

**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**Applicant/Program:** Councilman Mary Woolridge

**Executive Summary of Request:**  
Appropriate \$9600 for Dare To Care "Cane Run Elementary School Buddy and a Backpack Program".

Is this program/project a fundraiser?  Yes  No  
 Is this applicant a faith based organization?  Yes  No  
 Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

3      Mary Woolridge      \$9600.      5-12-16  
 District #      Council Member Signature      Amount      Date

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:**  
 \_\_\_\_\_  
 Appropriations Committee Chairman      Date

**Clerk's Office Only:**  
 Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
 Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

**Legal Name of Applicant Organization:** Dare to Care

**Program Name and Request Amount:** Back Pack Buddy at Cane Run Elementary School

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State?</li> <li>• Louisville Metro Revenue Commission?</li> <li>• Louisville Metro Government?</li> <li>• Internal Revenue Service?</li> <li>• Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> N/A
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> N/A
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes
Prepared by: <i>John Sander</i>	Date: <i>5/12/16</i>



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> <b>Dare to Care, Inc.</b> <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 5803 Fern Valley Road, Louisville, KY 40228			
<b>Website:</b> www.daretocare.org			
<b>Applicant Contact:</b>	Laura Brewer	<b>Title:</b>	Donor Relations Manager
<b>Phone:</b>	502-736-9419	<b>Email:</b>	laura@daretocare.org
<b>Financial Contact:</b>	Ray Williams	<b>Title:</b>	Chief Financial Officer
<b>Phone:</b>	502-736-9422	<b>Email:</b>	ray@daretocare.org
<b>Organization's Representative who attended NDF Training:</b> Laura Brewer			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Cane Run Elementary		
<b>Council District(s):</b>	3	<b>Zip Code(s):</b>	40211
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Backpack Buddy at Cane Run Elementary			
<b>Total Request: (\$)</b>	9,600	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$9,600
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
<b>For the current fiscal year ending June 30,</b> list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
<b>Source:</b>	Family Services Fund	<b>Amount: (\$)</b>	\$15,600
<b>Source:</b>	Neighborhood Development Fund	<b>Amount: (\$)</b>	\$9,600
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The mission of Dare to Care Food Bank is to lead our community to feed the hungry and conquer the cycle of need. We fulfill this mission through innovative programs, efficient operations and by partnering with over 300 local food pantries, shelters and emergency kitchens to provide nutritious food to members of our community at risk of hunger. Together, we work toward our vision of a hunger-free Kentuckiana.

Dare to Care also fights hunger through programs targeting the most vulnerable in our community. These programs include Kids Cafe, Backpack Buddy, Mobile Pantry, Patrol Against Hunger and Cooking Matters.

Dare to Care proudly serves the following counties in Kentucky: Jefferson, Bullitt, Spencer, Shelby, Henry, Oldham, Trimble and Carroll; and the following counties in Southern Indiana: Floyd, Clark, Harrison, Crawford and Washington.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

Dare to Care's Backpack Buddy program provides backpacks full of kid-friendly, nutritious food each Friday of the school year. The program serves children who live in food-insecure homes. These children are likely to experience hunger on weekends, when free and reduced-price school breakfasts and lunches are not available. Backpack Buddy helps give these children a chance to concentrate, make friends and succeed in school.

Program Timeline:

July- Schools confirmed to participate in the program. Dare to Care's Youth Services Manager reviews available food options for the school year.

August- Dare to Care's Youth Services Manager confirms food delivery times and dates for all schools and purchases food and backpacks.

September- Training session conducted for family resource center staff at new participating schools. Backpacks delivered to schools.

October-May- Program continues. Youth Services Manager continues to purchase food for backpacks, as needed. Food items delivered to schools weekly or bi-monthly.

May- Evaluation forms distributed to teachers and parents and reviewed by Dare to Care staff.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

Your support will provide nutritious, kid-friendly food items to 80 young students at risk of hunger through our Backpack Buddy program at Cane Run Elementary during the entire 2016-17 school year. Specifically, funds will be used to purchase backpacks and nutritious food items, distribute these items to Cane Run Elementary each week and cover a portion of program management expenses.

Examples of food items in the backpacks include: fresh fruit, instant oatmeal, cereal, canned ready-to-eat entrees, shelf-stable milk, 100% fruit juice, sunflower seeds and canned vegetables.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

N/A

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Food, backpacks, delivery costs



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

Dare to Care's Youth Services Manager distributes surveys at the end of each school year to teachers and parents/guardians. The feedback is used to measure our effectiveness and to make changes to the program as necessary.

Teachers who participate in Backpack Buddy have reported the following outcomes:

- Participants have become more responsible in many aspects of life, including homework
- Participants have increased attendance on Fridays
- Participants are more alert on Mondays
- Participants have a greater sense of confidence and pride.

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

Dare to Care partners with over 300 local food pantries, shelters and emergency kitchens to take food the final mile and into the hands of local families struggling with hunger.

