) (see instructions)       b       \$		to any amounts listed on Schedule M?		X
from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction   eligible income (FDDEI) (see instructions)   Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions)   B Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions)   B Unring the tax year, was the foreign corporation a participant in any cost sharing arrangement?   B Unring the tax year, was the foreign corporation a participant in any cost sharing arrangement?   B Unring the tax year, was the foreign corporation a participant in any cost sharing arrangement?   B Unring the tax year, was the foreign corporation a participant in any cost sharing arrangement?   B Unring the tax year, was the foreign corporation a participant in a cost sharing arrangement?   B If the answer to question 7 is Yes, "text the plattrom contributions in U.S. dolars   B If the answer to question 7 is Yes, "text the plattrom contributions in U.S. dolars   B If the answer to question 10 is 'Yes, 'teack the box for the method under Regulations section 1.482-7(i) used to determine the price of the platform contribution transaction(s):   Comparable uncontrolled transaction method   Harder origin corporation netword   Harder origin corporation or use in a triangular reorganization (within the meaning of behaltions section 1.382-7(i) used to foreign corporation purchase starb for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year?   B Unring the tax year, was the foreign corporation p		If "Yes," complete lines 6b, 6c, and 6d.		
<ul> <li>eligible income (FDDEI) (see instructions)</li> <li>Finer the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions)</li> <li>Finer the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions)</li> <li>Suring the caves of the tax year, was the foreign corporation become a participant in any cost sharing arrangement?</li> <li>During the caves of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?</li> <li>If the answer to question 7 is Yes, "vise the foreign corporation participant in a cost sharing arrangement that was in effect before January 5, 2009?</li> <li>If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars</li> <li>If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars</li> <li>If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars</li> <li>If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars</li> <li>If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars</li> <li>If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars</li> <li>If the answer to question 10 is "Yes," enter the present value of the platform contributions and predict platform contributions in U.S. dollars</li> <li>If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars</li> <li>If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars</li> <li>If the answer to question 10 is use to an a trangular reorganization (within the meaning of Populations section 1.267 + 12(a)(9)?<th>b</th><th>Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)</th><th></th><th></th></li></ul>	b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
c Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions)      Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions)      During the curse of the tax year, did the foreign corporation a participant in any cost sharing arrangement?      If the answer to question 7 is "Yes," was the foreign corporation a participant in any cost sharing arrangement that     was in effect before amount 5, 20.099      If the answer to question 7 is "Yes," was the foreign corporation a participant in any cost sharing arrangement that     was in effect before amount 5, 20.099      If the answer to question 10 is "Yes, "then the present value of the platform contributions as defined under     Regulations section 1.422-7(g) used to     determine the price of the platform contribution transaction(s):		from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
in its computation of FDDEI (see instructions)  Generative manual of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions)  For During the tax year, was the foreign corporation a participant in any cost sharing arrangement?  During the tax year, was the foreign corporation a participant in any cost sharing arrangement?  Full the answer to question 7 Is "Yes," was the foreign corporation a participant in a cost sharing arrangement that was in effect before January 5, 2009?  If the answer to question 7 Is "Yes," was the foreign corporation a participant in a cost sharing arrangement that was in effect before January 5, 2009?  If the answer to question 7 Is "Yes," was the foreign corporation aparticipant in a cost sharing arrangement that was in effect before January 5, 2009?  If the answer to question 10 is "Yes," effect the box for the method under Regulations section 1.482-7(g) used to Comparable uncontrolled transaction method Comparable uncontrolled transaction aptricipant in a for year or the current tax year for which the U.S. Transfort 25, 2014, to December 31, 2017, did the foreign corporation are exclusion of the taxable year Comparable uncontrolled transaction method Comparable uncontrolled transaction method Comparable uncontrolled transaction aptricipant transaction as defined in Regulations section 1.256-(b)(2))? Comparable		eligible income (FDDEI) (see instructions)	_	
d Enter the anount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions)	C	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included		
d Enter the anount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions)		in its computation of FDDEI (see instructions)	_	
7       During the tax year, was the foreign corporation a participant in any cost sharing arrangement?       X         8       During the course of the tax year, did the foreign corporation participant in any cost sharing arrangement?       X         9       If the answer to question 7 is Yes," was the foreign corporation a participant in a cost sharing arrangement?       X         10       If the answer to question 7 is Yes," was the foreign corporation a participant in a cost sharing arrangement?       X         11       If the answer to question 10 is Yes," each the present value of the platform contributions as defined under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s):	d			
7       During the tax year, was the foreign corporation a participant in any cost sharing arrangement?       X         8       During the course of the tax year, did the foreign corporation participant in any cost sharing arrangement?       X         9       If the answer to question 7 is Yes," was the foreign corporation a participant in a cost sharing arrangement?       X         10       If the answer to question 7 is Yes," was the foreign corporation a participant in a cost sharing arrangement?       X         11       If the answer to question 10 is Yes," each the present value of the platform contributions as defined under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s):		its computation of FDDEI (see instructions)		
b       During the correction that system the foreign corporation aparticipant in a cost sharing arrangement that was in effect before January 5, 2009?       X         10       If the answer to question 7 is "Yes," was the foreign corporation aparticipant in a cost sharing arrangement that was in effect before January 5, 2009?       X         11       If the answer to question 7 is "Yes," was the foreign corporation aparticipant in a cost sharing arrangement during the taxable year?       X         12       If the answer to question 10 is "Yes," enter the present value of the platform contributions such 1.482-7(g) used to determine the price of the platform contribution stants.       X         13       From April 25, 2014, to become r3, 2017, did the foreign corporation purchase stock or securitiae of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning on Reolyalions section 1.386-6(0)(2))?       X         14a       Did the foreign corporation for use in a triangular reorganization (within the meaning on Reolyalions section 1.386-6(0)(2))?       X         14a       Did the foreign corporation for use in a triangular reorganization (within the meaning on Reolyalions section 1.477, 47(2a)(9)?       X         14       Did the foreign corporation for use in a triangular reorganization (within the meaning on Reolyalions section 1.477, 47(2a)(9)?       X         14       Did the foreign corporation for use in a triangular reorganization (within the meaning on Reolyalions section 1.478, 47(2a)(9)?       X         14       Did the foreign corp	7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		x
