# Form **990**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Α_	For the 2	uns calendar year, or tax year beginning $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$	ng ปน	n 30	<b>,20</b> 19			
В	Check if a	oplicable: C Name of organization Georgetown Caring Place		D Employ	er identification number			
	Address c			74-23	386902			
П	Name cha	N 1	uite	E Telephor				
$\overline{\Box}$	Initial retur	1015		(512	943-0700			
$\overline{\Box}$	Final return	011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		( = = , = = = = = = = = = = = = = = = =				
П	Amended			<b>G</b> Gross re	eceipts \$ 2,779,590.			
П	Application		H(a) Is this a s		subordinates? Yes No			
	Application	Ginna O'Connor, P.O. Box 1215, Georgetown, TX 786						
_	Tay ayamı				list. (see instructions)			
<u>'</u>	Tax-exem			exemption				
				<del></del>				
_	art I		alion: 196	o w state	of legal domicile: TX			
<u> </u>		Summary	.1. 1		1111 1 4000			
4		riefly describe the organization's mission or most significant activities: the trigonial describes the organization in the trigonial describes the organization of the		*				
nce		ission of churches, other organizations, and individuals serving						
rna		d surrounding areas. The Organization's work includes providing food, clothing, household goods, case management, and financial assistance wi						
Ne.	1	theck this box ▶ ☐ if the organization discontinued its operations or disposed		1 1				
Ö		lumber of voting members of the governing body (Part VI, line 1a)			15_			
•ŏ თ		lumber of independent voting members of the governing body (Part VI, line 1b	)		15_			
iţie		otal number of individuals employed in calendar year 2018 (Part V, line 2a)		5	36			
Activities & Governance		otal number of volunteers (estimate if necessary)		6	483			
Ă	<b>7a</b> T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	b N	let unrelated business taxable income from Form 990-T, line 38		7b	0.			
			Prior Yo	ear	Current Year			
Revenue	8 (	contributions and grants (Part VIII, line 1h)	633	1,958.	774,704.			
	9 F	rogram service revenue (Part VIII, line 2g)						
eve	10 li	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,740.	8,010.			
Œ	11 (	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,378.	1,996,876.			
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,076.	2,779,590.			
		irants and similar amounts paid (Part IX, column (A), lines 1–3)		7,540.	748,446.			
		enefits paid to or for members (Part IX, column (A), line 4)		, , 5 1 5 1	, 10 / 110 /			
S	4- 6	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1.28	7,642.	1,315,466.			
Expenses	<b>16a</b> F	rofessional fundraising fees (Part IX, column (A), line 11e)	1,20	, , 0 12 .	1/313/1001			
pen	b 1	otal fundraising expenses (Part IX, column (D), line 25)   123,573.						
Ä	17 (	otal randialising expenses (Fart IX, column (A), lines 11a–11d, 11f–24e)	719	3,591.	724,631.			
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,773.	2,788,543.			
	1	evenue less expenses. Subtract line 18 from line 12		0,697.	-8,953.			
- 2		evenue 1635 expenses. Subtract line 10 from line 12	Beginning of Cu		End of Year			
Net Assets or Fund Balances	<b>20</b> T	otal assets (Part X, line 16)		7,200.	3,600,298.			
Asse	21 T	otal liabilities (Part X, line 26)		1,085.	563,136.			
Net,	22	let assets or fund balances. Subtract line 21 from line 20		5,115.				
	art II	Signature Block	3,040	3,113.	3,037,162.			
				l l t - f				
		es of perjury, I declare that I have examined this return, including accompanying schedules and stated complete. Declaration of preparer (other than officer) is based on all information of which prepare			ny knowledge and beller, it is			
_	· ·	, , , , , , , , , , , , , , , , , , , ,			010			
Siç	nn l	Signature of officer	1 Da	$\frac{1/14/2}{1}$	019			
		<u> </u>	Da	116				
He	16	Ginna O'Connor, Executive Director						
		Type or print name and title			DTIN			
Pa	iid		Date	Check [	if PTIN			
Pr	eparer	Donald Allman   Donald Allman   1	11/15/201		P01510964			
	e Only	Firm's name ► DONALD ALLMAN, CPA, PC			45-3723845			
		-	'X 78626 Pho	one no. (5	12)422-3700			
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)			🗙 Yes 🗌 No			

Part		
		esponse or note to any line in this Part III
1	Briefly describe the organization's missi	
		Texas corporation established in 1986 to carry out a community-wide
		izations, and individuals serving human needs in the City of Georgetown
		ion's work includes providing food, clothing, household goods, case management,
2		c needs for persons residing in Georgetown and northern Williamson County. ificant program services during the year which were not listed on the
-		· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services or	6516
3		g, or make significant changes in how it conducts, any program
	services?	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Sch	nedule O.
4	Describe the organization's program se	rvice accomplishments for each of its three largest program services, as measured by
		4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any,	ior each program service reported.
4a		5,886. including grants of \$0.) (Revenue \$2,779,590.)
		s is provided in the following ways:
		, medical and dental assistance,
		mergency temporary shelter and food, housewares and clothing
	assistance. Case Management	,and information, referral and education.
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Sch	nedule O.)
	(Expenses \$ including g	
4e	Total program service expenses ▶	2,415,886.

