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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning APR 1, 2008 and ending MAR 31, 2009

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CARING, Inc.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
407 West Delilah Road

City or town, state or country, and ZIP + 4
Pleasantville, NJ 08232

D Employer identification number
22-2178791

E Telephone number
(609) 484-7050

G Gross receipts $ 6,055,052.

F Name and address of principal officer Joseph Dougherty
same as C above

H(a) Is this a group return for affiliates? ☒ Yes ☐ No

H(b) Are all affiliates included? ☒ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5476

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.caringinc.org

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1977 M State of legal domicile: NJ

SCANNED FEB 11 2010

Part I Summary

1	Briefly describe the organization's mission or most significant activities: CARING, Inc. is a Christian based organization serving the frail, impaired aged and disabled,		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	162
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	93,918.	2,550,407.
9	Program service revenue (Part VIII, line 2g)	408,387.	3,270,545.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	411.	<19,910.>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	667.	<1,983.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	503,383.	5,799,059.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,027.	
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	241,114.	3,742,811.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	280,645.	714,549.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	523,786.	4,457,360.
19	Revenue less expenses Subtract line 18 from line 12	<20,403.>	1,341,699.

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		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	7,225,769.	8,409,241.
21	Total liabilities (Part X, line 26)	5,416,990.	3,311,561.
22	Net assets or fund balances Subtract line 21 from line 20	1,808,779.	5,097,680.

Part II Signature Block

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

Sign Here

Daniel Campbell
Signature of officer

1/22/2010
Date

Daniel T. Campbell, Vice Chair
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: [signature] CPA
Date: 01/19/10
Check if self-employed ▶ ☐
Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4:
Capaldi Reynolds & Pelosi, PA
332 Tilton Road
Northfield, NJ 08225

EIN ▶

Phone no. ▶ (609) 641-4000

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

See Schedule O for Organization Mission Statement Continuation

915-16

24

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission See Schedule O for Continuation
Our mission is to communicate the love and work of Jesus Christ Our Lord for all peoples through serving the frail, impaired aged and disabled young adults. These ministries reach out to accomplish the following for as many in need as possible:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,941,287. including grants of $) (Revenue $ 2,214,688.)
Caring Place Medical Day Program provides specialized medically-oriented adult day care services in attractive settings for seniors and younger adults with disabilities. Two meals- breakfast and lunch- are cooked on the premises daily. The provision of medical day services enable individuals to remain independent in the community or with their families much longer than would otherwise be possible. Not only can participants avoid premature placement in long-term care facilities, but the family or other caregiver is afforded respite from full-time care responsibilities. Adult day care participants may have experienced a stroke, have dementia, have fractured a hip, or are experiencing other complications of aging.

4b (Code.) (Expenses $ 891,931. including grants of $) (Revenue $ 816,113.)
Boardwalk Medical Day Program provides specialized medically- oriented adult day care services in attractive settings for seniors and younger adults with disabilities. Two meals- breakfast and lunch- are provided daily. The provision of medical day services enable individuals to remain independent in the community or with their families much longer than would otherwise be possible. Not only can participants avoid premature placement in long-term care facilities, but the family or other caregiver is afforded respite from full-time care responsibilities. Adult day care participants may have experienced a stroke, have dementia, have fractured a hip, or are experiencing other complications of aging.

4c (Code) (Expenses $ 515,546. including grants of $) (Revenue $ 0.)
Transitional Adult Program is designed to meet the needs of younger adults with developmental disabilities that present multiple handicaps. These individuals have typically graduated from a special services school and, without continuing care, would lose many of the skills that have been acquired in school. The program provides a daily structured program that includes life skills, recreational activities, socialization, physical and occupational therapy, and participation in community events for individuals with disabilities who cannot attend other types of day programs.

4d Other program services (Describe in Schedule O)
(Expenses $ 534,527. including grants of $) (Revenue $ 239,744.)

4e **Total program service expenses** ▶ $ 3,883,291. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
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 questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V 'Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	28		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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	162		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Did the organization solicit any contributions that were not tax deductible?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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 N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 9		
b	Enter the number of voting members that are independent	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NJ

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

The Organization - 609 484-7050
407 West Delilah Road, Pleasantville, NJ 08232

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter 0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Reverend Milton Hendrick Chair	0.50	X		X				0.	0.	0.
Daniel T. Campbell Vice Chair	0.30	X		X				0.	0.	0.
N. Lynne Hughes, Esq. Secretary	0.50	X		X				0.	0.	0.
Alan J. Bard Director	0.50	X						0.	0.	0.
Frank A. Bellis, Jr. Director	0.30	X						0.	0.	0.
Donna Graham Director	0.50	X						0.	0.	0.
Gary Lee Hill Director	0.30	X						0.	0.	0.
Sister Grace Nolan Director	0.30	X						0.	0.	0.
Robert McCorristin Director	0.30	X						0.	0.	0.
Ana Demeo Director	0.30	X						0.	0.	0.
Joseph Dougherty, Esq. Executive Director, Oper	45.00			X		X		227,524.	0.	41,648.
Brian P. Curran Executive Director, Fina	45.00			X		X		250,316.	0.	45,804.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								477,840.	0.	87,452.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 2