9       If the answer to question 7 is "Yes," vas the foreign corporation a participant in a cost sharing arrangement that <ul> <li>was in effect before January 5, 2009?</li> <li>If the answer to question 15 "Yes," valid a U.S. taxpayer make any platform contributions as defined under         <ul> <li>Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?</li> <li>If the answer to question 10 is Yes, "check the box for the method under Regulations section 1.482-7(a) used to             determine the price of the platform contribution transaction(s):</li></ul></li></ul>	8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?		x
10 If the answer to question 7 is Yes," did a U.S. taxpayer make any platform contributions as defined under   Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?   11 If the answer to question 10 is Yes," enter the present value of the platform contributions in U.S. dollars   12 If the answer to question 10 is Yes," enter the present value of the platform contributions in U.S. dollars   12 If the answer to question 10 is Yes," enter the present value of the platform contributions in U.S. dollars   13 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securifies of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?   14 Did the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?   15 During the tax year, was the foreign corporation pursuant to section 367(d)(2)(d) for the taxable year   16 During the tax year, did the foreign corporation pursuant to section 367(d)(2)(d) for the taxable year   17 Yes, "se instructions and attach statement.   18 During the tax year, did the foreign corporation participate innanreportable transaction as defined in Regulations section 1.6011-4?   19 During the tax year, did the foreign corporation participate innanreportable transaction as defined for credit under section 90(n)?   19 During the tax year, did the foreign corporation participate innanreportable transaction section 1.60(1) for credit under section 90 an occure any foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended und	9			
10 If the answer to question 7 is Yes," did a U.S. taxpayer make any platform contributions as defined under   Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?   11 If the answer to question 10 is Yes," enter the present value of the platform contributions in U.S. dollars   12 If the answer to question 10 is Yes," enter the present value of the platform contributions in U.S. dollars   12 If the answer to question 10 is Yes," enter the present value of the platform contributions in U.S. dollars   13 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securifies of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?   14 Did the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?   15 During the tax year, was the foreign corporation pursuant to section 367(d)(2)(d) for the taxable year   16 During the tax year, did the foreign corporation pursuant to section 367(d)(2)(d) for the taxable year   17 Yes, "se instructions and attach statement.   18 During the tax year, did the foreign corporation participate innanreportable transaction as defined in Regulations section 1.6011-4?   19 During the tax year, did the foreign corporation participate innanreportable transaction as defined for credit under section 90(n)?   19 During the tax year, did the foreign corporation participate innanreportable transaction section 1.60(1) for credit under section 90 an occure any foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended und				х
11       If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars       1         12       If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars       1         12       If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars       1         13       From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning on reputations section 1.565-6(b)(2)(?)       X         14a       Did the foreign corporation for use in a triangular reorganization (within the meaning on reputations section 1.565-6(b)(2)(?)       X         14       Did the foreign corporation for use in a triangular reorganization (within the meaning on reputations section 1.757/4-12(a)(9)?       X         15       During the tax year, was the foreign corporation an expatriated foreign subcidiary under Regulations section 1.601-44?       X         16       During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.601-44?       X         17       Target stach form(s) 8866 if required by Regulations section 1.601-4(c)(3)(i)(6).       X         17       During the tax year, did the foreign corporation pay on accule any foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspached under section 909 aso longer suspended?	10			
11 If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars   12 If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s):   13 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities or shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Reculations section 1.358-6(b)(2))?   14 Did the foreign corporation reuse in a triangular reorganization (within the meaning of Reculations section 1.358-6(b)(2))?   14 Did the foreign corporation reuse in a triangular reorganization (within the meaning of Reculations section 1.358-6(b)(2))?   14 Did the foreign corporation reuse in a triangular reorganization (within the meaning of Reculations section 1.358-6(b)(2))?   15 During the tax year, was the foreign corporation pursuant to section 367(0/2)(th) for the taxable year   16 During the tax year, was the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?   17 Yes," see instructions and attach statement.   16 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended meter section 163() (carried forward to the serieng corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended meter section 163() (see instructions)   17 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previ		Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?		x
12 If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to   determine the price of the platform contribution transaction(s):	11		-	
determine the price of the platform contribution transaction(s):       Income method       Acquisition price method         Ormparable uncontrolled transaction method       Residual profit split method       Unspecified methods         13       From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities or a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning on Reouldations section 1.358-6(b)(2))?       X         14a       Did the foreign corporation receive any intangible property in a prior year or the current taxyear for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year?       X         15       During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)?       X         16       During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?       X         17 Yes,* see instructions and attach statement.       X       X         16       During the tax year, did the foreign corporation pay to accue any foreign tax that was disqualified for credit under section 901(m)?       X         18       During the tax year, did the foreign corporation pay or accue any foreign tax that was disqualified for credit under section 901(m)?       X         19       Dury on swer Yes* to any of the guestops in the instructions and attach statement (see instructions)?       X         11*	12		-	
Market capitalization method       ☐ Residual profit split method       Unspecified methods         13       From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.558-6(b)(2)?       X         14a       Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year?       X         15       During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)?       X         16       During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?       X         17       Trives,* attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).       X         17       During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspende?       X         18       During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspende?       X         19       Did you answer "Yes" to any of the curstory for the instructions for line 19?       X         17 Yes,* enter the amount				