### **Checklist of Required Schedules** Part IV No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . × 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 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 . . . . X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 × 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 9 × 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . 11b X c 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 . . . . . . . . . . . × d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets × Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e × Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X × 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 13 13 X × b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . . . 14b × 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . . . . . . . . 16 × Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . . . 17 × Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 × 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 × 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? Ik (Kes) (1) Genolete Schedule I, Parts I and II . . . . .

X

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
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		×
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		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	24c 24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	NI-
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		res	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ago c
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	_		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country:			
E o	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E o		.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		×
b C	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	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		^
D	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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 1/a	Enter the amount of reserves on hand	140		V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		×
b 15		140		
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		
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
-	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI						
Secti	on A. Governing Body and Management		· ·	· ·			
00011	on 711 do to thing body and management			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 15					
	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 in Schedule O.						
b	b Enter the number of voting members included in line 1a, above, who are independent . 15						
2	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		×		
3	Did the organization delegate control over management duties customarily performed by or						
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		×		
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the year o		5 6		×		
6	Did the organization have members of stockholders, or other persons who had the power to		0		×		
7a	one or more members of the governing body?		7a				
b	Are any governance decisions of the organization reserved to (or subject to approva		1 a		<u>×</u>		
D	stockholders, or persons other than the governing body?		7b		×		
8	Did the organization contemporaneously document the meetings held or written actions ur						
	the year by the following:	a or tartorr a arming					
а	The governing body?		8a	×			
b	Each committee with authority to act on behalf of the governing body?		8b	×			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen as a second section of the section of the second section of the second section of the section						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule (		9		×		
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C				
40	Dilli di la		40	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		×		
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.	pt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	•	11a	×			
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	×			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	×			
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		120	V			
13	Did the organization have a written whistleblower policy?		12c	×			
14	Did the organization have a written winsteblower policy?		14	×			
15	Did the process for determining compensation of the following persons include a review a						
.5	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?					
a	The organization's CEO, Executive Director, or top management official		15a	×			
b	Other officers or key employees of the organization		15b	×			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim	lar arrangament					
	with a taxable entity during the year?		16a		×		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization						
	participation in joint venture arrangements under applicable federal tax law, and take steps		401				
Sacti	organization's exempt status with respect to such arrangements?		16b		<u> </u>		
17	List the states with which a copy of this Form 900 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	 					
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that $X$ Own website $X$ Another's website $X$ Upon request $X$ Other (explain in Sc	at apply. hedule O)			, ,		
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		,	-	, and		
20	State the name, address, and telephone number of the person who possesses the organization of Connor, Georgetown Caring Place, P.O. Box 1215 Georgetown				0700		

Form 990 (2018)

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

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

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

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

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

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

Check this box if neither the organization	nor any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				((	<b>C)</b>					
(A) Name and Title	(B)  Average hours per week (list any	Average box, unle officer an				is both	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dayne Carlson Director	2.00	×						0.	0.	0.
(2) Gwen Dicapo Director	2.00	×						0.	0.	0.
(3) Hugh Brown Director	2.00	×						0.	0.	0.
(4) Patricia Khoury Director	2.00	×						0.	0.	0.
(5) Susan Richmond Director	2.00	×						0.	0.	0.
(6) Frank Espinosa Director	2.00	×						0.	0.	0.
(7) Stephen Benold President	2.00	×		×				0.	0.	0.
(8) Rhonda Wilson Director	2.00	×						0.	0.	0.
(9) Todd Holubec Director	2.00	×						0.	0.	0.
(10)Ken Poteete At Large	2.00	×		×				0.	0.	0.
(11) Stephen Schlobohm Director	2.00	×						0.	0.	0.
(12) Sheron Scurlock Secretary	2.00	×		×				0.	0.	0.
(13) Rev. Harriett Jones Director	2.00	×						0.	0.	0.
(14) Paul Jordan treasurer	2.00	×		×				0.	0.	0.