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,484,017.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	66,390.			
	g Noncash contributions included in lines 1a-1f $ 23,000.					
	h Total. Add lines 1a-1f	▶	2550407.			
Program Service Revenue		Business Code				
	2a Medicaid	624200	2964475.	2964475.		
	b Nutrition	624200	239,284.	239,284.		
	c Private pay	624200	66,786.	66,786.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶	3270545.			
	3 Investment income (including dividends, interest, and other similar amounts)	▶	2,935.			2,935.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		205222.			
	b Less: cost or other basis and sales expenses		228067.			
	c Gain or (loss)		<22845.>			
	d Net gain or (loss)	▶	<22,845.>	<22,845.>		
Other Revenue	8a Gross income from fundraising events (not including $ 18,390. of contributions reported on line 1c). See Part IV, line 18	a 17,500.				
	b Less direct expenses	b 27,926.				
	c Net income or (loss) from fundraising events	▶	<10,426.>			<10,426.>
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a Miscellaneous	624200	8,443.			8,443.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶	8,443.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	5799059.	3247700.	0.	952.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	631,808.		631,808.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,473,623.	1,965,424.	508,199.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	114,671.	79,991.	34,680.	
9 Other employee benefits	265,536.	216,236.	49,300.	
10 Payroll taxes	257,173.	185,677.	71,496.	
11 Fees for services (non-employees)				
a Management				
b Legal	12,389.	11,984.	405.	
c Accounting	44,726.	30,052.	14,674.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	106,639.	98,684.	7,955.	
12 Advertising and promotion	27,675.	3,675.	24,000.	
13 Office expenses	26,682.	4,899.	21,783.	
14 Information technology	40,444.	5,266.	35,178.	
15 Royalties				
16 Occupancy	414,758.	170,071.	244,687.	
17 Travel	239,179.	195,456.	43,723.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,999.		3,999.	
20 Interest	149,124.	142,311.	6,813.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	284,056.	277,318.	6,738.	
23 Insurance	67,139.	65,551.	1,588.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Nutrition	284,149.	284,149.		
b Supplies	79,182.	65,580.	13,602.	
c Bad debt	36,044.	36,044.		
d Donation to Caring Resi	19,284.	19,284.		
e Administrative cost sha	<1,193,400.>		<1,193,400.>	
f All other expenses	72,480.	25,639.	46,841.	
25 Total functional expenses Add lines 1 through 24f	4,457,360.	3,883,291.	574,069.	0.
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		32,528.	1	364,881.
	2	Savings and temporary cash investments		168,905.	2	217,306.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		251,286.	4	363,309.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		7,992.	8	8,855.
	9	Prepaid expenses and deferred charges		88,421.	9	188,135.
	10a	Land, buildings, and equipment cost basis	10a 9,192,878.			
	b	Less: accumulated depreciation Complete Part VI of Schedule D	10b 2,294,127.	5,680,601.	10c	6,898,751.
	11	Investments - publicly traded securities		95,000.	11	83,649.
	12	Investments - other securities. See Part IV, line 11		88,906.	12	153,889.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		812,130.	15	130,466.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,225,769.	16	8,409,241.
Liabilities	17	Accounts payable and accrued expenses		929,640.	17	456,236.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,197,850.	23	2,848,273.
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D		289,500.	25	7,052.
	26	**Total liabilities.** Add lines 17 through 25		5,416,990.	26	3,311,561.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,713,779.	27	1,666,780.
	28	Temporarily restricted net assets		95,000.	28	3,430,900.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,808,779.	33	5,097,680.
	34	Total liabilities and net assets/fund balances		7,225,769.	34	8,409,241.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
CARING, Inc.	22-2178791

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	763,730.	943,570.	1,012,875.	93,918.	2,550,407.	5,364,500.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	763,730.	943,570.	1,012,875.	93,918.	2,550,407.	5,364,500.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						5,364,500.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	763,730.	943,570.	1,012,875.	93,918.	2,550,407.	5,364,500.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,767.	10,357.	12,908.	411.	2,935.	28,378.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	<6,116.>	56,961.	10,307.	667.	8,443.	70,262.
11 **Total support.** Add lines 7 through 10						5,463,140.
12 Gross receipts from related activities, etc. (see instructions)					12	18,031,073.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.19 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 **Total.** Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: CARING, Inc.

Employer identification number: 22-2178791

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,372,785.		1,372,785.
b Buildings		6,347,537.	1,221,349.	5,126,188.
c Leasehold improvements				
d Equipment		1,472,556.	1,072,778.	399,778.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,898,751.

Schedule D (Form 990) 2008

832052
12-23-08

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
Security deposit	7,052.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	7,052.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,799,059.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,457,360.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,341,699.
4	Net unrealized gains (losses) on investments	4	<20,990.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	1,968,441.
8	Other (Describe in Part XIV)	8	<249.>
9	Total adjustments (net) Add lines 4-8	9	1,947,202.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,288,901.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	7,043,230.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,216,245.		
e	Add lines 2a through 2d			2e	1,216,245.
3	Subtract line 2e from line 1			3	5,826,985.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	<27,926.>		
c	Add lines 4a and 4b			4c	<27,926.>
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	5,799,059.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	5,722,521.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	1,237,235.		
e	Add lines 2a through 2d			2e	1,237,235.
3	Subtract line 2e from line 1			3	4,485,286.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	<27,926.>		
c	Add lines 4a and 4b			4c	<27,926.>
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	4,457,360.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

Part XI, Line 8 - Other Adjustments:

Difference in beginning net assets: -249.