Market capitalization method       ☐ Residual profit split method       Unspecified methods         13       From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.558-6(b)(2)?       X         14a       Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year?       X         15       During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)?       X         16       During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?       X         17       Trives,* attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).       X         17       During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspende?       X         18       During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspende?       X         19       Did you answer "Yes" to any of the curstory for the instructions for line 19?       X         17 Yes,* enter the amount		Comparable uncontrolled transaction method Income method Acquisition price method		
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shareholder of the foreign corporation for use in a triangular reorganization (within the meaning or Repulations section 1.358-6(b)(2))?	13			
section 1.358-6(b)(2))?       X         14a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year?       X         If "Yes," go to line 14b.       X         b Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year       \$				
14a       Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.       X         If "Yes," go to line 14b.       X         b       Enter the amount of the earnings and profits reduction pursuant to section 367(b)(2)(b) for the taxable year       \$         15       During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section       X         17874-12(a)(9)?       X         16       During the tax year, and attach statement.         16       During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?       X         17 "Yes," see instructions and attach statement.       X       X         16       During the tax year, did the foreign corporation pay or accrue any reportable transaction as defined in Regulations section 1.6011-4?       X         17 "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(C)(3(i)(G).       X       X         18       During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 163(i) (see instructions)       X         19       Did you answer "Yes" to any of the questions in the instructions and attach statement (see instructions)?       X         11 "Yes," enter the amount       \$       X         12 Does the f				x
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If "Yes," go to line 14b.       ▶         b Enter the amount of the earnings and profits reduction pursuant to section 367(0)(2)(B) for the taxable year       ▶ \$				x
b       Enter the amount of the earnings and profits reduction pursuant to section 367(0)(2)(B) for the taxable year       \$				
15       During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section         1.7874-12(a)(9)?       X         If "Yes," see instructions and attach statement.       X         16       During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?       X         If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).       X         17       During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?       X         18       During the tax year (did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?       X         19       Did you answer "Yes" to any of the questions in the instructions for line 19?       X         16       "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)?       X         20       Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)?       X         21       Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)?       X         16       "Yes," enter the amount       \$       X	b			
1.7874-12(a)(9)?       X         If "Yes," see instructions and attach statement.       During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?       X         If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).       X         If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).       X         If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).       X         If During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?       X         I8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?       X         I9 Did you answer "Yes" to any of the questions in the instructions for line 19?       X         If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)       X         If "Yes," enter the amount       \$       X         10 Does the foreign corporation have previously disallowed under section 163(j) carried forward to the current tax year (see instructions)?       X         If "Yes," enter the amount       \$       X         If "Yes," enter the amount       \$       X	15		-	
If "Yes," see instructions and attach statement.         16       During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?       X         17       During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?       X         18       During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?       X         19       Did you answer "Yes" to any of the questions in the instructions for line 19?       X         16       Ti "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)?       X         20       Does the foreign corporation have interest expense disallowed under section 163(j) (seried forward to the current tax year (see instructions)?       X         21       Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)?       X         17       "Yes," enter the amount       \$       X				x
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section 901(m)?       X         18       During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?       X         19       Did you answer "Yes" to any of the questions in the instructions for line 19?       X         16       "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)       >	17			
<ul> <li>18 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?</li> <li>19 Did you answer "Yes" to any of the questions in the instructions for line 19?</li> <li>19 Did you answer "Yes" to any of the questions in the instructions for line 19?</li> <li>20 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?</li> <li>21 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)?</li> <li>21 If "Yes," enter the amount</li> <li>\$</li> <li>\$</li> </ul>				x
foreign taxes that were previously suspended under section 909 as no longer suspended?       X         19 Did you answer "Yes" to any of the questions in the instructions for line 19?       X         19 If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)	18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
19       Did you answer "Yes" to any of the questions in the instructions for line 19?       X         If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)       —       —         20       Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?       —       —         21       Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)?       —       —         21       Dift "Yes," enter the amount				x
If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions) <ul> <li>If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)</li> <li>Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?</li> <li>If "Yes," enter the amount</li> <li>If</li></ul>	19			x
20 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?       X         If "Yes," enter the amount       ▶\$				
If "Yes," enter the amount       \$         21 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward       X         to the current tax year (see instructions)?       X         If "Yes," enter the amount       \$	20		-	x
21 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward       X         to the current tax year (see instructions)?       X         If "Yes," enter the amount       \$				
to the current tax year (see instructions)? X	21	Does the foreign composition have previously disallowed interest expense under section 163(i) carried forward	-	
If "Yes," enter the amount	21			x
Form <b>5471</b> (Rev. 12-2019)				
		Form 5471	(Rev. 12	2-2019)