The Backpack Buddy program relies on collaboration with partner schools, as well as volunteers from various community organizations to help pack backpacks at our warehouse.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY**

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>	\$9,600		\$9,600
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>			
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$9,600		\$9,600
<b>% of Program Budget</b>	100 %	%	100%

**List funding sources for total program/project costs in Column 2, Non-Metro Funds:**

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	

*\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"*

*\*\*Must equal or exceed total in column 2.*





**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i>  <b>(to match Program Budget Line Item.</b>            Volunteer Contribution &amp; Other In Kind)</p>		

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

**Agency Fiscal Year Start Date:** July 1, 2016

**Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year?** NO  YES

**If YES, please explain:**



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – CERTIFICATIONS & ASSURANCES**

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

**Standard Assurances**

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

**Standard Certifications**

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

**SECTION 7 – CERTIFICATIONS & ASSURANCES**

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	4-26-16
<b>Legal Signatory: (please print):</b>	Brian Riendeau	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-736.9409	<b>Extension:</b>	
<b>Email:</b>	brian@daretocare.org		

**Client Assistance**

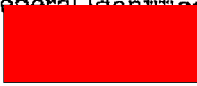
<b>Item</b>	<b>Amount Budgeted</b>
Food items, including fresh produce	\$7,305.00
Backpacks	\$400.00
Program Management	\$1,115.00
Warehousing and delivery	\$660.00
Supplies	\$120.00
<b>TOTAL</b>	<b>\$9,600.00</b>

Internal Revenue Service

Date: July 7, 2004

Dare to Care, Inc.  
P.O. Box 35458  
Louisville, KY 40232

Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201

Person to Contact:  
Steve Brown 31-07422  
Customer Service Representative  
Toll Free Telephone Number:  
8:00 a.m. to 8:30 p.m. EST  
877-829-5500  
Fax Number:  
513-263-3756  
Federal Identification Number:  


Dear Sir or Madam:

This is in response to your request of July 7, 2004, regarding your organization's tax-exempt status.

In February 1974 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purpose have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Dare to Care, Inc.  

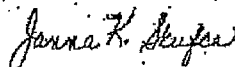

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999-17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE  
Customer Account Services

**Dare to Care Food Bank**  
General Operating Budget FY 2016

**REVENUE**

Corporate Donations	\$320,000.00
Foundation Donations	\$2,065,400.00
Churches/Civic Donations	\$102,000.00
Individual Donations	\$2,090,566.00
Food Drives/Community Events	\$25,000.00
Government	\$1,566,439.00
Special Events Income	\$407,500.00
Misc Income	\$7,800.00
Agency Coop Income	\$187,000.00
Bequests	\$30,000.00
Board Designated Fund Annual Allocation*	\$246,000.00
<b>Total Operating Receipts</b>	<b>\$7,047,705.00</b>

**EXPENSES**

Total Wages & Payroll Taxes	\$2,464,811.00
Employee Benefits	\$298,498.00
Professional Services	\$105,830.00
Youth Services/Nutrition Education	\$806,751.00
Volunteer/Donor Relations/Marketing	\$357,500.00
Total Occupancy	\$473,616.00
Administrative/Office Supplies	\$162,940.00
Fund Raising	\$617,984.00
Special Events	\$116,500.00
Food Purchase/Food Related Freight	\$1,060,000.00
Warehouse/Community Kitchen maintenance/equipment	\$387,775.00
Agency Coop Food	\$170,000.00
Agency Capacity Development	\$25,500.00
<b>Total Operating Expense</b>	<b>\$7,047,705.00</b>

\*Through prudent stewardship of the community's support, Dare to Care has reserves. Our Board has designated these reserves - roughly the equivalent of operating expenses for one year - in a fund meant for use in case of a large-scale crisis. Since we are the disaster relief organization for hunger in our area, we maintain these reserves should a natural disaster ever strike our community. In fiscal year 2010, we successfully reached the reserve levels deemed necessary, and began drawing a set percentage of our reserves each year to fulfill our mission.

**Dare to Care Food Bank**

Board of Directors

FY 2016

<b>Name</b>	<b>Position</b>	<b>Affiliation</b>	<b>Term Expiration</b>
James T. Miller	Board Chair	UPS Airlines	6/2016
Kevin Anderson	Treasurer	Old National Bank	9/2018
Ruth Atkins		Community Volunteer	6/2016
Greg Baird		WLKY	10/2019
Laura Meillo Barnum	Immediate Past Chair	Yum! Brands	6/2016
Ashley Butler		Lift a Life Foundation	6/2016
David Combs		Walmart	11/2017
Steve Corzine		PNC Wealth Management	5/2017
Gretta Feldkamp	Secretary	GE	3/2019
John Hackett		Retired - The Kroger Company	Emeritus
Lisa Hunter		Brown-Forman Corporation	9/2017
Wendy Jacob		BB&T Bank	9/2016
Scott Kuhn		Sheehy & Associates	5/2016
Brett Michel		Gordon Food Service	10/2019
Keith Myers	Chair Elect	Merrill Lynch	9/2017
Frank Polion		The Kroger Company	6/2018
Greg Pope		Ernst & Young	9/2016
Michael Sadofsky		Republic Bank & Trust	Emeritus

\*Board members are initially elected to a one-year term and are thereafter eligible for two additional consecutive terms of three years and four years respectively.