Part XII, Line 2d - Other Adjustments:

Administrative cost sharing shown as expense offset: 1193400.

Loss on disposition of assets: 22845.

Part XIV Supplemental Information *(continued)*

Part XII, Line 4b - Other Adjustments:

Fundraising event expenses: -27926.

Part XIII, Line 2d - Other Adjustments:

Unrealized loss on investments: 20990.

Administrative cost sharing shown as expense offset: 1193400.

Loss on disposition of assets: 22845.

Part XIII, Line 4b - Other Adjustments:

Fundraising event expenses: -27926.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: CARING, Inc.

Employer identification number: 22-2178791

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 Evening of Indulgence (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	35,890.			35,890.
	2 Less Charitable contributions	18,390.			18,390.
	3 Gross revenue (line 1 minus line 2)	17,500.			17,500.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	18,000.			18,000.
	7 Other direct expenses	9,926.			9,926.
	8 Direct expense summary Add lines 4 through 7 in column (d)			▶	(27,926.)
	9 Net income summary Combine lines 3 and 8 in column (d)			▶	<10,426.>

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			▶	

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c If "Yes," enter name and address.				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: CARING, Inc.

Employer identification number: 22-2178791

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a.			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Joseph Dougherty, Esq.	(i)	227,524.	0.	0.	0.	41,648.	269,172.	7,677.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Brian P. Curran	(i)	250,316.	0.	0.	0.	45,804.	296,120.	14,216.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: CARING, Inc.

Employer identification number: 22-2178791

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
Joseph Dougherty	Executive Director	4,325.	Purchases w		X
Various	Board Member	0.	Some Board		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

See Schedule O for Schedule L Continuations

832131 12-17-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: CARING, Inc.

Employer identification number: 22-2178791

Form 990, Part I, Line 1, Description of Organization Mission:

young adults.

Form 990, Part III, Line 1, Description of Organization Mission:

Prevent institutional placement by providing community-based alternatives.

Provide respite and support for families and other care givers.

Present a "today-worth-the-living" to the frail and impaired elderly, and disabled young adults.

Form 990, Part III, Line 4d, Other Program Services:

Nutrition, Fellowship, Social Day, Transportation

Expenses $ 534527. including grants of $ 0. Revenue $ 239744.

Form 990, Part VI, Section A, line 2: The Executive Director and the Individual Retirement Account of one Board Member each own 50% of a real estate investment.

Form 990, Part VI, Section A, line 10: After management has reviewed Form 990, it is distributed to the Board od Directors, who then meet to review it. It is filed after being approved.

Form 990, Part VI, Section B, Line 12c: Management compiles data regarding

any conflicts of interest reflected on the disclosures and informs the Board of Directors of the conflict. Business practice is to avoid purchases from individuals or businesses with conflicts.

Form 990, Part VI, Section B, Line 15: The compensation committee performs an annual review of the Directors' and five highest compensated employees' performance and compensation package for the year taking into consideration their duties, comparable salaries for similar executives in the general region, and past performance.

Form 990, Part VI, Section C, Line 19: CARING, Inc. generally does not make its governing documents, conflict of interest policy, and financial statements available to the public. If a request were to be made, it would be considered based upon the nature of the request and a decision would be made on a case-by-case basis.

Form 990, Part XI, Line 2c, Audit Oversight:
The process has not changed from the prior year.

Sch L, Part IV, Business Transactions Involving Interested Persons:
(a) Name of Person: Joseph Dougherty
(b) Relationship Between Interested Person and Organization:
Executive Director of Operations
(d) Description of Transaction: Purchases were made from a business owned by Mr. Dougherty's sibling. The 2008 holiday party was held at his

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: CARING, Inc.

Employer identification number: 22-2178791

restaurant. CARING, Inc. received a discount.

(a) Name of Person: Various

(d) Description of Transaction: Some Board members of CARING, Inc. also serve on the Board of related organizations which purchase administrative services from CARING, Inc. as noted in Schedule R.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization CARING, Inc.

Employer identification number 22-2178791

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Caring Coach, LLC - 11-3657761 407 W. Delilah Rd. Pleasantville, NJ 08232	Transportation services	New Jersey	84,448.	22,266.	CARING, Inc.

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CaringHouse Projects, Inc. - 22-2464198 407 W. Delilah Rd. Pleasantville, NJ 08232	Housing for individuals with disabilities	New Jersey	501(c)(3)	public charity	CARING, Inc.
Caring Residential Services, Inc. - 65-1169183, 407 W. Delilah Rd., Pleasantville, NJ 08232	Housing for seniors and individuals with disabilities	New Jersey	501(c)(3)	public charity	CARING, Inc.
Caring Residential Services II, Inc. - 14-1911330, 407 W. Delilah Rd., Pleasantville, NJ 08232	Housing for seniors	New Jersey	501(c)(3)	public charity	CARING, Inc.
Caring Residential Services III, Inc. - 20-2742194, 407 W. Delilah Rd., Pleasantville, NJ 08232	Housing for individuals with disabilities	New Jersey	501(c)(3)	public charity	CARING, Inc.