### CARE INITIATIVES

Form 5471 (Rev. 12-2019)

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

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

1a	of U.S. shareholder Identifying numb	er 🕨			
	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation				
	(see instructions)		1a		
b			1b		
C	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)		1c		
d	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)				
е	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)		1e		
f	Other subpart F income (see instructions)		lf	80	,804.
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)		2		
3	Section 245A eligible dividends (see instructions)		3		
4	Factoring income		4		
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.				
5	Dividends received (translated at spot rate on payment date under section 989(b)(1))		5		
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits		6		
				Ye	s No
Was	s any income of the foreign corporation blocked?				X
Did a	any such income become unblocked during the tax year (see section 964(b))?				X
the a	answer to either question is "Yes," attach an explanation.				

Page 6

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

(Form 5471) (Rev. December 2019) . . . . .

SCHEDULE E

Attach to Form 5471.

OMB No. 1545-0123

Departm Internal I	ent of the Treasury Revenue Service		► Go t	o www.irs.gov/Fo	orm5471	for instructions	and the lat	est informatio	on.		
Name of	person filing Form 5471									Identifyin	g number
CARE I	INITIATIVES								1	76-02	262402
Name of	foreign corporation							EIN (if any)		Referenc	e ID number (see instructions)
IOWA	INDEMNITY COMPANY	LTD						00-000000	0	TK001	
a S	eparate Category (Enter	r code - see ins	tructions.)							►	GEN
b lf	code 901j is entered or		ne country code for the	sanctioned count					$\frown$		
Part	I Taxes for Wh	nich a Forei	gn Tax Credit Is A	llowed							
		<b>(a)</b> Name of Payor E	Intity	<b>(b</b> ) EIN or Re ID Num Payor E	ference ber of	(c) Country or U.S. F to Which Tax (Enter code-see ir Use a separate lin	structions.	to W	(d) ear of Foreign Corporat hich Tax Relates ear/Month/Day)		(e) (Year of Foreign Corporation to Which Tax Relates (Year/Month/Day)
1 I	OWA INDEMNITY COM	PANY LTD		00-0000	00	TK		2019/12/31		2019/12	/31
2											
3											
4											
						C					
6											
7	(6)		()					-			
	<b>(f)</b> Income Subject t in the Foreign Juris (see instruction	sdiction	<b>(g)</b> Tax Paid or Ao (in local currency the tax is pay	in which	Conve	(h) ersion Rate to U.S. I	)ollars		<b>(i)</b> n U.S. Dollars umn (g) by column (h))		(j) n Functional Currency f Foreign Corporation
1						)					0.
2				C							
3											
4											
<u>5</u> 6											
7											
	otal (combine lines 1 th	rough 7 of colu	mn (i)) Roport amount	on Schodulo E 1	lino 1						
	otal (combine lines 1 th	-					······ •				
Part					into 29						
	years beginning after D	ecember 31 20	004 has an election be	en made under se	ection 98	6(a)(1)(D) to trans	ate taxes us	sing the excha	nge rate on the date	of payment?	
	Yes X No		" state date of election					sing the exerta	nge fale off the date	or paymont.	
Part		nich a Forei	gn Tax Credit Is D	Disallowed (Er	nter in f	unctional curr	ency of fo	oreign corp	oration.)		
	<b>(a)</b> Name of Payor		<b>(b)</b> EIN or Reference ID Number of Payor Entity	<b>(c)</b> Section 901(j)		<b>(d)</b> on 901(k) and (l)	, Section	;)	(f) U.S. Taxes	<b>(g)</b> Other	<b>(h)</b> Total
_1											
2											
	n functional currency (co										▶
<b>1</b> Ir	LLS dollars (translated	l at the average	evchance rate as def	ined in section 98	9(h)(3) an	nd related regulati	nne (epp ine	structions))			

912445 12-11-19 LHA For Paperwork Reduction Act Notice, see instructions.

			Taxes re	elated to:	
U.S.	ORTANT: Enter amounts in dollars unless otherwise noted instructions).	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) (in functional currency)	<b>(d)</b> Hovering Deficit and Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)		4		
b	Beginning balance adjustments (attach statement)				
с	Adjusted beginning balance (combine lines 1a and 1b)			′	
2	Adjustment for redetermination of prior year U.S. tax liability			•	
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E, Part I, line 8, column (i)				
5a	Taxes carried over in nonrecognition transactions				
b	Taxes reclassified as related to hovering deficit after nonrecognition transaction				
6	Other adjustments (attach statement)				
7	Taxes paid or accrued on accumulated E&P (combine lines 1c through 6)				
8	Taxes deemed paid with respect to inclusions under section 951(a)(1) (see instructions)				
9	Taxes deemed paid with respect to inclusions under section 951A (see instructions)				
0	Taxes deemed paid with respect to actual distributions	S			
1	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
2	Other (attach statement)				
3	Taxes related to hovering deficit offset of undistributed post-transaction E&P				
4	Balance at beginning of next year (combine lines 7 through 13)				
	(e) Taxes related to previ	ously taxed E&P (see ir	nstructions)		
	(i) (ii) (iii) (iv) Section 965(a) Inclusion Section 965(b)(4)(A) Faminas Invested in U.S. Section 951A Inc	(V) Section 245A(e)(2) Inclus	ion Section 959(e)	(vii) Section 964(e)(4) Inclusion	(viii) Section 951(a)(1)(A) Inclusi