**Dare to Care Food Bank**  
 Current Financial Statement  
 For Period Ending March 31, 2016

	YTD Actual	YTD Budget	YTD Variance	Annual Budget
<b>REVENUE</b>				
Corporate Donations	\$254,532.00	\$239,994.00	\$14,538.00	\$320,000.00
Foundation Donations	\$1,588,022.00	\$1,549,044.00	\$38,978.00	\$2,065,400.00
Churches/Civic Donations	\$82,337.00	\$76,500.00	\$5,837.00	\$102,000.00
Individual Donations	\$1,742,980.00	\$1,723,032.00	\$19,948.00	\$2,090,566.00
Government	\$1,216,664.00	\$1,239,156.00	(\$22,492.00)	\$1,566,439.00
Special Events Income	\$260,876.00	\$250,000.00	\$10,876.00	\$407,500.00
Food Drives/Community Events	\$27,728.00	\$20,247.00	\$7,481.00	\$25,000.00
COOP Food Income	\$93,376.00	\$151,000.00	(\$57,624.00)	\$187,000.00
Misc Income	\$29,332.00	\$5,850.00	\$23,482.00	\$7,800.00
Bequests	\$38,924.00	\$22,500.00	\$16,424.00	\$30,000.00
Board Designated Fund	\$246,000.00	\$246,000.00	\$0.00	\$246,000.00
	<b>Total Operating Receipts</b>	<b>\$5,580,771.00</b>	<b>\$57,448.00</b>	<b>\$7,047,705.00</b>
<b>EXPENSES</b>				
Total Wages & Payroll Taxes	\$1,810,900.00	\$1,850,936.00	(\$40,036.00)	\$2,464,811.00
Employee Benefits	\$229,095.00	\$223,875.00	\$5,220.00	\$298,498.00
Professional Services	\$99,048.00	\$91,402.00	\$7,646.00	\$105,830.00
Youth Services/Nutrition Education	\$606,549.00	\$583,871.00	\$22,678.00	\$806,751.00
Marketing/Volunteer/Donor Relations	\$353,546.00	\$373,129.00	(\$19,583.00)	\$357,500.00
Total Occupancy	\$359,459.00	\$356,052.00	\$3,407.00	\$473,616.00
Administrative/Office Supplies	\$124,842.00	\$122,932.00	\$1,910.00	\$162,941.00
Fund Raising	\$485,808.00	\$519,954.00	(\$34,146.00)	\$617,984.00
Special Events	\$95,961.00	\$37,500.00	\$58,461.00	\$116,500.00
Food Purchase/Food Related Freight	\$855,785.00	\$795,006.00	\$60,779.00	\$1,060,000.00
Warehouse	\$289,748.00	\$291,825.00	(\$2,077.00)	\$387,774.00
Agency Capacity Development	\$21,858.00	\$25,369.00	(\$3,511.00)	\$25,500.00
COOP Food Purchase	\$81,644.00	\$127,503.00	(\$45,859.00)	\$170,000.00
	<b>Total Operating Expense</b>	<b>\$5,414,243.00</b>	<b>\$14,889.00</b>	<b>\$7,047,705.00</b>

\*Fiscal Year 2016 is July 1, 2015 - June 30, 2016



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EXTENDED TO FEBRUARY 16, 2016

Return of Organization Exempt From Income Tax  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**2014**

Open to Public Inspection

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DARE TO CARE, INC.</b>		<b>D</b> Employer identification number <b>**-*****</b>
	Doing business as		<b>E</b> Telephone number <b>502 966 3821</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>43,020,002.</b>
	P.O. BOX 35458		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40232</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
F Name and address of principal officer: <b>BRIAN RIENDEAU</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.DARETOCARE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1971</b> <b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>LEADING THE COMMUNITY TO FEED THE HUNGRY AND CONQUER THE CYCLE OF NEED.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>57</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>8734</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 33,455,858.	<b>Current Year</b> 38,080,979.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	234,810.	649,104.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,229.	254,254.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,737,897.	38,984,337.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,004,486.	32,957,197.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,149,751.	2,382,831.
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	513,285.	561,065.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,264,505.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,893,942.	2,376,915.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,561,464.	38,278,008.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-823,567.	706,329.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 15,055,271.	<b>End of Year</b> 15,157,708.
	<b>21</b> Total liabilities (Part X, line 26)	275,549.	198,742.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	14,779,722.	14,958,966.

**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.

<b>Sign Here</b>	Signature of officer	Date <b>3/2/2016</b>			
	<b>BRIAN RIENDEAU, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>REBECCA L. PHILLIPS, CPA</b>	Preparer's signature 	Date <b>3/2/16</b>	Check if self-employed <input type="checkbox"/>	PTIN 
	Firm's name ▶ <b>MOUNTJOY CHILTON MEDLEY LLP</b>	Firm's EIN ▶ <b>**-*****</b>			
	Firm's address ▶ <b>462 S. FOURTH ST., SUITE 2600 LOUISVILLE, KY 40202-3445</b>	Phone no. <b>(502)749-1900</b>			

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

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: LEADING THE COMMUNITY TO FEED THE HUNGRY AND CONQUER THE CYCLE OF NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 34,900,998. including grants of \$ 32,196,245. ) (Revenue \$ ) DISTRIBUTED OVER 16 MILLION MEALS, INCLUDING 6.9 MILLION POUNDS OF FRESH PRODUCE, TO OVER 192,000 PEOPLE IN 13 KENTUCKIANA COUNTIES. FOOD WAS DISTRIBUTED TO PEOPLE IN NEED THROUGH DARE TO CARE'S 320 PARTNER FOOD PANTRIES, EMERGENCY KITCHENS, AND SHELTERS AND PROGRAMS SUCH AS KIDS CAFE, BACKPACK BUDDY, AND MOBILE PANTRY.

4b (Code: ) (Expenses \$ 902,350. including grants of \$ 443,068. ) (Revenue \$ ) COMMUNITY KITCHEN - THE KITCHEN PREPARES AND SERVES APPROXIMATELY 1,100 MEALS PER DAY, FIVE DAYS A WEEK, TO OUR 25 KIDS CAFE SITES.

4c (Code: ) (Expenses \$ 504,759. including grants of \$ 317,884. ) (Revenue \$ ) KIDS CAFE PROGRAM- THIS PROGRAM PROVIDES FREE, PREPARED, NUTRITIOUS MEALS TO HUNGRY CHILDREN. IN ADDITION TO A NUTRITIOUS MEAL, CHILDREN ALSO PARTICIPATE IN ACTIVITIES SUCH AS TUTORING, COMPUTER LABS, ARTS & CRAFTS, AND ATHLETICS.