	(A) Name and title		Position (do not check more that box, unless person is bo officer and a director/truth					n an	(D)  Reportable compensation	(E)  Reportable compensation from		Estir amo	F) nated unt of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatic (W-2/1099-N		compe fron organ and r	her nsation the ization elated zations	
	olly Steger Stevens ice President	2.00	×		×				0.		0.			0.
<b>(16)</b> G	inna O'Connor	40.00												
(17)	kecutive Director					×	×		0.	95,0	00.			0.
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total			<u> </u>				<u> </u>	0.	95,0	00.			0.
c d	Total from continuation sheets to Part	VII, Sectio						<b>&gt;</b>	0.					
2	Total (add lines 1b and 1c)  Total number of individuals (including but	t not limited						e) w		95,0 ore than \$1		) of		0.
	reportable compensation from the organi	ization >											Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If</i> "Yes," complete of							emp	oloyee, or high	est compe	nsated	d 3		×
4	For any individual listed on line 1a, is the organization and related organizations													
-	individual											4		×
	Did any person listed on line 1a receive of for services rendered to the organization											5		×
Section 1	on B. Independent Contractors  Complete this table for your five highest	component	od in	dona	ond	ont	contr	act	ore that receive	nd more the	n ¢10	0 000 of		
	compensation from the organization. Repyear.												n's ta	IX
	(A) Name and business add	Iress							<b>(B)</b> Description of s	ervices		(C) Compensa	ation	
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who				

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

		Check if Schedule O contains a resp	onse or note to	any line in this	Part VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, G	С	Fundraising events 1c					
iifts ar /	d	Related organizations 1d					
s, G mil	е	Government grants (contributions) 1e					
ion r Si	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 1f	774,704.				
ntri 3 O	g	Noncash contributions included in lines 1a–1f: \$					
Col	h	Total. Add lines 1a-1f	▶	774,704.			
			Business Code				
Program Service Revenue	2a						
Re	b						
vice	С						
Ser	d						
am	е						
ogra	f	All other program service revenue.					
Ā	g	Total. Add lines 2a-2f					
	3	Investment income (including divide					
		and other similar amounts)		8,010.	8,010.	0.	0.
	4	Income from investment of tax-exempt bo					
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6a	Gross rents .					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss) .					
	d	Net gain or (loss)	🕨				
anı	8a	Gross income from fundraising					
Other Revenu		events (not including \$					
Re		of contributions reported on line 1c).					
ler		See Part IV, line 18 a	179,373.				
Ğ.		Less: direct expenses b	0.				
		Net income or (loss) from fundraising	events . ►	179,373.		0.	179,373.
	9a	Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses b					
		Net income or (loss) from gaming active	vities ▶				
	10a	Gross sales of inventory, less returns and allowances a	1,799,731.				
	b	Less: cost of goods sold b	±,100,10±.				
	C	Net income or (loss) from sales of inve	entory ►	1,799,731.	1,799,731.	0.	0.
		Miscellaneous Revenue	Business Code	_,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,.,,,,,,,,	J.	J.
	11a	Extraordinary Items	999999	17,772.	17,772.	0.	0.
	b					·	<u> </u>
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		17,772.			
	12	<b>Total revenue.</b> See instructions .	<u> ▶</u>	2,779,590.	1,825,513.	0.	179,373.

Page 10

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 748,446. 748,446. Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . Benefits paid to or for members . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . 95,000. 79,800. 11,400. 3,800. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 965,799. 811,271. 115,896. 38,632. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 21,006. 25,007. 3,001. 1,000. Other employee benefits . . . . . . . <u>117</u>,137. 16,734. 9 139,449. 5,578. 10 Payroll taxes . . . . . . . . . . . . 90,211. 75,778. 10,825. 3,608. 11 Fees for services (non-employees): Management . . . . . . . . . . Legal . . . . . . . . . . . . . . Accounting . . . . . . . . . . . . 28,700. 9,567. 9,567. 9,566. Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion . . . . . 28,754. 28,754. 0. 0. 13 19,347. 16,251. 2,322. 774. Office expenses . . . . . . . 14 Information technology . . . . . 15 Occupancy . . . . . . . . . . . . 32,256. 16 38,400. 4,608. 1,536. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 21,193. 2,119. 19,074. 20 0. 21 Payments to affiliates . . . . . 151,958. 127,645. 18,235. 6,078. 22 Depreciation, depletion, and amortization . 23 59,215. 49,740. 7,106. 2,369. Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Building & ground maintenance 11,524. 96,030. 80,665. 3,841. DITH Gala & direct mail 36,821. 0. 0. 36,821. Contract labor 0.\_ 12,836. 12,836. 0. С Education & training 3,787. 3,787. 0. 0. All other expenses 227,590. 202,615. 9,970. 15,005. Total functional expenses. Add lines 1 through 24e 25 2,788,543. 2,415,886. 249,084. 123,573. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if