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

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

		(6	e) Taxes related to	previously taxed I	E&P (see instructions	S)		
	(ix) Earnings Invested Excess Passive Assets (section 959(c)(1)(B))	(x) Section 965(a) Inclusion (section 959(c)(2))	(xi) Section 965(b)(4)(A) (section 959(c)(2))	(xii) Section 951A Inclusion (section 959(c)(2))	(xiii) Section 245A(e)(2) Inclusion (section 959(c)(2))	<b>(xiv)</b> Section 959(e) (section 959(c)(2))	(xv) Section 964(e)(4) Inclusion (section 959(c)(2))	(xvi) Section 951(a)(1)(4 Inclusion (section 959(c)(2))
1a							1	
b								
с								
2								
3a								
b						()		
4 5a								
b						•		
6								
7						·		
8								
9								
0					5			
1								
2								
3 4								
4					,		Schedule	 E (Form 5471) (Rev. 12-20 <sup>-</sup>
			BLIC	JIS				
		R						

SCHEDULE H
(Form 5471)
(December 2018)

# **Current Earnings and Profits**

OMB No. 1545-0123

### Attach to Form 5471.

Department of the Treasury Internal Revenue Service				
Name of person filing Fo CARE INITIATIVES	Identifying n 76	<b>umber</b> 5-0262402		
Name of foreign corporation		EIN (if any)		<b>) number</b> (see instr.)
IOWA INDEMNITY COM	PANY LTD pory (Enter code-see instructions.)	00-000000	TK001	GEN
<ul> <li>a Separate Categ</li> <li>b If code 901j is e</li> </ul>				

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

	-		-				
1	Current year net income or (loss) per foreign books of account				1		142,575.
2	Net adjustments made to line 1 to determine current						
	earnings and profits according to U.S. financial and tax						
	accounting standards (see instructions):		Net Additions	Net Subtractions		Ť	
а	Capital gains or losses	2a					
b	Depreciation and amortization	2b					
с	Depletion	2c					
d		2d					
е	Charges to statutory reserves	2e					
f	Inventory adjustments	2f					
g	Income taxes (see Schedule E, Part I, line 9, column (j))	2g					
h		2h					
i	Other (attach statement) SEE STATEMENT 4	<b>2</b> i	211,922.	273,693.			
3		3	211,922.				
4	Total net subtractions	4		273,693.			
5a	Current earnings and profits (line 1 plus line 3 minus line 4)				5a		80,804.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see		5b				
с	Combine lines 5a and 5b	5c		80,804.			
d	Current earnings and profits in U.S. dollars (line 5c translated at the	e ave	rage exchange rate, as	6			
	defined in section 989(b)(3) and the related regulations (see instruct	tions	))		5d	<u> </u>	
	Enter exchange	e rate	e used for line 5d 🕨				

LHA For Paperwork Reduction Act Notice, see instructions. PUBL

Schedule H (Form 5471) (12-2018)

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FORM 5471	OTHER NET ADJ	USTMENTS	STATEMENT 4
DESCRIPTION		NET ADDITIONS	NET SUBTRACTIONS
PREMIUM INCOME/DEPOS LOSS EXPENSES/DEPOSI CHANGE IN LOSS RESER	T LIABILITY	0. 66,292. 145,630.	273,693 0 0
TOTAL TO 5471, SCHED	ULE H, LINE 21	211,922.	273,693
		SURF	2
PUB			
$\mathcal{Q}^{\mathcal{O}}$			

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

(Rev. December 2019)

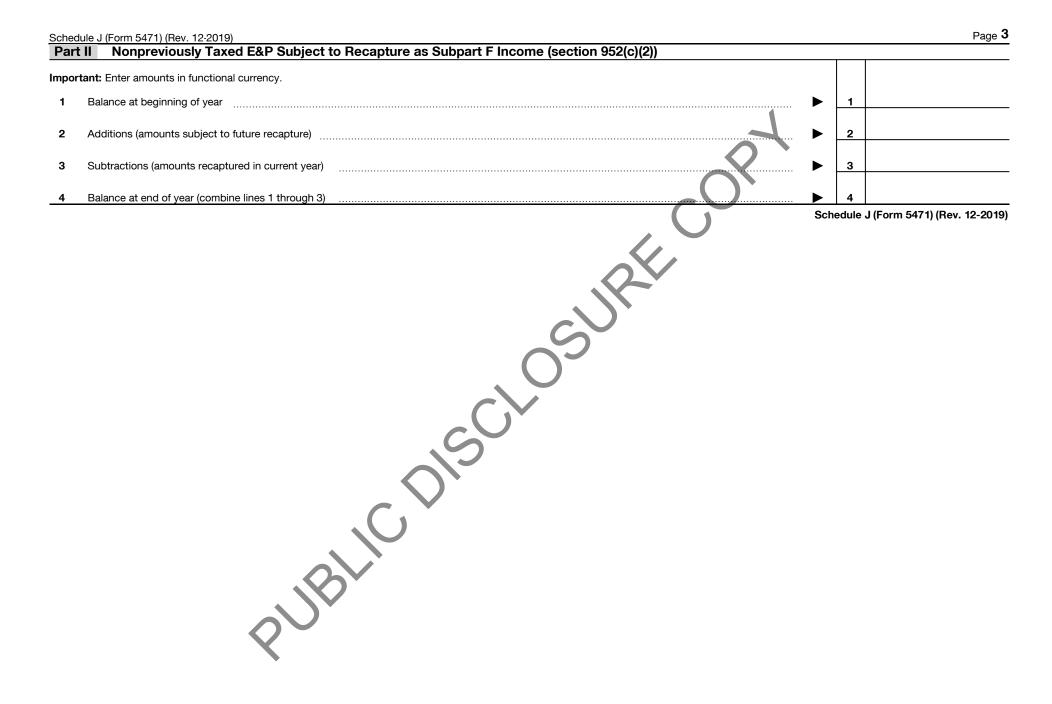
# Information for Global Intangible Low-Taxed Income