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Caring Senior Living, Inc. - 01-0680960 407 W. Delilah Rd. Pleasantville, NJ 08232	Assisted living services	NJ	CARING, Inc.	C CORP	1,217,793.	37,826.	100.00%

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) CaringHouse Projects, Inc.	K	962,432.
(2) CaringHouse Projects, Inc.	I	34,531.
(3) Caring Senior Living, Inc.	K	176,468.
(4) Caring Senior Living, Inc.	I	5,179.
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

Footnotes Statement 1

Please note that prior year return consisted of a one month period so that prior year amounts may not seem comparable.

CAPALDI REYNOLDS & PELOSI
Certified Public Accountants P.A.

INDEPENDENT AUDITORS' REPORT

332 Tilton Road
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To the Board of Trustees of
Caring, Inc. and Affiliates
Pleasantville, New Jersey

We have audited the accompanying consolidated statement of financial position of Caring, Inc. (a nonprofit organization) and Affiliates as of March 31, 2009, and the related consolidated statements of activities and cash flows for the year then ended. These consolidated financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We did not audit the financial statements of Caring Residential Services II, Inc., Caring Residential Services III, Inc., Caring Residential Services IV, Inc., and Caring Residential Services V, Inc., local affiliates, which statements reflect total assets of $3,992,598 as of March 31, 2009, and total support and revenues of $111,514 for the year then ended. Those statements were audited by other auditors whose reports have been furnished to us, and our opinion, insofar as it relates to the amounts included for the affiliated organizations, is based solely on the reports of the other auditors.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit and the reports of other auditors provide a reasonable basis for our opinion.

In our opinion, based on our audit and the reports of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the

financial position of Caring, Inc. and Affiliates as of March 31, 2009, and the changes in their net assets and their cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic consolidated financial statements of Caring, Inc. and Affiliates taken as a whole. The accompanying schedules of functional expenses by program and notes payable, and consolidating schedules of financial position, activities and functional expenses are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The accompanying schedules of federal and state awards are presented for purposes of additional analysis as required by U.S. Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations and New Jersey OMB Circular 04-04, Single Audit Policy for Recipients of Federal Grants, State Grants and State Aid, and are also not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic consolidated financial statements and, in our opinion, are fairly stated, in all material respects, in relation to the basic consolidated financial statements taken as a whole.

Capaldi Reynolds & Pelosi

CAPALDI REYNOLDS & PELOSI, P.A.

Northfield, New Jersey
August 20, 2009

CARING, INC . AND AFFILIATES
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
MARCH 31, 2009

ASSETS	
Current Assets	
Cash	$ 682,651
Investments	45,068
Accounts receivable	444,539
Grants receivable	51,000
Prepaid expenses	299,059
Other assets	25,286
Total current assets	1,547,603
Property and equipment (net)	12,217,991
Other Assets	
Restricted cash	78,533
Restricted investments	38,581
Other assets	35,515
Total other assets	152,629
Total assets	$ 13,918,223
LIABILITIES AND NET ASSETS	
Current Liabilities	
Line of credit	$ 426,915
Accounts payable	470,259
Accrued expenses	717,585
Security deposits	11,946
Current portion of long-term debt	1,671,271
Total current liabilities	3,297,976
Long-Term Liabilities	
Notes payable	1,657,680
Total liabilities	4,955,656
Net Assets	
Unrestricted	1,670,209
Temporarily restricted	7,292,358
Total net assets	8,962,567
Total liabilities and net assets	$ 13,918,223

The accompanying notes are an integral part of the financial statements.

CARING, INC . AND AFFILIATES
CONSOLIDATED STATEMENT OF ACTIVITIES
YEAR ENDED MARCH 31, 2009

	Unrestricted	Temporarily Restricted	Total
OPERATING SUPPORT AND REVENUE			
Adult Day Care			
DDD grant	$ 850,681	$	$ 850,681
Social Service Block Grant	179,985		179,985
Nutrition	157,660		157,660
Medicaid	4,174,926		4,174,926
Private clients	66,786		66,786
State-Wide Respite	35,113		35,113
Residential Group Homes- DDD grant	7,181,253		7,181,253
Contracted meals	81,624		81,624
Rent	165,965		165,965
Donations	120,853	2,850	123,703
Investment income	9,570		9,570
Other income	16,112		16,112
Satisfaction of program restrictions	224,344	(224,344)	-
Total operating support and revenue	13,264,872	(221,494)	13,043,378
OPERATING EXPENSES AND LOSSES			
Program Services			
Boardwalk Medical Day	788,045		788,045
Caring Place	1,486,458		1,486,458
Nutrition services	404,898		404,898
Fellowship	268,649		268,649
Transitional adult program	459,267		459,267
Wildwood social day	12,701		12,701
Residential group homes	6,168,112		6,168,112
Delilah Road rental property	12,625		12,625
Atlantic City assisted living program	265,854		265,854
Wildwood assisted living program	545,151		545,151
Jersey City assisted living program	331,110		331,110
Coach transportation	95,165		95,165
Homer Avenue senior apartments	91,942		91,942
Delilah Road senior housing	121,925		121,925
Residential III- HUD Project Dorset & Main	48,122		48,122
Residential IV- HUD Project Oakland & Ridge	8,000		8,000
General and administrative	2,170,724		2,170,724
Fundraising expenses	27,926		27,926
Unrealized loss on investments	20,990		20,990
Total operating expenses and losses *	13,327,664	-	13,327,664
* *includes $495,186 of depreciation expenses*			
Operating change in net assets	(62,792)	(221,494)	(284,286)
NON-OPERATING REVENUE AND EXPENSE			
Capital grants		1,679,269	1,679,269
Net loss on disposition of asset	(23,751)		(23,751)
Change in net assets	(86,543)	1,457,775	1,371,232
NET ASSETS- beginning of year	1,759,667	95,000	1,854,667
Restatement of non-repayable debt to equity	429,237	5,739,583	6,168,820
Restatement of non-repayable debt balance	17,749		17,749
Restatement of fair market value of investment	(344,918)		(344,918)
Restatement of Mirenda settlement	(7,272)		(7,272)
Restatement of accrued sick pay	(90,623)		(90,623)
Restatement of prior depreciation	(7,088)		(7,088)
NET ASSETS- end of year	$ 1,670,209	$ 7,292,358	$ 8,962,567