Form 990 (2018) Page **11** 

# Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			19,387.	1	128,589.
	2	Savings and temporary cash investments			213,121.	2	191,431.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co		nsated employees.			
		Complete Part II of Schedule L			5		
•	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	tributing employers and employees' beneficiary		6		
ets	7			ļ.		7	
Assets	7	Notes and loans receivable, net				8	
	8 9	Inventories for sale or use			33,895.	9	7,459.
	9 10a	Land, buildings, and equipment: cost or			33,093.	9	7,439.
	ioa	other basis. Complete Part VI of Schedule D	10a	4,731,937.			
	b	Less: accumulated depreciation	10a		3,400,797.	10c	3,272,819.
	11				3,100,757.	11	3/2/2/013.
	12	Investments—other securities. See Part IV, line				12	
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets		+		14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa		•	3,667,200.	16	3,600,298.
	17	Accounts payable and accrued expenses			85,077.	17	93,695.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		r		20	
	21	Escrow or custodial account liability. Complete	Part I\	/ of Schedule D .		21	
es	22	Loans and other payables to current and for	ormer	officers, directors,			
≣		trustees, key employees, highest compen		employees, and			
Liabilities		disqualified persons. Complete Part II of Schedu	ıle L			22	
_	23	Secured mortgages and notes payable to unrela			536,008.	23	469,441.
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	3 17–2	4). Complete Part X			
		of Schedule D				25	5.0.10.
	26	Total liabilities. Add lines 17 through 25			621,085.	26	563,136.
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		ck nere ► 🗷 and			
an	27	Unrestricted net assets			3,046,115.	27	3,037,162.
Bal	28	Temporarily restricted net assets		[	0.	28	
pu	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117 (ASC 99)	58), ch	eck here ► ☐ and			
ō		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed				31	
¥ A	32	Retained earnings, endowment, accumulated in			2 046 117	32	2 025 162
ž	33	Total net assets or fund balances		r	3,046,115.	33	3,037,162.
	34	Total liabilities and net assets/fund balances .			3,667,200.	34	3,600,298.

Form **990** (2018)

Form 990 (2018) Page **12** 

Part	XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	779,	590.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	788,	543.
3	Revenue less expenses. Subtract line 2 from line 1	3		-8,	953.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3 ,	046,	115.
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3 ,	037,	162.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<del></del>
	A			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," ex Schedule O.	olain	ın		
0-					×
2a			_	1	+^
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	olled (	or		
	Separate basis Consolidated basis, or both.				
b			. 2	×	
D	Were the organization's financial statements audited by an independent accountant?			^	
	separate basis, consolidated basis, or both:	ed on	a		
	Separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	orcial	nt		
C	of the audit, review, or compilation of its financial statements and selection of an independent account			×	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	piairi	"'		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
Ju	the Single Audit Act and OMB Circular A-133?			a	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			-	+
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	3	o	
	, , , , , , , , , , , , , , , , , , , ,			orm <b>99</b>	0 (2018)

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

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

ation. Inspection

Employer identification number

Name of the organization					Employer identification	number		
Georgetown Caring Place					74-2386902			
Part I Reason for Public Cha						ns.		
The organization is not a private found		,		-	•			
	I ☐ A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> 2 ☐ A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)							
		•			• •			
<ul><li>3 ☐ A hospital or a cooperative ho</li><li>4 ☐ A medical research organizati</li></ul>	•					(iii) Enter the		
hospital's name, city, and stat	hospital's name, city, and state:							
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
<ul> <li>6  A federal, state, or local gover</li> <li>7  An organization that normally described in section 170(b)(1</li> </ul>	receives a subs	tantial part of its sup				n the general public		
8 A community trust described		•	Part II.)					
9 An agricultural research organ or university or a non-land-gra university:	nization described	d in <b>section 170(b)(1)</b>	<b>(A)(ix)</b> op					
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt function it income and und income and und income 30, 197	nctions—subject to c related business taxa 75. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Cor	ceptions, ne (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 331/3% of its		
11 An organization organized and	•	•	-					
12 An organization organized and								
of one or more publicly supp Check the box in lines 12a thro								
<b>Type I.</b> A supporting organization supporting organization. <b>Y</b>	n(s) the power to	regularly appoint or e	lect a ma	jority of t				
b Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same					
c Type III functionally integrated its supported organization						ally integrated with,		
d Type III non-functionally		,		-		orted organization(s)		
that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an			
e Check this box if the organ functionally integrated, or						e II, Type III		
f Enter the number of supported	•							
<b>g</b> Provide the following information	n about the supp	oorted organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
					i l			