Attach to Form 5471.

Departm Internal I	ent of the Treasury Revenue Service Go to www.irs.gov	//Form5	471 for instruction	ons and	the latest informat	ion.	
	of person filing Form 5471 INITIATIVES					Identifying nu 76-0262403	
Name	of foreign corporation		EIN (if a			Reference ID	number (see instr.)
IOWA	INDEMNITY COMPANY LTD		0 0 - 0 0 0	0000		TK001	
	Separate Category (Enter code - see instructions)						GEN
					Functional	Conversion	U.S. Dollars
					Currency	Rate	0.0. Donars
1	Gross income			1	354,497.	1	
2	Exclusions						
а	Effectively connected income	2a					
b	Subpart F income	2b	80,804.				
С	High-tax exception income per section 954(b)(4)	2c				$\sim$	
d	Related party dividends	2d					
е	Foreign oil and gas extraction income	2e					
3	Total exclusions (total of lines 2a-2e)			3	80,804.		
4	Gross income less total exclusions (line 1 minus lin	ne 3) 💡		4	273,693.		
5	Deductions properly allocable to amount on line 4			5	273,693.		
6	Tested income (loss) (line 4 minus line 5)			6	0.	.0000	000
7	Tested foreign income taxes			7		.0000	000
8	Qualified business asset investment (QBAI)	· · · · · · · · · · · · · · · · · · ·		8		.0000	000
9a	Interest expense included on line 5	9a					
b	Qualified interest expense	9b	(				
с	Tested loss QBAI amount	9c					
d	Tested interest expense (line 9a minus the sum of	line 9b a	and line				
	9c). If zero or less, enter -0-	·······		9d		.0000	000
10a	Interest income included in line 4	10a					
b	Qualified interest income	10b					
с	Tested interest income (line 10a minus line 10b). If	zero or	less,				
	enter -0-			10c		.0000	000
LHA	For Paperwork Reduction Act Notice, see instruc	tions.	×		Sc	hedule I-1 (Forn	n 5471) (Rev. 12-2019)

	EDULE J m 5471)	Accumulated Earn	ings & Profits (E&P) of Controlled Foreign Corporation						
(Rev. De	ecember 2019)		►	Attach to Form 5471				ON	/IB No. 1545-0123
	nent of the Treasury Revenue Service	► Go t	o www.irs.gov/Form5			ation.			
-	f person filing Form 5471	• · ·						Identifyi	ing number
						1			
CARE	INITIATIVES							76-	0262402
Name o	f foreign corporation				EIN (if any)	Refer	ence ID number		
IOWA	INDEMNITY COMPANY	LTD			00-000000		001		
<b>a</b> 3	Separate Category (Enter	code - see instructions.)							GEN
		line a, enter the country code for the s	sanctioned country (se	e instructions)			<b>&gt;</b>		
		&P of Controlled Foreign Co			(		·····		
	Check the box if person	filing return does not have all U.S. sha	reholders' information	to complete amount fo	or columns (e)(i), (e)(ii),	(e)(iv), and (e)(x) throug	gh (e)(xii) (see in:	structio	ns).
	rtant: Enter amounts in fu		(a)	(b) Post-1986	(c)	(d)			E&P (see instructions)
•			Post-2017 E&P Not	Undistributed Earnings	Pre-1987 E&P Not	Hovering Deficit	(i) Section 9	65(a)	(ii) Section
			Previously Taxed (post-2017 section	(post-1986 and pre-2018 section	Previously Taxed (pre-1987 section	and Deduction for Suspended	Inclusio		965(b)(4)(A)
			959(c)(3) balance)	959(c)(3) balance)	959(c)(3) balance)	Taxes	(section 959(d	c)(1)(A))	(section 959(c)(1)(A))
1a	Balance at beginning of	year (as reported on prior							
	year Schedule J)								
b	Beginning balance adju	stments (attach statement)		S					
C	Adjusted beginning bala	ance (combine lines 1a and 1b)							
2a	Reduction for taxes uns	suspended under anti-splitter rules							
b	Disallowed deduction for	or taxes suspended under							
	anti-splitter rules								
3	Current year E&P (or de	ficit in E&P)		)					
4	E&P attributable to dist	ributions of previously taxed							
	E&P from lower-tier fore	ign corporation							
5a	E&P carried over in non	recognition transaction							
b	Reclassify deficit in E&F	e as hovering deficit after							
	nonrecognition transact	ion							
6	Other adjustments (atta	ch statement)							
7	Total current and accur	nulated E&P (combine lines							
	1c through 6)								
8	Amounts reclassified to	section 959(c)(2) E&P from							
	section 959(c)(3) E&P								
9	Actual distributions								
10	Amounts reclassified to								
	from section 959(c)(2) E								
11		arnings invested in U.S. property							
		on 959(c)(1) E&P (see instructions)							
12	Other adjustments (atta								
13	Hovering deficit offset of								
	posttransaction E&P (se						+		
14		next year (combine lines 7							
	through 13)		1	1		1			1