The accompanying notes are an integral part of the financial statements

CARING, INC . AND AFFILIATES
CONSOLIDATED STATEMENT OF CASH FLOWS
YEAR ENDED MARCH 31, 2009

CASH FLOWS FROM OPERATING ACTIVITIES	
Cash received from grants and other sources	$ 15,327,154
Cash received for interest and dividends	9,570
Cash paid to vendors and employees	(14,020,985)
Cash paid for interest	(178,974)
Net cash provided by operating activities	1,136,765
CASH FLOWS FROM INVESTING ACTIVITIES	
Proceeds from sale of investments	50,000
Purchase of investments	(237)
Proceeds from sale of property and equipment	20,055
Purchase of property and equipment	(1,540,709)
Net cash (used for) investing activities	(1,470,891)
CASH FLOWS FROM FINANCING ACTIVITIES	
Net line of credit	137,415
Proceeds from new debt	439,000
Debt repayment	(580,591)
Net cash (used for) financing activities	(4,176)
Net (decrease) in cash	(338,302)
CASH - Beginning of year	1,020,953
CASH - End of year	$ 682,651
RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATIONS:	
Change in net assets	$ 1,026,314
Adjustments to reconcile change in net assets to net cash provided by operating activities	
Depreciation and amortization	495,186
(Gain)/loss on disposition of property	368,669
Unrealized (gains)/losses on investments	20,990
(Increase)/decrease in:	
Restricted cash	(78,533)
Accounts receivable	(67,933)
Grants receivable	983,689
Prepaid expenses	(127,247)
Other assets	(30,973)
Increase/(decrease) in:	
Accounts payable and accrued expenses	(762,059)
Security deposits	11,946
Deferred revenue	(703,284)
Net cash provided by operating activities	$ 1,136,765

The accompanying notes are an integral part of the financial statements.

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

CARING, Inc. is one of nine affiliated organizations which develop and nurture services and programs for the elderly and disabled. The affiliated group (CARING) consists of the following organizations:

CARING, Inc. (a non-profit organization) was incorporated in 1977 as a Christian nonprofit Organization serving the aged, handicapped and others in need. The Organization operates social, medical, therapeutic, and assisted living programs as well as transportation and community based living arrangements which provide community alternatives to institutionalization.

CaringHouse Projects, Inc. (a non-profit organization) incorporated in 1983 to provide care, comfort and therapeutic services and community based living arrangements for the elderly and disabled who cannot live alone. The Organization manages eighteen group homes located in the southern and central New Jersey area plus one supportive housing program.

Caring Senior Living, Inc. (a for-profit entity) was incorporated in 2001 for residential development of housing for the elderly in the Pleasantville area and to provide assisted living programs for elderly residents in Atlantic City, Wildwood and Jersey City.

Caring Coach, LLC (a for-profit entity) was formed in 2002 as a transportation service organization serving the aged, handicapped and others in need. The Organization is a limited liability company with its sole member being Caring, Inc.

Caring Residential Services, Inc. (a non-profit organization) was incorporated in 2003 to provide a ten unit rental project for low-income seniors with special needs in Pleasantville, New Jersey.

Caring Residential Services II, Inc. (a non-profit organization) is an approved U.S. Department of Housing and Urban Development (HUD) project located in Pleasantville, New Jersey. The Project operates an eleven unit housing complex for the elderly, and there are an additional twenty-six units under development.

Caring Residential Services III, Inc. (a non-profit organization) is an approved U.S. Department of Housing and Urban Development (HUD) project located in Egg Harbor Township, New Jersey. The Project operates two four-unit houses for the disabled, housing a total of eight individuals.

Caring Residential Services IV, Inc. (a non-profit organization) was incorporated in 2007 to assist CaringHouse Projects, Inc. obtain funding for the construction of a four-unit group home for the disabled in Egg Harbor Township, New Jersey.

Caring Residential Services V, Inc. (a non-profit organization) was incorporated in 2007 to assist CaringHouse Projects, Inc. obtain funding for the rehabilitation of two four unit group homes for the disabled in Egg Harbor Township, New Jersey.

Subsequent to year-end, in May 2009 a new related entity, Caring Residential Services VI, Inc., was created to develop another HUD project.