BACKPACK BUDDY PROGRAM- THIS PROGRAM PROVIDES "KID FRIENDLY" FOODS TO SCHOOLCHILDREN FROM LOW-INCOME FAMILIES ON WEEKENDS WHEN THEY DON'T RECEIVE FREE OR REDUCED-PRICE SCHOOL LUNCHESES AND SCHOOL BREAKFASTS. DARE TO CARE FOOD BANK PROVIDES THE BACKPACKS AND THE FOOD TO AREA SCHOOLS. OUR NUTRITIONIST CREATES WEEKLY MENUS TO PROVIDE A BALANCED ASSORTMENT OF FOOD. EACH FRIDAY, A TEACHER OR SCHOOL COUNSELOR FILLS THE STUDENTS' BACKPACKS WITH NUTRITIOUS FOOD FOR THE CHILDREN TO TAKE

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 36,308,107.

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

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
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? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	22		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .....	<b>1b</b>	21		
<b>2</b> 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? .....	<b>2</b>			X
<b>3</b> 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? .....	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	<b>9</b>			X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>			X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>		X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>		X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>		X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<b>12c</b>		X	
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>		X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>		X	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>		X	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>			X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **►**  
**RAY WILLIAMS - 502 966 3821**  
**ORGANIZATION'S ADDRESS, LOUISVILLE, KY 40228**

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) JAMES T. MILLER CHAIR	2.00	X		X				0.	0.	0.
(2) KEITH MEYERS CHAIR ELECT	2.00	X		X				0.	0.	0.
(3) GRETTA FELDKAMP SECRETARY	2.00	X		X				0.	0.	0.
(4) KEVIN ANDERSON TREASURER	2.00	X		X				0.	0.	0.
(5) LAURA MELILLO IMMEDIATE PAST CHAIR	2.00	X						0.	0.	0.
(6) FRANK POLION BOARD MEMBER	2.00	X						0.	0.	0.
(7) STEVE CORZINE BOARD MEMBER	2.00	X						0.	0.	0.
(8) BERNADETTE HAMILTON BOARD MEMBER	2.00	X						0.	0.	0.
(9) BRETT MICHEL BOARD MEMBER	2.00	X						0.	0.	0.
(10) DANIEL RUSKIN BOARD MEMBER	2.00	X						0.	0.	0.
(11) CATHY HEARLD BOARD MEMBER	2.00	X						0.	0.	0.
(12) GREG POPE BOARD MEMBER	2.00	X						0.	0.	0.
(13) JOHN HACKETT BOARD MEMBER EMERITUS	2.00	X						0.	0.	0.
(14) GREG BAIRD BOARD MEMBER	2.00	X						0.	0.	0.
(15) DAVID COMBS BOARD MEMBER	2.00	X						0.	0.	0.
(16) LISA HUNTER BOARD MEMBER	2.00	X						0.	0.	0.
(17) MICHAEL SADOFSKY BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) RAYMOND ZAVADA BOARD MEMBER	2.00	X					0.	0.	0.	
(19) WENDY JACOB BOARD MEMBER	2.00	X					0.	0.	0.	
(20) RUTH ATKINS BOARD MEMBER	2.00	X					0.	0.	0.	
(21) SCOTT KUHN BOARD MEMBER	2.00	X					0.	0.	0.	
(22) MAGGIE KEITH BOARD MEMBER	2.00	X					0.	0.	0.	
(23) BRIAN RIENDEAU EXECUTIVE DIRECTOR	40.00			X			100,439.	0.	13,844.	
(24) RAYMOND WILLIAMS CHIEF FINANCIAL OFFICER	40.00			X			55,064.	0.	11,438.	
<b>1b Sub-total</b>							155,503.	0.	25,282.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							155,503.	0.	25,282.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	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		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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FEEDING AMERICA 1601 PAYSHERE CIRCLE, CHICAGO, IL 60674	FOOD/FREIGHT AND MEMBERSHIP DUES	854,766.
RUSS REID, 2 NORTH LACK AVE, SUITE 600, PASADENA, CA 91101	FUNDRAISING	522,080.
SHEEHY & ASSOCIATES 2297 LEXINGTON ROAD, LOUISVILLE, KY 40206	MEDIA AND ADVERTISING	173,493.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**



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Form 990 (2014)

**DARE TO CARE, INC.**

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Page **9**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	201,803.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	8,408,368.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	29,470,808.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		32,841,130.					
	<b>h Total.</b> Add lines 1a-1f			38,080,979.				
	<b>Program Service Revenue</b>	<b>Business Code</b>						
<b>2 a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			143,658.			143,658.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses			3,651,638.			
		<b>c</b> Gain or (loss)			505,446.			
		<b>d</b> Net gain or (loss)			505,446.			505,446.
	<b>8 a</b> Gross income from fundraising events (not including \$ 201,803. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			487,155.			
		<b>b</b> Less: direct expenses	<b>b</b>		384,027.			
		<b>c</b> Net income or (loss) from fundraising events			103,128.			103,128.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue			<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS INCOME		900099		151,126.			151,126.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d				151,126.				
<b>12 Total revenue.</b> See instructions.				38,984,337.	0.	0.	903,358.	

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Form 990 (2014)

DARE TO CARE, INC.