Schedu Parl	le J (Form 5471) (Rev. 12-2	019) <b>F&amp;P of Controlled</b>	l Foreign Corporat						Page <b>2</b>
Fai				ously Taxed E&P (see ins	structions)				
	(iii) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(vi) Section 959(e) (section 959(c)(1)(A))	(vii) Section 96 Inclusion (section 959(c)		<b>(viii)</b> Sectior 951(a)(1)(A) Inclu (section 959(c)(1	sion in Excess Passive As	sets Section 965(a) Inclusion
1a									
b									
C									
2a									
b									
3									
<u>4</u> 5a									
b							•		
6									
7						2			
8									
9						•			
<u>10</u> 11									
12									
13				(					
14									
			(e) Previ	ously Taxed E&P (see ins	structions)				(f)
	(xi) Section 965(b)(4)( (section 959(c)(2))	A) (xii) Section 9 Inclusion (section 959(c	Inclus	sion (XIV) Se	ection 959(e) on 959(c)(2))		ection 964(e)(4) Inclusion tion 959(c)(2))	<b>(xvi)</b> Section 951(a)(1)(A) Inclusion (section 959(c)(2))	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(xvi))
<b>1</b> a								6,996.	6,996.
b									
C								6,996.	6,996.
2a									
b 3									
4									
5a			$\mathcal{O}$						
b									
6									
7								6,996.	6,996.
8								80,804.	80,804.
9		•							
<u>10</u> 11									
12									
13									
14								87,800.	87,800.
912422	12-12-19							Sche	dule J (Form 5471) (Rev. 12-2019)



### SCHEDULE M (Form 5471)

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

Name of person filing Form 5471

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

OMB No. 1545-0123

Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Identifying	numher
rueninying	nunner

CARE INITIATIVES	76-0262402		
Name of foreign corporation	EIN (if any)	Reference ID number	
IOWA INDEMNITY COMPANY LTD	00-000000	TK001	

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

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

				(d) Annu attack formations	(0) 100/	(f) 100/
	( <b>a</b> ) Transactions of foreign corporation	( <b>b</b> ) ∪.S. person filing this return	(C) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S.	(f) 10% or more U.S. shareholder of any corporation controlling the foreign
	Online of stands in the de (inconstant)				person filing this return)	corporation
	Sales of stock in trade (inventory)					
2	Sales of tangible property other than					
	stock in trade					
	Sales of property rights (patents,					
	trademarks, etc.) Platform contribution transaction payments					
4	Platform contribution transaction payments received					
5	Cost sharing transaction payments received					
6	Compensation received for technical,					
	managerial, engineering, construction,					
	or like services					
7	Commissions received			$\mathbf{D}$		
	Rents, royalties, and license fees received					
	Hybrid dividends received (see instr.)					
	Dividends received (see inst.)					
10	dividends, deemed distributions under		CV			
	subpart F, and distributions of					
	previously taxed income)	C				
	Interest received					
12	Premiums received for insurance or					
	reinsurance					
13	Add lines 1 through 12					
14	Purchases of stock in trade (inventory)					
15	Purchases of tangible property other					
	than stock in trade					
16	Purchases of property rights					
	(patents, trademarks, etc.)					
17	Platform contribution transaction payments paid					
	Cost sharing transaction payments paid					
	Compensation paid for technical,					
	managerial, engineering, construction, or like services					
20	Commissions paid					
	Rents, royalties, and license fees paid					
	Hybrid dividends paid (see instructions)					
	Dividends paid (exclude hybrid dividends paid)					
21	Interest paid					
	Premiums paid for insurance or reinsurance					
	Add lines 14 through 25					
	Accounts Payable					
20	Amounts borrowed (enter the maximum					
	loan balance during the year) - see instr.					
	Accounts Receivable					
30	Amounts loaned (enter the maximum					
	loan balance during the year) - see instr.	1				1

	EDULE P m 5471)		Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations							
(Rev.	December 2019)			or Gertain Foreign Corporations						
Depai Intern	tment of the Treasury al Revenue Service		► Go to w		tach to Form 5471. 1 for instructions and					
Name	of U.S. shareholder							Identifying	number	
CARE	INITIATIVES							76-0262	402	
Name	of foreign corporation					EIN (if any)	$\sim$	Reference	ID number (see instruction	ions)
IOWA	INDEMNITY COMPANY	LTD				00-000000		TK001		
	Separate Category (Ente		,					🕨 🛓	GEN	
b	If code 901j is entered or	n line a, enter the c	ountry code for the sar	nctioned country (see	nstructions)			►		
Par	t I Previously Tax	ed E&P in Fun	ctional Currency	(see instructions)	1			1		
			(a) Section 965(a) Inclusion (section 959(c)(1)(A))	<b>(b)</b> Section 965(b)(4)(A) (section 959(c)(1)(A))	(c) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(d) Section 951A Inclusion (section 959(c)(1)(A))	(e) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(f) Section 95 (section 959(c		
1a	Balance at beginning of instructions)	•								
b	Beginning balance adju									
	(attach statement)				S					
С	Adjusted beginning bala	ance								
	(combine lines 1a and 1	b)								
2	Reduction for taxes uns	suspended								
	under anti-splitter rules									
3	Previously taxed E&P at									
	distributions of previous									
	from lower-tier foreign c									
4	Previously taxed E&P ca									
	nonrecognition transact									
5	Other adjustments (atta									
6	Total previously taxed E	•		)						
7	lines 1c through 5) Amounts reclassified to									
'	E&P from section 959(c									
8	Actual distributions of prev									
9	Amounts reclassified to									
v	E&P from section 959(c									
10	Amounts included as ea		$\mathbf{\nabla}$							
	in U.S. property and rec									
	section 959(c)(1) E&P (s									
11	Other adjustments (atta									
12	Balance at beginning of									
	(combine lines 6 throug									

