Form <b>990-T</b>	E	Exempt Organization Bus	sine	ss Income 1	Tax Return	<b>3/</b>	OMB No 1545-0687		
	(and proxy tax under section 6033(e)) 1906 2018								
	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019  Go to www.irs.gov/Form990T for instructions and the latest information.								
Department of the Treasury Internal Revenue Service	>	Do not enter SSN numbers on this form as it may	/ be ma	de public if your organiz			Open to Public Inspection for 501(c)(3) Organizations Only over identification number		
A Check box if address changed	-	- Name of organization ( Check box if name changed and see instructions.)  DEmployer (Employer instructions)							
B Exempt under section	Print	CARE, RING, INC	·	_	6-0621073				
$\mathbf{X}$ 501(c)(3 $\mathbf{U}$ )	Type	Number, street, and room or suite no. If a P.O. box					ated business activity code instructions )		
408(e) 220(e)	',,,,,,	601 EAST 5TH STREET, NO. 140							
408A530(a) 529(a)		City or town, state or province, country, and ZIP of CHARLOTTE, NC 28202	r foreig	n postal code		900099			
C Book value of all assets at end of year		,	<b>&gt;</b>			•			
2,104,2		<u> </u>	poratio	n 501(c) trust	401(a)	trust	Other trust		
		ation's unrelated trades or businesses.	1		the only (or first) un				
•		PLOYER PAID PARKING BEN			complete Parts I-V.				
		ice at the end of the previous sentence, complete Pa	arts I an	id II, complete a Schedule	e M for each addition	ial trade	e or		
business, then complete						Tu	V		
		poration a subsidiary in an affiliated group or a parei tifying number of the parent corporation.	nt-subs	idiary controlled group?	<b>&gt;</b> L	Ye	es X No		
		CFSC SHARED SERVICES		Talanh	one number > 7	04~	943-9631		
		de or Business Income		(A) Income	(B) Expense:		(C) Net		
1a Gross receipts or sale		de or Eddiness income	Π	(1)	(-)		(-)		
b Less returns and allow		c Balance	1c		* *				
2 Cost of goods sold (S		·	2		17.44		•		
3 Gross profit. Subtract		•	3	•					
4a Capital gain net incom			4a		, 3, ,	,			
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797) sts Ship or an S corporation (attach statement)	4b			,			
c Capital loss deduction	o for trus	RECEIVED 18	4c		•		· · · · · · · · · · · · · · · · · · ·		
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5		·				
6 Rent income (Schedu	ile C)	me (Scheling E) NOV 2 2 2019	6						
7 Unrelated debt-financ	ed incor	me (Scheding E) NUV	7						
			8						
	a secul	on 501(c)(7), (9), or (17) To To the atton (Schedule G)	10						
10 Exploited exempt active 11 Advertising income (S	-	1	11						
12 Other income (See ins		•	12			•			
13 Total, Combine lines			13	0.					
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions )									
(Except for d	contribi	utions, deductions must be directly connected	d with	the unrelated business	s income.)				
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14			
15 Salaries and wages						15			
16 Repairs and mainten	ance					16			
17 Bad debts						17			
18 Interest (attach sche	dule) (s	ee instructions)				18			
19 Taxes and licenses		and the state of t				- 19			
	•	e instructions for limitation rules)		Last		20	<del></del>		
21 Depreciation (attach				21 22a		22b			
<ul><li>22 Less depreciation cla</li><li>23 Depletion</li></ul>	eu 01	a Schedule A and elsewhere on return		[224]		23			
24 Contributions to defe	erred co	mnensation olans	24						
25 Employee benefit pro						25			
26 Excess exempt exper	-	chedule I)	26	<del></del>					
27 Excess readership co		•		27					
28 Other deductions (at						28			
29 Total deductions. Ad					;	29	0.		
		ncome before net operating loss deduction. Subtrac				30	0.		
		ncome. Subtract line 31 from line 30		<del></del>	· <del></del> ······	32	0.		
823701 01-09-19 LHA FO	r Paper	work Reduction Act Notice, see instructions.					Form <b>990-T</b> (2018)		