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	32,957,197.	32,957,197.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	217,218.		217,218.	
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	1,812,910.	1,344,370.	242,098.	226,442.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,663.	37,140.	9,346.	9,177.
9 Other employee benefits	138,431.	95,939.	13,508.	28,984.
10 Payroll taxes	158,609.	109,154.	32,058.	17,397.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,765.	4,350.	11,179.	6,236.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	561,065.			561,065.
f Investment management fees	37,302.	20,515.	7,461.	9,326.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	54,002.	10,793.	27,738.	15,471.
12 Advertising and promotion				
13 Office expenses	164,670.	90,696.	67,500.	6,474.
14 Information technology				
15 Royalties				
16 Occupancy	222,820.	199,905.	18,004.	4,911.
17 Travel	10,704.	5,299.	2,070.	3,335.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,736.	23,101.	30,468.	5,167.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	315,151.	301,529.	13,622.	
23 Insurance	67,810.	58,562.	5,926.	3,322.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FREIGHT TO ACQUIRE FOOD</b>	623,628.	623,628.		
b <b>WAREHOUSE EXPENSES</b>	388,463.	388,463.		
c <b>PUBLIC RELATIONS</b>	382,095.	7,697.	7,200.	367,198.
d <b>NUTRITION EDUCATION EXP</b>	28,811.	28,811.		
e All other expenses	958.	958.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>38,278,008.</b>	<b>36,308,107.</b>	<b>705,396.</b>	<b>1,264,505.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	647,988.	1	458,642.
	2	Savings and temporary cash investments	1,224,447.	2	1,233,416.
	3	Pledges and grants receivable, net	1,647,144.	3	1,190,457.
	4	Accounts receivable, net	12,953.	4	21,847.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,799,603.	8	3,833,393.
	9	Prepaid expenses and deferred charges	30,672.	9	29,924.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,101,851.		
	b	Less: accumulated depreciation	10b 2,717,825.		
	11	Investments - publicly traded securities	5,451,518.	11	4,713,111.
	12	Investments - other securities. See Part IV, line 11	898,070.	12	1,292,892.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	15,055,271.	16	15,157,708.	
Liabilities	17	Accounts payable and accrued expenses	238,049.	17	141,303.
	18	Grants payable		18	
	19	Deferred revenue	37,500.	19	56,020.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,419.
	26	<b>Total liabilities.</b> Add lines 17 through 25	275,549.	26	198,742.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27		Unrestricted net assets	12,796,910.	27	13,700,696.
28		Temporarily restricted net assets	1,982,812.	28	1,258,270.
29		Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	<b>Total net assets or fund balances</b>	14,779,722.	33	14,958,966.	
34	<b>Total liabilities and net assets/fund balances</b>	15,055,271.	34	15,157,708.	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,984,337.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,278,008.
3	Revenue less expenses. Subtract line 2 from line 1	3	706,329.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,779,722.
5	Net unrealized gains (losses) on investments	5	-527,085.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,958,966.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization **DARE TO CARE, INC.** Employer identification number **\*\* - \*\*\*\*\***

**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: (For lines 1 through 11, check only one box.)

- 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).**
- 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 Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(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 listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,954,196.	30,478,304.	31,477,286.	33,455,858.	38,080,979.	155,446,623.
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 through 3	21,954,196.	30,478,304.	31,477,286.	33,455,858.	38,080,979.	155,446,623.
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)						22,903,335.
6 Public support. Subtract line 5 from line 4.						132,543,288.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	21,954,196.	30,478,304.	31,477,286.	33,455,858.	38,080,979.	155,446,623.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	206,395.	160,348.	201,704.	165,764.	143,658.	877,869.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,097.	5,163.	26,252.	22,415.	151,126.	208,053.
11 Total support. Add lines 7 through 10						156,532,545.
12 Gross receipts from related activities, etc. (see instructions)					12	1,470,682.
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						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	84.67 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	86.86 %
16a 33 1/3% support test - 2014. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2013. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 .....

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**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>



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**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			



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DARE TO CARE, INC.

\*\*\_\*\*\*\*\*

**Schedule A Identification of Excess Contributions Included on Part II, Line 5 2014**

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
GORDON FOOD SERVICE	10,064,154.	6,933,503.
KROGER	7,472,394.	4,341,743.
MOUNTAIN KING POTATO	4,761,630.	1,630,979.
YUM! BRAND FOUNDATION	5,864,768.	2,734,117.
WAL-MART	10,393,644.	7,262,993.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		22,903,335.

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

DARE TO CARE, INC.

Employer identification number

\*\*-\*\*\*\*\*

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

PUBLIC DISCLOSURE COPY

Name of organization <b>DARE TO CARE, INC.</b>	Employer identification number <b>**-*****</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,836,869.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,295,982.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>888,560.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,218,284.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>6,161,436.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>4,403,680.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC DISCLOSURE COPY

Name of organization <b>DARE TO CARE, INC.</b>	Employer identification number <b>**_*****</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>1,915,701.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>767,795.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



PUBLIC DISCLOSURE COPY

Name of organization <b>DARE TO CARE, INC.</b>	Employer identification number <b>**-*****</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD PRODUCTS	\$ 2,836,869.	12/31/14
2	FOOD PRODUCTS	\$ 2,295,982.	12/31/14
3	FOOD PRODUCTS	\$ 888,560.	12/31/14
5	FOOD PRODUCTS	\$ 6,161,436.	12/31/14
6	FOOD PRODUCTS	\$ 4,403,680.	12/31/14
7	FOOD PRODUCTS.	\$ 1,915,701.	12/31/14

# PUBLIC DISCLOSURE COPY

Name of organization <b>DARE TO CARE, INC.</b>	Employer identification number <b>**-*****</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	FOOD PRODUCTS _____ _____ _____	\$ 767,795.	12/31/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

# PUBLIC DISCLOSURE COPY

Name of organization  <b>DARE TO CARE, INC.</b>	Employer identification number  <b>**-*****</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

PUBLIC DISCLOSURE COPY

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization **DARE TO CARE, INC.** Employer identification number **\*\*\_\*\*\*\*\***

**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 value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_

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

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

- 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 XIII.

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 Escrow and Custodial Arrangements.** Complete if the 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 XIII 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, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		104,241.		104,241.
b Buildings		2,444,617.	1,337,116.	1,107,501.
c Leasehold improvements		148,006.	118,405.	29,601.
d Equipment		1,287,421.	588,499.	698,922.
e Other		1,117,566.	673,805.	443,761.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,384,026.