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 **(e)** 2018 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 2,726,792. 2,282,653. 2,511,357. 2,634,336. 2,771,580. 12,926,718. 2 revenues levied the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 2,726,792. 2,282,653. 2,511,357. 2,634,336. 2,771,580. 12,926,718. Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 12,926,718. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2015 (c) 2016 (d) 2017 (a) 2014 **(e)** 2018 (f) Total 2,726,792. 2,282,653. 2,511,357. 2,634,336. 2,771,580. 12,926,718. 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 9,631. 15,850. 19,657. 8,740. 8,010. 61,888. Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 12,988,606. Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) . . . . . 14 99.52% Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

## 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.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues 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						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C1:	line 6.)						
	on B. Total Support	(=) 0014	(b) 0015	(a) 0010	(4) 0017	(-) 0010	(6) Tatal
Calen 9	dar year (or fiscal year beginning in) ► Amounts from line 6	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9 10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					🕨 🗆
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2018 (line	, ,,,	•	, ,,,			%
16	Public support percentage from 2017 Sci					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (		* *	-			%
18	Investment income percentage from 201						%
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organ						
_	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2017. If the organization 18 is not more than 331/2% shock this						
20	line 18 is not more than 33½%, check this <b>Private foundation.</b> If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		
<b>4</b> U	Filvate Ioungation. If the organization of	U HUL UHEUK A	DUX UIT III IE 14	. 13a. UL 13D. (	JUSUA 1112 DOX	and set monn	CHOHS 🚩 🗆

### Part IV **Supporting Organizations**

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

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	Fo		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 <b>Part VI</b> .	6		
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).	7		
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).	8		
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 <b>Part VI.</b>	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
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.	10a		
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.)	10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	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 <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the approximation approach fourths benefit of any approximation at how there the approached	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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
Ocotin	on or Type in 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		100	110
-	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
Soction	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	otion	<u>-                                    </u>
ı a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	เอเน	CHOIL	٠).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s	see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.			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? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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 <b>Part VI</b> 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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		i .

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other 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		
Section C-Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> 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-functional	ly int	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
d				
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE D (Form 990)

**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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Geo	rgetown Caring Place		74-238				
Par				counts.			
	Complete if the organization answered						
		(a) Donor advised funds	(b	) Funds and other accounts			
1	· · · · · · · · · · · · · · · · · · ·						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year) .						
4	Aggregate value at end of year		<u> </u>				
5	Did the organization inform all donors and donor						
•	funds are the organization's property, subject to the	=					
6	Did the organization inform all grantees, donors, a						
	only for charitable purposes and not for the bene conferring impermissible private benefit?						
Dar	Conservation Easements.			· · · L Yes L No			
гаі	Complete if the organization answered	"Ves" on Form 990 Part IV line 7					
1	Purpose(s) of conservation easements held by the						
•	Preservation of land for public use (e.g., recrea		f a historio	cally important land area			
	Protection of natural habitat			d historic structure			
	☐ Preservation of open space	_ recertation of					
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the fo	orm of a conservation			
	easement on the last day of the tax year.	·		Held at the End of the Tax Year			
а	Total number of conservation easements		2	a			
b	Total acreage restricted by conservation easement	ts	2	b			
С	Number of conservation easements on a certified h	nistoric structure included in (a)	2	С			
d	Number of conservation easements included in						
	historic structure listed in the National Register .			**			
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	ninated by	y the organization during the			
_	tax year ►						
4 5	Number of states where property subject to conse Does the organization have a written policy re-		nootion I	andling of			
3	violations, and enforcement of the conservation ea						
6	Staff and volunteer hours devoted to monitoring, inspe						
	b	ourig, riarraining or violations, and ornoroni	9 001100110	alon caccinente admig the year			
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservati	on easements during the year			
	<b>▶</b> \$			3			
8	Does each conservation easement reported on line			70(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			· · · 🗌 Yes 🗌 No			
9	In Part XIII, describe how the organization reports						
	balance sheet, and include, if applicable, the text of	•	ancial sta	tements that describes the			
<u> </u>	organization's accounting for conservation easeme		011 0				
Part		· · · · · · · · · · · · · · · · · · ·		imilar Assets.			
10	Complete if the organization answered If the organization elected, as permitted under SF			statement and balance sheet			
1a	works of art, historical treasures, or other similar						
	public service, provide, in Part XIII, the text of the f						
b	If the organization elected, as permitted under S						
_	works of art, historical treasures, or other similar						
	public service, provide the following amounts relat	ing to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			<b>&gt;</b> \$			
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$			
2	If the organization received or held works of art	, historical treasures, or other similar	assets fo	or financial gain, provide the			
	following amounts required to be reported under S	-					
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X			<b>&gt;</b> \$			
b	Assets included in Form 990, Part X			<b>&gt;</b> \$			