Form 990-	T(2018) CARE RING, INC		56-062	1073	Page a
Part	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	0.
34	Amounts paid for disallowed fringes		34	45,043.	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	ım of			
	lines 33 and 34			36	45,043.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	6.			
•	enter the smaller of zero or line 36	•		38	44,043.
Part I	V Tax Computation	· · · · · · · · · · · · · · · · · · ·	,	<u> </u>	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b></b>	39	9,249.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o	n line 38 from:		;	
-10	Tax rate schedule or Schedule D (Form 1041)		•	40	
41	Proxy tax. See instructions			41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	9,249.
Part \				77	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		1 3	
	Other credits (see instructions)	45b			
	General business credit. Attach Form 3800	45c		1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		1	
	Total credits. Add lines 45a through 45d	700 1		45e	
46	Subtract line 45e from line 44			46	9,249.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	6 Other 6	attach schedule)	47	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
48	Total tax. Add lines 46 and 47 (see instructions)		attach schedule)	48	9,249.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	Payments: A 2017 overpayment credited to 2018	50a	679.	3 .	
	2018 estimated tax payments	50b	8,617.		
	Tax deposited with Form 8868	50c	0,01,0		
	•	50d	<del></del>		
	Foreign organizations: Tax paid or withheld at source (see instructions)	50e			
	Backup withholding (see instructions)	50f	<del></del>	'	
	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments; Form 2439	301			
g	Other credits, adjustments, and payments: Form 2439  Form 4136  Other  Total	50g			
E 4		30g		51	9,296.
51 50	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶			52	J, 2JU.
52 53	· · · · · ·		_	53	<del></del>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	47.
54 55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	47. Ref	unded	55	0.
Part \				33	0.
					Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				163 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fi	-			
	here	oreign country			~ X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or train	neferor to a for	einn truct?	<del></del>	$-\frac{x}{x}$
37	If "Yes," see instructions for other forms the organization may have to file.	1310101 10, 11101	aigh trast-		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to t	he best of my knov	vledge and be	elief, it is true,
Sign	correct, and complete Declaration of preparer (bither than taxpayer) is based on all information of which preparer	r has any knowled	ge		
Here	AVA AVA EXECUTIVE	VE DIRE	7m25	•	cuss this return with own below (see
	Signature of officer Date Title			tructions)?	
	Print/Type preparer's name Preparer & Signature Date	· · · · · · · · · · · · · · · · · · ·	Check If	1	<u> </u>
	Trimosype preparer 3 marine temperature supriature Date	I	self- employed	' ' ' '	
Paid	JOHN NORMAN JOHN NORMAN 10	/31/19	son employed	P01	506766
Prepa	CLIFTONIA PROMETER I.I.D	, 3 + / + 7	Firm's EIN ▶		0746749
Use C	227 WEST TRADE STREET, SUITE 80	10	THEFT	<u> </u>	0,10,40
	Firm's address   CHARLOTTE, NC 28202	- "	Phone no. 7	04-99	8-5200
822711 01			. 110110 110. /		orm <b>990-T</b> (2018)
823711 01	בו -בט-			FC	ли ээ <b>о-т</b> (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/	'A				
1 Inventory at beginning of year 1			6 Inventory at end of		6			
2 Purchases	2 7 Cost of goods sold. Sul			Subtract	line 6			
3 Cost of labor	3		from line 5. Enter he	ere and in	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of secti	on 263A (	263A (with respect to Ye			
b Other costs (attach schedule)	4b		property produced (	or acquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income	(From Real	Property an	d Personal Propert	y Leas	ed With Real Pro	perty)		
(see instructions)								
1. Description of property								
(1)								
(2)					·			
(3)		_						
(4)								
	2. Rent receiv	ed or accrued			3/3) Doductions directly	connected with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'of rent for	and personal property (if the percopersonal property exceeds 50% on it is based on profit or income)	entage or if	columns 2(a) ar	nd 2(b) (attach schedule)		
(1)								
(2)			•					
(3)								
(4)								
Total	0.	Total		0.	,			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b> 0.		
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)					
			2. Gross income from		<ol> <li>Deductions directly control to debt-finance</li> </ol>			
Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)			1					
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1,	Enter here and on page 1,		
					Part I, line 7, column (A)	Part I, line 7, column (B)		
Totals			,		Part I, line 7, column (A)	0.		
Totals Total dividends-received deductions in	cluded in columi	18	)					

Concadio i interest, 7	annunce, noya	itics, and it	onto mon	00	<del></del>	(300 111	3000000	<u>′′</u>	
		Exe	mpt Controlle	d Organizati	ons				
1. Name of controlled organization	on 2. Em identif nun	ication (los	3. Net unrelated income (loss) (see instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		ng connected with income	
(4)		<del></del>	<del></del>				-+		
(1)				<del></del>	-			<del></del>	
(2)									
(3)				_					
(4)						L		<del></del>	
Nonexempt Controlled Organiz							T	<del> </del>	
7 Taxable Income	8. Net unrelated incor (see instruction		Total of specified made	payments	in the controlli	nn 9 that is included ng organization's income		uctions directly connected income in column 10	
(1)			•						
(2)								-	
(3)						-,-,-			
(4)									
		<b>_</b>			Enter here and	on page 1, Part I, column (A)	Enter he	I columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals				▶		0.		0.	
Schedule G - Investme (see instr		Section 501	1(c)(7), (9),	or (17) Or				1	
1. Descr	iption of income		2. Amou	nt of income	3. Deduction directly conne (attach sched	cted 4. Set	-asides schedule)	5. Total deductions and set-asides (col: 3 plus col: 4)	
(1)					· <u>p,</u> ···				
(2)									
(3)									
(4)									
Tetala				and on page 1, 9, column (A)	The state of the s	The second secon		Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited	•	/ Income, O	ther Than		ng Income	, , , , , , , , , , , , , , , , , , ,	Pri accordio		
(see instru  1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connect with productio of unrelated	from unre	ncome (loss) slated trade or ss (column 2 olumn 3) If a npute cols 5	5. Gross inco from activity the is not unrelate business inco	hat attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than	
(1)		business incon		ough 7			<del></del>	column 4)	
(2)			<del></del>			1	<del></del>	1	
(3)			<del></del>				<del></del>	<del> </del>	
(4)			<del></del>						
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and of page 1, Part I line 10, col (B	.   ' ' '				9	Enter here and on page 1, Part II, line 26	
Totals	0.		0.			in Trability		0.	
Schedule J - Advertisir	na Income (see	nstructions)						1	
	Periodicals Rep		Consolidat	ted Basis	•				
1. Name of periodical	2. Gross advertising income	3. Dire advertising	ct or (los	dvertising gain is) (col. 2 minus f a gain, computi 5 through 7	5. Circulati	on 6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)			FL . 15	1 To 14 T	·				
(2)			<b>Y</b>		,				
(3)					*				
(4)			"#- "		,		- 1		
Totals (carry to Part II, line (5))	•	0.	0.					0.	
								Form 990-T (2018)	

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)			•				
(4)			_		+		
Totals from Part I	•	0.	0.	<b>建筑建设建筑</b>	BOTTE ATTAC	さず機 とな	0.
		Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>&gt;</b>	· 0.	0.	The state of the s	[5]中最独立]		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	-
Total. Enter here and on page 1, Part II, line 14	0.		

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