Consolidation

The accompanying consolidated financial statements include the accounts of the nine CARING affiliated organizations existing at year-end. Intercompany transactions and balances have been eliminated in consolidation.

Revenue Recognition

CARING maintains its books on the accrual basis of accounting whereby income is recognized when earned and expenses are recorded when incurred.

CARING receives a substantial amount of grant revenue primarily from the State of New Jersey, Department of Human Services, Division of Developmental Disabilities. Grant revenue is generally expenditure based, whereby expenses allowable under the grant contract are offset by certain matching and other revenues of the Organization and the resulting net expenditure amount is reimbursed by the State of New Jersey up to the contract ceiling. Accordingly, grant revenue is recognized when allowable net grant expenditures are incurred.

Financial Statement Presentation

These financial statements have been prepared to focus on CARING as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. Net assets and changes therein are classified as follows:

Unrestricted net assets- Net assets that are not subject to donor-imposed restrictions.

Temporarily restricted net assets- Net assets subject to donor-imposed stipulations that may or will be met by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently restricted net assets- Net assets accepted with the stipulation that they be maintained in perpetuity.

Resources received in which the Organization is acting as a trustee, agent, or intermediary are not included in the statement of activities, as they are not considered revenues or expenses of the Organization. These transactions are reported as increases or decreases in assets and liabilities, and are included on the statements of financial position and cash flows.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Cash

For purposes of the statement of cash flows, the Organization considers all cash maintained in banking institutions and cash on hand to be cash. Cash excludes certificates of deposit and money market accounts included in the Organization's investment portfolio as well as restricted cash.

CARING maintains cash balances with a local bank, which at times throughout the year may exceed the FDIC insured limit. At March 31, 2009, cash exceeded insured balances by $145,265.

Grants and Accounts Receivable

The Organization does not accrue interest on outstanding grants and accounts receivable. Accounts are adjusted as they are deemed uncollectible based upon a periodic review of the accounts. At March 31, 2009, the allowance for uncollectible accounts was $1,163.

Prepaid Expenses

Prepaid expenses include $8,855 of food inventory stated at cost on a first-in, first-out basis.

Property and Equipment

Additions, improvements and expenditures for repairs and maintenance that significantly extend the life of an asset are capitalized. Purchased property and equipment is stated at cost. Donated property and equipment is stated at the fair value as of the date of donation. Depreciation of these buildings and equipment is provided over the estimated useful lives of the respective assets on a straight-line basis. Start-up costs are amortized using the straight-line method over five years.

Property and equipment acquired by CARING are considered to be owned by the Organization. However, Federal and State funding sources may retain an equitable interest in the property purchased with grant funds and capital advances as well as the right to claim or determine the use of any proceeds from the sale of these assets as further discussed in Note I.

Restricted Cash

A reserve for replacements account has been established in accordance with the terms of various capital advance agreements with HUD.

A minimum capital investment account for Caring Residential Services III, Inc. was established prior to construction to ensure the owners commitment to housing and to provide a financial cushion in the event that the Project requires additional funds. Under the terms of the commitment, the minimum capital investment account funds must be held during the construction period and for a three year period beginning at initial occupancy, after which time, the portion of the remaining initial deposit, plus any accrued interest not used for operating deficits, shall be returned to the Project.

Tenant security deposits are held in a separate interest bearing bank account in the name of Caring Residential Services, Inc. and Caring Residential Services II, Inc. in trust for the tenants.

Investments

Investments consist primarily of mutual funds and equity securities. Investments are measured at fair value. Investment income or loss (including both realized and unrealized gains and losses, interest and dividends) is included in operating income.

Restricted Investment

CARING received a $210,000 restricted contribution from an estate during a previous fiscal year. The principal must be kept in a Trust for a period of fifteen years with the net income from the investment to be distributed to the Company annually. After the fifteen year period, the principal of the Trust shall be distributed outright to the Company. During the year ended March 31, 2009, the Organization requested and was granted by the Trustee a $50,000 distribution from the Trust principal for the restricted use of funding the whole life insurance (Key Man) policies for the two executive directors. No investment income was distributed for the fiscal year ended March 31, 2009.

Contributed Services

Contributions of services are recognized if the services received create or enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. For the year ended March 31, 2009, no contributed services met all these criteria.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Income Taxes

CARING, Inc., CaringHouse Projects, Inc., Caring Residential Services, Inc., Caring Residential Services II, Inc., Caring Residential Services III, Inc., Caring Residential Services IV, Inc. and Caring Residential Services V, Inc. have been granted exemption from income taxation by the Internal Revenue Service under Section 501(c)(3) of the Internal Revenue Code and, therefore these Organizations have made no provision for federal and state income taxes in the accompanying financial statements. In addition, these Organizations have been determined by the Internal Revenue Service not to be "private foundations" within the meaning of Section 509(a) of the Internal Revenue Code. There was no unrelated business income for the year ended March 31, 2009. CARING has not yet applied the provisions of FASB Interpretation No 48, *Accounting for Uncertainty in Income Taxes.*

Caring Senior Living, Inc. is a corporation subject to both Federal and State income taxes. As of March 31, 2008, the corporation had $23,418 and $16,536 net operating losses to apply against future federal and state taxable income, respectively. The Corporation had charitable contributions to apply against ten percent (10%) of future federal taxable income in the amount of $7,108.