Schedule D (Form 990) 2018 Page **2** 

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

3	Using the organization's acquisition, collection items (check all that apply):		other rec	ords, che	eck any of th	ne follov	wing that are a sign	gnificant us	se of its
а	☐ Public exhibition		d	ПТоа	n or exchan	ae proa	rams		
b	Scholarly research		e						
C	Preservation for future generations	2	C						
4	Provide a description of the organizat XIII.		s and exp	olain how	they further	the org	ganization's exem	pt purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather							r □ Yes	□ No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.	answered "Ye							orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							t 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and com	olete the	following	table:				
							An	nount	
С	Beginning balance					10	;		
d	Additions during the year					10	ı		
е	Distributions during the year					16	•		
f	Ending balance					11	†		
2a	Did the organization include an amoun	nt on Form 990,	Part X, lii	ne 21, for	escrow or c	ustodia	l account liability?	? ☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check h	ere if the	explanati	on has been	provid	ed on Part XIII .		
Par	t V Endowment Funds.			-		-			
	Complete if the organization	answered "Ye	s" on Fo	orm 990,	Part IV, lin	e 10.			
	·	(a) Current year	(b) F	Prior year	(c) Two year	ars back	(d) Three years back	(e) Four year	ars back
1a	Beginning of year balance	0		0	. 294	,448.	297,855.	274	,755.
b	Contributions					•			
С	Net investment earnings, gains, and								
	losses					0.	-3,133.	23	,100.
d	Grants or scholarships						,		,
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses				294	,448.	274.		
g	End of year balance	0		0	_	0.	294,448.	297	,855.
2	Provide the estimated percentage of t								, , , , , ,
– a	Board designated or quasi-endowmer			100 (11110	g, colaiiii (	<i>a,,,</i> 11010	ao.		
b		%							
	Temporarily restricted endowment ▶	′°							
·	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the			nization t	hat are held	and ad	Iministered for the	<del>j</del>	
-	organization by:	o possossion o.						Ye	s No
	(i) unrelated organizations							3a(i) ×	
	(ii) related organizations							3a(ii)	×
b	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses							OD	
Part									
· ar	Complete if the organization		s" on Fo	orm 990	Part IV lin	e 11a	See Form 990	Part X line	a 10
	Description of property	(a) Cost or			t or other basis	1	Accumulated	(d) Book va	
	besomption of property		tment)	1 ' '	(other)		epreciation	(a) DOOR V	4140
1a	Land		0		416,507.			416	,507.
				_	803,057.	1	.,459,118.	2,343	
b	Buildings	•		3,	003,03/.	1	., 100, 110.	4,343	, , , , , ,
C C					512,373.			E10	,373.
d e	Equipment	•			J14,J13.			<u> </u>	, , , , , ,
	Add lines 1a through 1e. (Column (d) n		000 Par	t Y colun	an (R) lina 1	00.)		3,272	Q10
ı Uldi.	Add lilles ta tillough te. (Columni (a) n	nusi equal FOITTI	JJU, Par	, COIUN	iii (b), iiiie I	<i>uu.) .</i>		۷,۷۱۷	<i>,</i> ∪⊥⊅.

Part III

Part VII	Investments – Other Securitie Complete if the organization an		rm 990 Part IV line	a 11h Saa Form	000 Part V line 12
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Met	hod of valuation: -of-year market value
(4) Financial				Cost of end	-oi-year market value
(1) Financial	derivatives				
(2) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments – Program Relate		000 D. I.W. I'.	44.0.5	000 D. I.V. II 40
	Complete if the organization an	swered "Yes" on For			
	(a) Description of investment		(b) Book value		hod of valuation: -of-year market value
(1)					
(2)					
(3)					
<u>(4)</u>					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨	<b>&gt;</b>			
Part IX	Other Assets.		'		
	Complete if the organization an	swered "Yes" on For	rm 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
<u>(8)</u> (9)					
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)			
Part X	Other Liabilities.	( ) /			
	Complete if the organization an	swered "Yes" on For	rm 990, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
	line 25.				, ,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)	•			
	r uncertain tax positions. In Part XIII, pro		ote to the organization	's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page **4** 