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**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) <b>FIXED INCOME SECURITIES</b>	<b>1,292,892.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>1,292,892.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CAPITAL LEASE OBLIGATIONS -</b>	
(3) <b>CURRENT</b>	<b>1,419.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,419.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	38,871,279.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-527,085.	
b	Donated services and use of facilities	2b	30,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	384,027.	
e	Add lines 2a through 2d	2e	-113,058.	
3	Subtract line 2e from line 1	3	38,984,337.	
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 XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	38,984,337.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	38,692,035.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	30,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	384,027.	
e	Add lines 2a through 2d	2e	414,027.	
3	Subtract line 2e from line 1	3	38,278,008.	
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 XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	38,278,008.	

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION HAS BEEN GRANTED EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AS A NON-PROFIT ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION OR LIABILITY FOR FEDERAL INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

WHEN APPLICABLE, THE ORGANIZATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS USING THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC. NO SUCH UNCERTAIN TAX POSITIONS HAVE BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATIONS 2011 THROUGH 2014 TAX YEARS REMAIN OPEN AND SUBJECT TO EXAMINATION.

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**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 384,027.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 384,027.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

DARE TO CARE, INC.

Employer identification number

\*\*-\*\*\*\*\*

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a  Mail solicitations
- b  Internet and 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUSS REID - 2 NORTH LACK AVE, SUITE 600, PASADENA, CA	DIRECT MAILING		X	1,453,394.	561,065.	892,329.
<b>Total</b>				1,453,394.	561,065.	892,329.

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

KY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GOVERNORS CUP	TASTE OF DERBY	3	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	260,607.	212,094.	216,257.	688,958.
	2	Less: Contributions	887.	96,143.	104,773.	201,803.
	3	Gross income (line 1 minus line 2)	259,720.	115,951.	111,484.	487,155.
Direct Expenses	4	Cash prizes	4,050.	500.	0.	4,550.
	5	Noncash prizes	0.	0.	148.	148.
	6	Rent/facility costs	0.	4,640.	8,795.	13,435.
	7	Food and beverages	36,968.	105,020.	23,880.	165,868.
	8	Entertainment	0.	0.	3,441.	3,441.
	9	Other direct expenses	127,027.	13,697.	55,861.	196,585.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				384,027.
11	Net income summary. Subtract line 10 from line 3, column (d)				103,128.	

**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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter 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?  Yes  No

- 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 of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RUSS REID

(I) ADDRESS OF FUNDRAISER: 2 NORTH LACK AVE, SUITE 600, PASADENA, CA 91101



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2014

Open to Public  
Inspection

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).  
► Attach to Form 990.

Name of the organization

**DARE TO CARE, INC.**

Employer identification number  
\* \* - \* \* \* \* \* \* \* \* \*

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

PUBLIC DISCLOSURE COPY

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**Part II** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD DISTRIBUTION	192000	0.	32,957,197.	DONATED FOOD: \$1.72/LB BASED ON INDEPENDENT STUDY. COMMODITIES: FMV.	PROVIDING FOOD TO THE NEEDY, ILL, AND INFANTS.

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2:**  
 THE ORGANIZATION PROVIDES FOOD TO THE NEEDY, ILL AND INFANTS. FOOD IS PROVIDED TO PEOPLE IN NEED THROUGH THE ORGANIZATION'S 320 PARTNER FOOD PANTRIES, EMERGENCY KITCHENS, AND SHELTERS AND OTHER SPECIAL PROGRAMS.

PUBLIC DISCLOSURE COPY

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

DARE TO CARE, INC.

Employer identification number \*\*\*-\*\*\*\*\*

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by 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.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

PUBLIC DISCLOSURE COPY

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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	No
SHEEHY & ASSOCIATES	SCOTT KUHN IS CEO A	297,898.	PAID MEDIA		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SHEEHY & ASSOCIATES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SCOTT KUHN IS CEO AND CHAIRMAN OF SHEEHY & ASSOCIATES.

(D) DESCRIPTION OF TRANSACTION: PAID MEDIA AND ADVERTISING SERVICES.

SCHEDULE L, PART IV, ADDITIONAL INFORMATION:

SCOTT KUHN IS A BOARD MEMBER OF DARE TO CARE, INC. AND THE CEO AND CHAIRMAN OF SHEEHY & ASSOCIATES. DURING THE FISCAL YEAR 6/30/2015 DARE TO CARE, INC. PAID SHEEHY & ASSOCIATES \$297,898 FOR MEDIA AND ADVERTISING SERVICES. THE TOTAL AMOUNT PAID IS COMPRISED OF \$277,888 OF PASS-THROUGH MEDIA AND PRODUCTION FEES AND \$20,000 FOR SHEEHY SERVICES.



PUBLIC DISCLOSURE COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

DARE TO CARE, INC.

Employer identification number

\*\*-\*\*\*\*\*

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	72,075.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	28,298.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	999,999	32,620,954.	INDEPENDENT STUDY
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( FOOD AND DRIN )	X	999,999	82,800.	FAIR MARKET VALUE
26 Other ( WAREHOUSE EQU )	X	2	20,500.	FAIR MARKET VALUE
27 Other ( SILENT AUCTION )	X	999,999	14,230.	FAIR MARKET VALUE
28 Other ( CHECK OUT HUN )	X	999,999	1,215.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2014)

PUBLIC DISCLOSURE COPY

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

PART I, OTHER TYPES OF PROPERTY:

GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 999999

(C) REVENUE REPORTED ON FORM 990, PART VIII § 1058.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES FIFTH THIRD BANK TO SELL ITS CONTRIBUTED STOCK.

PUBLIC DISCLOSURE COPY

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

DARE TO CARE, INC.