Caring Coach, LLC is a disregarded entity which files as a subsidiary of CARING, Inc.

Advertising

The Organization expenses its advertising costs as they are incurred. Advertising expense for the fiscal year ended March 31, 2009 totaled $28,169.

NOTE B - PROPERTY AND EQUIPMENT

Property and equipment at year-end consists of the following:

	Estimated Useful Lives	Cost
Land		$ 1,596,064
Buildings and improvements	10 - 40 years	10,960,578
Furniture and equipment	3 - 8 years	606,809
Vehicles	3 - 7 years	1,155,492
Start-up costs	3 years	17,817
Development in progress		837,403
Total property and equipment		15,174,163
Less accumulated depreciation		(2,956,172)
		$ 12,217,991

Depreciation expense for the year ended March 31, 2009 was $495,186.

NOTE C - INVESTMENTS

Investments at March 31, 2009 consist of the following:

	Fair Value	Fair Value Measurements Using Quoted Prices in Active Markets for Identical Assets (Level 1)
Paine Webber account	$ 40,389	$ 40,389
Prudential stock	4,679	4,679
Total unrestricted investments	$ 45,068	$ 45,068
Raymond James account	$ 37,723	$ 37,723
Janney Montgomery Scott account	858	
Total restricted investments	$ 38,581	$ 37,723

Fair values for long-term investments are determined by reference to quoted market prices and other relevant information generated by market transactions.

Investment income consists of interest and dividends.

NOTE D - NOTES PAYABLE

Long-term debt is composed of the following:

Various mortgages payable, as described in the Schedule of Notes Payable, interest rates from 1% to 7%, due 2009 through 2029, monthly payments currently totalling $19,892 of interest and principal, some with balloon payments at various dates, secured by land and buildings.	$ 3,101,390
8.5% note payable to an individual, due in August 2012, payable in monthly installments of $3,426 principal and interest, unsecured.	121,547
Various installment and term loans payable, as described in the Schedule of Notes Payable, interest rates from 4.25% to 6.66%, due 2009 through 2013, monthly payments totalling $3,467 of interest and principal, one with a $10,401 balloon payment due April 2009, secured by general security agreement.	106,014
Total long-term debt	3,328,951
Less: current portion	1,671,271
Net long-term debt	$ 1,657,680

The Organization also has a line of credit in the amount of $650,000 with an interest rate at prime plus 1%. The maturity date is variable, as borrowed. The line of credit is secured by the Organization's property and has an open balance of $426,915.

Maturities of long-term debt for the next five years are as follows:

Year ended March 31, 2010	$ 1,671,271
March 31, 2011	92,526
March 31, 2012	496,556
March 31, 2013	227,708
March 31, 2014	8,028

The amount of interest cost for the year ended March 31, 2009 was $180,477, all of which was charged to operations as vehicle or interest expense.

In addition, as further discussed in Note I, various grantors maintain non-repayable mortgages on property they have given to the Organization directly or on property that the Organization has constructed with capital grant funds provided by them. Since management believes that the possibility of repayment under these notes is remote, they have classified the mortgages as restricted net assets rather than debt.

NOTE E - RELATED PARTY TRANSACTIONS

During the year ended March 31, 2009, purchases totaling $4,325 were made from an establishment owned by a relative of one of the executive directors.

NOTE F - OPERATING LEASES

The Organization leases facilities and equipment under various operating leases which expire in 2010 through 2012. Rent expense for the year ended March 31, 2009 was $188,703.

Future minimum lease payments for the next five years are as follows:

Year ended March 31, 2010	$ 92,083
March 31, 2011	21,037
March 31, 2012	16,236
March 31, 2013	1,836
March 31, 2014	612

NOTE G - TEMPORARILY RESTRICTED NET ASSETS

During the year ended March 31, 2009, donor restrictions were satisfied as follows:

Payment of key-man life insurance premium	$ 50,000
Satisfaction of use restriction	2,850
Depreciation of buildings funded by capital grants	171,494
	$ 224,344

At March 31, 2009, temporarily restricted net assets consist of $45,000 of net assets restricted for subsequent year premium payments on insurance policies and $7,247,358 restricted as capital funding for land and buildings used in various programs as more fully described in Note I.

NOTE H - RETIREMENT PLAN

Effective October 5, 1998, CARING has adopted a 401(k) plan covering full-time Communication Workers Local 1040 employees. All employees over age 21 who have completed one year of employment service are eligible to participate. The Organization may match up to 30% of the participants' deferral.

The Organization also has a 401(k) plan covering full-time management employees. They are required to contribute an amount equal to 3% of the salary of eligible participants, and may contribute an additional 4%. Management employees over the age 21 with one year of service are eligible.

Contributions to both plans totaled $233,053 for the year ended March 31, 2009.

NOTE I - CHARITY CARE

CARING provides services to clients who do not qualify for Medicaid or any other "permanent" financing; clients who attend under the limited SSBG funding and continue to receive services once funding is exhausted; and clients who appear to qualify for services and are in the process of becoming eligible for Medicaid. The amount of normal charges for these types of services which the Organization refrained from billing was $92,406 for the year ended March 31, 2009.