Part				Return	<b>).</b>
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	2,779,590.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		_	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)			0-	
e	Add lines <b>2a</b> through <b>2d</b>			2e 3	2 770 500
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		3	2,779,590.
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			-	
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line</i>			5	2,779,590.
Part					
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	2,788,543.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,788,543.
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	4a			
b	Other (Describe in Part XIII.)				
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) .		5	2,788,543.
Part	• • •	14.5		D 11	/ I'
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
۷, ۱ aı	t XI, IIIIes zu and 4b, and f art XII, IIIIes zu and 4b. Also complete this part	ιο ριον	ide arry additional if	IIOIIIIalii	JII.

Schedule D (Fo	orm 990) 2018	Page 🕻
Part XIII	Supplemental Information (continued)	

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

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name o	of the organization					Employer identific	ation number
Geoi	getown Caring Place					74-2386902	
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organizatio	n raised funds tl	hrough any	of the follo	owing activities.	Check all that apply.	
а	▼ Mail solicitations		e 🗵	Solicitati	on of non-goverr	nment grants	
b	☐ Internet and email solicitation	ns	f [	Solicitati	on of governmer	nt grants	
С	☐ Phone solicitations		g 🗵	Special 1	fundraising event	S	
d	☐ In-person solicitations				· ·		
<b>2</b> a	Did the organization have a writ or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or e	ntities (fund		-	=	
	Compensated at least \$5,000 by	tile organization	11.				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total 3	List all states in which the orga		tered or lic	<b>&gt;</b> ensed to s	olicit contribution	ns or has been notific	ed it is exempt from
	registration or licensing.						

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1  Deep in the Heart of Texas Gala  (event type)	(b) Event #2  (event type)	(c) Other events  NONE (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	179,373.			179,373.	
ш	2						
	3	Gross income (line 1 minus line 2)	179,373.			179,373.	
	4	Cash prizes				<u> </u>	
	5	Noncash prizes					
nses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages				<u> </u>	
Direc	8	Entertainment					
	9	Other direct expenses .	36,821.			36,821.	
Pa	10 11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		36,821. 142,552.	
Га		\$15,000 on Form 990-E2	z, line 6a.	ered res on Forms	990, Fait IV, iiile 19,	- Teported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue					
ses	2	Cash prizes					
=xpen	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses .					
	6	Volunteer labor	<ul><li>☐ Yes %</li><li>☐ No</li></ul>	☐ Yes % ☐ No	☐ Yes % ☐ No		
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)			
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		<u> </u>	
<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li></ul>							
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .							

11	Does the organization conduct gaming activities with nonmembers?	∐ Yes	∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	∐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility		<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	records.		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	_	
С	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part			

Page 3

Schedule G (Form 990 or 990-EZ) 2018

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Georgetown Caring Place						.	74-2386902
Part I General Information of	on Grants and	d Assistance					
<ol> <li>Does the organization maintain the selection criteria used to at Describe in Part IV the organization</li> </ol>	ward the grants	or assistance?					
Part II Grants and Other Ass Part IV, line 21, for any	sistance to Do recipient that	omestic Organia received more t	zations and Don han \$5,000. Part	nestic Governm Il can be duplic	nents. Complete if ated if additional sp	the organization bace is needed.	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(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 assistanc	`, '
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 5 3 Enter total number of other ord		_					

Schedule I (Form 990) (2018)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
lient transportation	576	21,413.			
oats for kids	470	4,304.			
ood pantry and programs	41,576	100,769.			
dical services	235	13,000.			
nt payments	2,155	421,197.			
ilities	1,898	174,628.			
elter	24	3,344.			

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Georgetown Caring Place

Employer identification number

Geor	getown Caring Place			74-238	6902		
Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on	(d) of determinatribution a	
1	Art—Works of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded						
10	Securities—Closely held stock.						
11	Securities—Partnership, LLC,						
••	or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation						
	contribution—Historic						
	structures						
14	Qualified conservation contribution—Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other ► (						
29	Number of Forms 8283 received		ganization during the tax v	ear for contributions for			
	which the organization completed				29		
						Ye	s No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I lines	s 1 through		
oou	28, that it must hold for at least t						
	to be used for exempt purposes					30a	×
b	If "Yes," describe the arrangement		. 5 1		-	304	1
31	Does the organization have a		otance policy that require	es the review of any n	onstandard		
01	=				J. ISLAI IUAI U	31	V
32a	Does the organization hire or use				all noncach	31	×
	contributions?	•				32a	×
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	is checked.		

describe in Part II.