LHA For Paperwork Reduction Act Notice, see instructions.

	(h) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))	(i) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(j) Section 965(a) Inclusion (section 959(c)(2))	(k) Section 965(b)(4)(A) (section 959(c)(2))	(I) Section 951A Inclusion (section 959(c)(2))	(m) Section 245A(e)(2) Inclusion (section 959(c)(2))	(n) Section 959(e) (section 959(c)(2))	(o) Section 964(e)(4) Inclusion (section 959(c)(2))	(p) Section 951(a)(1)(A) Inclusion (section 959(c)(2))	<b>(q)</b> Total
1a									6,996.	6,996
b								0`		
c									6,996.	6,996
2							G			
						~				
3 4 5										
5										
6						S			6,996.	6,996
7 8									80,804.	80,804
8										
9										
				C	6					
0 1										
12				C.V					87,800.	87,800
			, JBI						Schedule P (Form 54	71) (Rev. 12-2019

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

Page **2** 

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

		(a) Section 965(a) Inclusion (section 959(c)(1)(A))	(b) Section 965(b)(4)(A) (section 959(c)(1)(A))	(c) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(d) Section 951A Inclusion (section 959(c)(1)(A))	(e) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(f) Section 959(e) (section 959(c)(1)(A))	(g) Section 964(e)(4) Inclusion (section 959(c)(1)(A))
1a	Balance at beginning of year (see instructions)							
b	Beginning balance adjustments (attach statement)							
С						$\mathbf{O}$		
2	Reduction for taxes unsuspended under anti-splitter rules					5		
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation				N			
4	Previously taxed E&P carried over in nonrecognition transaction							
5	Other adjustments (attach statement)							
6	Total previously taxed E&P (combine lines 1c through 5)			$\sim$				
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P							
8	Actual distributions of previously taxed E&P		C					
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			)				
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)		0					
11	Other adjustments (attach statement)							
12	Balance at beginning of next year (combine lines 6 through 11)		1					
		B	<u>n</u>				Schedule P (Form	5471) (Rev. 12-2019

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

	(h) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))	(i) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(j) Section 965(a) Inclusion (section 959(c)(2))	(k) Section 965(b)(4)(A) (section 959(c)(2))	(I) Section 951A Inclusion (section 959(c)(2))	(m) Section 245A(e)(2) Inclusion (section 959(c)(2))	(n) Section 959(e) (section 959(c)(2))	(o) Section 964(e)(4) Inclusion (section 959(c)(2))	(p) Section 951(a)(1)(A) Inclusion (section 959(c)(2))	<b>(q)</b> Total
1a								-	6,996.	6,996
b								O		
с									6,996.	6,996
2										
3 4 5										
5										
6						5			6,996.	6,996
									80,804.	80,804
7 8										
9										
					6					
0  1										
12				C.V					87,800.	87,800
			, JBI						Schedule P (Form 54	471) (Rev. 12-2019

#### 912368 12-18-19

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or print	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	axpayer identification number (TIN)				
print	the te for our 1611 WEST LAKES PKWY 76-0262402								
File by the due date for filing your return. See									
instructions									
Enter the	Return Code for the return that this application is for (file			0 1					
Applicat	ion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	07					
Form 99	D-BL	02	Form 1041-A	08					
Form 47	20 (individual)	03	Form 4720 (other than individual)		09				
Form 99	)-PF	04	Form 5227	10					
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 99	D-T (trust other than above)	06	Form 8870			12			
	DAVID DIXON								
• The b	ooks are in the care of 🕨 1611 WEST LAKES PKWY	WEST D	ES MOINES, IA 50266-8212						
Telep	hone No.		Fax No. 🕨 515-224-0960						
	organization does not have an office or place of business					•			
• If this	is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) I	f this is fo	or the whole group, o	check this			
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all memb	ers the extension is	for.			
<b>1</b> Ire	request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization ret								
the	he organization named above. The extension is for the organization's return for:								
►	X calendar year 2019 or								
►	tax year beginning		·						
2 Ift	he tax year entered in line 1 is for less than 12 months, c	heck reaso	n: 🗌 Initial return	Final retu	rn				
	Change in accounting period								
	$\sim$								
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less						
an	y nonrefundable credits. See instructions.			3a	\$	٥.			
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
es	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	٥.			
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by						
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns	3c	\$	٥.			
Caution instruction	If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	nd Form 8879-EO for	r payment			

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

Form 8868 (Rev. 1-2020)