NOTE J - CONTINGENCIES

CARING's operations and revenue streams are concentrated in programs funded by Medicaid and the State of New Jersey Department of Developmental Disabilities (DDD) and are also tied to projects funded by the U. S. Department of Housing and Urban Development (HUD) and various State of New Jersey housing grants and loans. In addition, the Organization operates in a heavily regulated environment. As such, the operations of the Organization are subject to the administrative directives, rules and regulations of a number of federal, state and local regulatory agencies.

The Organization has also obtained capital advances and loans from HUD and NJ HOME funds to acquire and improve the facilities in which some of their group homes and supportive apartments are operated. As a provision of these grants, the Organization signs a mortgage on these properties to HUD/HOME for the full amount of the capital grant or loan received. These mortgages are payable only at such time as the properties cease to be operated as specified in the regulatory agreement. The Organization cannot encumber these properties by borrowing and must relinquish ownership to HUD/HOME in the event that they do not continue to meet the terms of their regulatory agreement. Provided that the housing remains available as specified under the operating agreement, the note will be considered to be paid in full and discharged at the end of the twenty year term. Management believes that the possibility that repayment will be required under the notes are remote, and accordingly has recorded the notes and advances as temporarily restricted net assets that will be released from restrictions at the end of the 20-year period. At March 31, 2009, these mortgages totaled $3,426,880.

The Organization has obtained capital grants from the New Jersey Department of Human Services, Division of Developmental Disabilities, to acquire and improve the facilities in which some of their group homes and supportive apartments are operated. As a provision of these grants, the Organization signs a mortgage on these properties to the State of New Jersey for the full amount of the capital grant received. These mortgages are payable only at such time as the properties cease to be operated as specified in the grant award. The Organization cannot encumber these properties by borrowing and must relinquish ownership to the State in the event that they do not continue to meet the terms of their grant contract. There are two types of notes utilized for these arrangements. One type expires over a stated time frame (generally thirty years) and the other automatically renews at the end of its term and never expires. Management believes that the possibility that repayment will be required under the notes are remote, and accordingly has recorded the notes and advances as either temporarily restricted net assets that will be released from restrictions at the end of the 30-year period or permanently restricted net assets that will never become unrestricted. At March 31, 2009, these mortgages totaled $4,421,209.

NOTE K - SUPPLEMENTAL DISCOSURE OF CASH FLOW INFORMATION

The Organization had non-cash investing and financing transactions in the amount of $513,910.

NOTE L - ACCOUNTING CHANGES

During the year ended March 31, 2009, CARING changed their accounting policy for recording non-repayable capital grant funding. Previously these agreements had been recorded either as mortgages payable, deferred income, or unrestricted net assets. As more fully described in Note I, capital funding that does not have all the characteristics of a liability has been reclassified to temporarily restricted net assets, which is reclassified to unrestricted net assets as depreciation is charged. The balance of the funding that was reclassified was $6,186,569 as of March 31, 2008.

During the year ended March 31, 2009, management determined that it did not correctly estimate the value of land being held as an investment. The investment in land had declined in value by $344,918 before March 31, 2008.

During the year ending March 31, 2009, management determined that it did not correctly estimate the amount due to a vendor under a construction contract. The contractor was due an additional $43,000 as of March 31, 2008, of which $7,272 required adjustment to net assets.

During the year ending March 31, 2009, management determined that it did not correctly estimate the value of unused sick pay earned by employees which is paid to them either annually if they request it, or upon termination. Accrued sick pay as of March 31, 2008 was $90,623.

CARING has also restated net assets for depreciation which was computed under a method that did not represent generally accepted accounting policies, and for changes in the estimated useful lives of a number of assets. The change to accumulated depreciation at March 31, 2008 was $7,088.

NOTE M - SUBSEQUENT EVENTS

Effective July 1, 2009, Caring Coach has ceased operations as a Medical Transportation Provider due to NJ restructuring their Non-Emergency Medical Transportation services. Revenue for the year ended March 31, 2009 was $84,448 under this program, expenses were $146,872, and their deficit in net assets totaled ($62,288) at year-end.

Also effective July 1, 2009, NJ Department of Health and Senior Services, Division of Aging and Community Services dropped the daily Medical Day Care reimbursement rate from $85.88 per diem to $78.50, and eliminated rehabilitation services such as physical therapy, occupational therapy and speech therapy as permissible criteria for eligibility in the Medical Day Care Program. Medical Day Care revenue from NJ for the year ended March 31, 2009 was $2,830,877. The effect of these changes has been forecasted by management to be approximately $280,000.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	Caring, Inc.	22-2178791
	Number, street, and room or suite no If a P.O box, see instructions 407 West Delilah Road	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Pleasantville, NJ 08232	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ The Organization 407 West Delilah Road - Pleasantville, NJ 08232
  Telephone No. ▶ 609 484-7050 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until November 15, 2009, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year ____ or
▶ [X] tax year beginning APR 1, 2008, and ending MAR 31, 2009.

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	CARING, Inc.		22-2178791
	Number, street, and room or suite no If a P O box, see instructions. 407 West Delilah Road		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Pleasantville, NJ 08232		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

COPY

The Organization

- The books are in the care of ▶ 407 West Delilah Road - Pleasantville, NJ 08232
  Telephone No. ▶ 609 484-7050 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until February 15, 2010

5 For calendar year _____, or other tax year beginning APR 1, 2008, and ending MAR 31, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ CPA Date ▶ 11/13/09