Schedule M (Form 990) 2018 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

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.

OMB No. 1545-0047

Employer identification number

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Georgetown Caring Place	74-2386902
Pt VI, Line 11b: Organization's process is to review 990 with Exe	cutive Director
and Board Members	
Pt VI, Line 12c:	
Pt VI, Line 15a: .	
Pt VI, Line 15b: .	
Pt IX, Line 24e:	
Description: Mileage	
Total: \$5,521	
Program services: \$552	
Management and general: \$0	
Fundraising: \$4,969	
Description: Miscellaneous/cash short	
Total: \$1,055	
Program services: \$1,055	
Management and general: \$0	
Fundraising: \$0	
Description: Printing & postage	
Total: \$8,310	
Program services: \$6,981	
Management and general: \$997	
Fundraising: \$332	
Description: Thrift store	
Total: \$80,675	
Program services: \$80,675	
Management and general: \$0	

Name of the organization	Employer identification number
Georgetown Caring Place	74-2386902
Fundraiging: ¢0	
Fundraising: \$0	
Description: Utilities	
Total: \$116,734	
Program services: \$98,057	
Management and general: \$14,008	
Fundraising: \$4,669	
Description: Volunteer support and supplies	
Total: \$15,295	
Program services: \$15,295	
Management and general: \$0	
Fundraising: \$0	

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2018, or fiscal year beginning Jul 1, 2018, and ending Jun 30, 20 19

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization	Employer identification number
Georgetown Caring Place	74-2386902
Name and title of officer	
Ginna O'Connor, Executive Director  Double Type of Poture and Poture Information (Whole Pollers Only)	
<b>Part I</b> Type of Return and Return Information (Whole Dollars Only)  Check the box for the return for which you are using this Form 8879-EO and enter t	he applicable amount if any from the return. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for t leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But	the return being filed with this form was blank, then
the applicable line below. <b>Do not</b> complete more than one line in Part I.	(1) 11 (2) 11 (2) 11 (2)
<ul> <li>1a Form 990 check here ► ☑ b Total revenue, if any (Form 990, Part VIII, coluitation of the property of the property</li></ul>	2b
<ul> <li>3a Form 1120-POL check here ► □</li> <li>b Total tax (Form 1120-POL, line 22)</li> <li>4a Form 990-PF check here ► □</li> <li>b Tax based on investment income (Form 990)</li> </ul>	
4a Form 990-PF check here ► □ b Tax based on investment income (Form 990 form 8868 check here ► □ b Balance Due (Form 8868, line 3c)	
Su Tomi cocc chock hore	
Part II Declaration and Signature Authorization of Officer	
organization's electronic return. I consent to allow my intermediate service provider to send the organization's return to the IRS and to receive from the IRS (a) an acknown the transmission, (b) the reason for any delay in processing the return or refund, and authorize the U.S. Treasury and its designated Financial Agent to initiate an electron financial institution account indicated in the tax preparation software for payment of return, and the financial institution to debit the entry to this account. To revoke a pa Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settler involved in the processing of the electronic payment of taxes to receive confidential resolve issues related to the payment. I have selected a personal identification numbelectronic return and, if applicable, the organization's consent to electronic funds w	owledgement of receipt or reason for rejection of d (c) the date of any refund. If applicable, I nic funds withdrawal (direct debit) entry to the f the organization's federal taxes owed on this yment, I must contact the U.S. Treasury Financial ment) date. I also authorize the financial institutions information necessary to answer inquiries and ber (PIN) as my signature for the organization's
Officer's PIN: check one box only	
☐ I authorize to enter	er my PIN as my signature
ERO firm name	Enter five numbers, but do not enter all zeros
on the organization's tax year 2018 electronically filed return. If I have indicated being filed with a state agency(ies) regulating charities as part of the IRS Fed/SERO to enter my PIN on the return's disclosure consent screen.	d within this return that a copy of the return is State program, I also authorize the aforementioned
☒ As an officer of the organization, I will enter my PIN as my signature on the org  If I have indicated within this return that a copy of the return is being filed with	
the IRS Fed/State program, I will enter my PIN on the return's disclosure cons	
Officer's signature ▶	Date ▶ 11/14/2019
Part III Certification and Authentication	
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	7 4 0 7 5 7 2 7 6 8 3  Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 of indicated above. I confirm that I am submitting this return in accordance with the reInformation for Authorized IRS <i>e-file</i> Providers for Business Returns.	
ERO's signature ▶	Date► 11/15/2019
ERO Must Retain This Form — See In Do Not Submit This Form to the IRS Unless Re	