Employer identification number

\*\*-\*\*\*\*\*

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DARE TO CARE, INC. TOOK OVER THE CSFP PROGRAM IN JEFFERSON COUNTY EFFECTIVE 3/1/2015. PRIOR TO THAT, DARE TO CARE INC. MANAGED CSFP IN OUTLYING COUNTIES.

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

HOME AND ENJOY. CURRENTLY, THE PROGRAM OPERATES IN 10 SCHOOLS IN JEFFERSON COUNTY, 9 SCHOOLS IN BULLITT COUNTY, 3 SCHOOLS IN OLDHAM COUNTY, 2 SCHOOLS IN SPENCER COUNTY, 2 SCHOOLS IN TRIMBLE COUNTY, 2 SCHOOLS IN CARROLL COUNTY, KENTUCKY AND 12 SCHOOLS IN SOUTHERN INDIANA.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT OF THE RETURN IS REVIEWED FIRST BY INTERNAL MANAGEMENT. AFTER INTERNAL MANAGEMENT HAS REVIEWED THE RETURN AND ANY CHANGES ARE MADE A DRAFT IS PROVIDED TO THE FINANCE COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW. ONCE THE COMMENTS FROM THE BOARD ARE REVIEWED THE FINAL DRAFT OF THE RETURN IS PREPARED AND SIGNED BY THE SIGNING OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:

NO MEMBER OF THE DARE TO CARE FOOD BANK BOARD OF DIRECTORS SHALL DERIVE ANY PERSONAL PROFIT OR GAIN, DIRECTLY OR INDIRECTLY, BY REASON OF HIS OR HER PARTICIPATION WITH THE DARE TO CARE FOOD BANK. EACH INDIVIDUAL BOARD MEMBER SHALL DISCLOSE TO THE DARE TO CARE FOOD BANK ANY PERSONAL INTEREST WHICH HE OR SHE MAY HAVE IN ANY MATTER PENDING BEFORE THE ORGANIZATION, AND SHALL REFRAIN FROM PARTICIPATION IN ANY DECISION ON SUCH MATTER. THE CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL BOARD MEMBERS ANNUALLY.

PUBLIC DISCLOSURE COPY

Name of the organization DARE TO CARE, INC.	Employer identification number **-*****
--	--

BOARD MEMBERS REVIEW AND DISCLOSE ANY RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION REVIEWS COMPARATIVE SALARY INFORMATION PROVIDED BY FEEDING AMERICA FOR THE REGION. THE EXECUTIVE COMMITTEE CONSIDERS THE EXECUTIVE DIRECTOR'S EXPERIENCE AND YEARLY EVALUATIONS. THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIALS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE CORPORATE LOCATION.

FORM 990, PART XI, LINE 2C

A DRAFT OF THE AUDIT IS FIRST REVIEWED BY THE MANAGEMENT TEAM. AFTER THE INTERNAL MANAGEMENT TEAM REVIEW, A DRAFT IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW. AFTER ANY CHANGES ARE MADE A FINAL AUDIT REPORT IS PRESENTED AT A BOARD MEETING BY THE FINANCE COMMITTEE AND THE ORGANIZATION'S ACCOUNTING FIRM. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

117371 ✓

# Commonwealth of Kentucky

OFFICE OF  
SECRETARY OF STATE

THELMA L. STOVALL  
Secretary



FRANKFORT,  
KENTUCKY

## CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, **THELMA L. STOVALL**, Secretary of State of the Commonwealth of Kentucky certify that there has been delivered to my office articles of incorporation of **THE DARE TO CARE FOOD PROGRAM, INC.**

The name and address of the registered agent of this corporation is

**FATHER JOHN JONES**

NAME

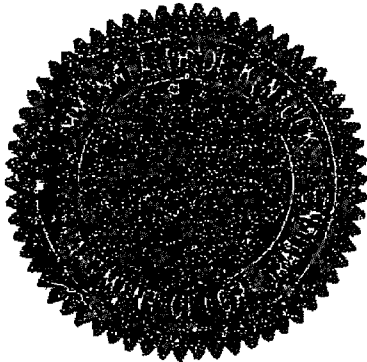
**712 E. WALNUT STREET**

STREET ADDRESS

**LOUISVILLE, KENTUCKY 40203**

CITY, STATE

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, **THELMA L. STOVALL**, Secretary of State, issue this Certificate of Incorporation.



Issued this 16th day of NOVEMBER, 19 73,  
at Frankfort, Kentucky.

*Thelma L. Stovall*

SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

5-175281

SECRETARY OF STATE  
**RECEIVED**  
NOV 16 1972

ARTICLES OF INCORPORATION  
THE DARE TO CARE FOOD PROGRAM, INC.

Commonwealth of Kentucky

We, the undersigned, having associated ourselves for the purpose of forming a corporation, under and pursuant to the laws of the State of Kentucky, and more particularly to the Kentucky Revised Statutes Chapter 273, certify as follows:

I

The name of the corporation shall be The Dare to Care Food Program, Inc.

II

The purpose of the corporation shall be to accumulate and distribute food on an emergency basis to the needy citizens of Louisville and Jefferson County, Kentucky, and the corporation shall be run exclusively as a charitable operation.

III

The corporation shall continue in existence until dissolved according to law, and its existence shall be perpetual.

IV

The place of business in this state where the principal office of the corporation is to be located is: 712 E. Walnut Street, Louisville, Kentucky 40203, and the name and address of its resident agent for service of process is Father John Jones of 712 E. Walnut Street, Louisville, Kentucky 40203.

V

The names and addresses of the incorporators who shall serve as Directors until the first meeting of members are as follows: Father John Jones, 712 E. Walnut Street, Louisville, Kentucky 40203; Nat Green, 712 E. Walnut Street, Louisville, Kentucky 40203; and Verna Kalb, 1226 W. Oak Street, Louisville, Kentucky 40210.

VI

Membership in the corporation shall be open to all those interested in the goals and purposes of the corporation.

VII

The Articles of the incorporation may be amended by the membership of the corporation at any regular meeting or any special meeting called for this purpose. By-Laws may be adopted or amended at any meeting of the Board of Directors. Notice shall be given in writing stating the intention to introduce amendment or amendments at least thirty (30) days before the day of the meeting.

VIII

The annual meeting of members shall be held in the month of April of each year. The business of the organization shall be conducted by an Executive Committee identified as a steering committee subject only to the limitations as provided by the By-Laws.

Special meetings of the Board of Directors may be called by five (5) members of the Board ten (10) days after notice in writing to the members of the Board.

IX

Members, Directors, and Officers of the corporation shall not be personally liable for any debts or obligations of the corporation.

X

Since the purpose of the corporation is exclusively charitable, it shall not be conducted for profit or gain, and no parts of its earnings shall enure to the pecuniary profit of an Officer, Director, or Member of this corporation.

XI

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all the liabilities of the corporation, dispose of all the assets of the corporation exclusively for the purpose of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, or a corresponding provision of any future United States Internal Revenue Law, as the Board of Directors shall determine.

INCORPORATORS

ADDRESSES

<u>Matthew E. Brown</u>	<u>6702 Best Way Pimmit, Va 40057</u>
<u>John E. Jones</u>	<u>712 E. Walnut Lane Va 40202</u>
<u>Uma L. Kall</u>	<u>1276 West Oak St. 40210</u>

STATE OF KENTUCKY  
COUNTY OF JEFFERSON

I, John Hanrahan, a notary public  
in and for the county and state aforesaid, do hereby certify  
the the foregoing Articles of Incorporation of The Dana to Care  
Food Program, Inc., was this day produced to me in my office by  
the above named incorporators, all to me personally known, and  
by them acknowledged and delivered as their act and deed, and  
the act and deed of each of them, as such incorporators duly  
authorized in the premises.

WITNESS MY HAND AND SEAL OF OFFICE this 12 day of  
~~November~~  
March, 1973.

John Hanrahan  
NOTARY PUBLIC, State of Kentucky  
JEFFERSON COUNTY, KENTUCKY

My commission expires March 24, 1974.

This instrument was prepared by  
Dennis E. Bricking, Attorney at  
Law, Louisville, Kentucky.

Dennis E. Bricking  
DENNIS E. BRICKING

ORIGINAL COPY  
FILED  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

NOV 16 1973

Thomas P. Stovace  
SECRETARY OF STATE  
Tom



117371 ✓

# Commonwealth of Kentucky

OFFICE OF  
SECRETARY OF STATE

DREXELL R. DAVIS  
Secretary



FRANKFORT,  
KENTUCKY

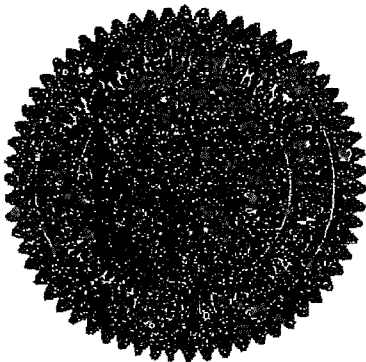
## CERTIFICATE OF AMENDMENT TO ARTICLES OF INCORPORATION

*I, DREXELL R. DAVIS, Secretary of State of the Commonwealth of Kentucky, do hereby certify that Amended Articles of Incorporation of*

THE DARE TO CARE FOOD PROGRAM, INC. Changing Name To

DARE TO CARE, INC.

*amended pursuant to Kentucky Revised Statutes, ~~XXXA~~, (273) duly signed and verified or acknowledged according to law, have been filed in my office by said corporation, and that all taxes, fees and charges payable upon the filing of said Articles of Amendment have been paid.*



SECRETARY OF STATE

Given under my hand and seal of Office as Secretary of State, at Frankfort, Kentucky, this 25TH day of APRIL, 19 79.

Drexell R. Davis  
SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ORIGINAL COPY  
FILED  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

402

APR 25 1979

ARTICLES OF AMENDMENT

*Daniel P. Davis*  
*ds*  
SECRETARY OF STATE

of the Corporation as presently filed with the  
Secretary of State: THE DARE TO CARE FOOD PROGRAM, INC., a  
non-stock, non-profit Corporation incorporated on the 6th  
day of October, 1973.

131274

Then on the 6th day of September, 1978, notice was given to the Board of Directors that the following proposed Amendments to the Articles of Incorporation shall be voted upon at the next Board meeting:

THAT ARTICLE I OF THIS CORPORATION AS PRESENTLY FILED WITH THE SECRETARY OF STATE BE CHANGED TO READ

FROM -

"THE NAME OF THE CORPORATION SHALL BE THE DARE TO CARE FOOD PROGRAM, INC."

TO -

"THE NAME OF THE CORPORATION SHALL BE DARE TO CARE, INC."

\* \* \* \* \*

THAT ARTICLE IV OF THIS CORPORATION AS PRESENTLY FILED WITH THE SECRETARY OF STATE BE CHANGED TO READ

FROM -

"THE PLACE OF BUSINESS IN THIS STATE WHERE THE PRINCIPAL OFFICE OF THE CORPORATION IS TO BE LOCATED IS: 712 E. WALNUT STREET, LOUISVILLE, KENTUCKY 40203, AND THE NAME AND ADDRESS OF ITS RESIDENT AGENT FOR SERVICE OF PROCESS IS FATHER JOHN JONES OF 712 E. WALNUT STREET, LOUISVILLE, KENTUCKY 40203."

TO -

"THE PLACE OF BUSINESS IN THIS STATE WHERE THE PRINCIPAL OFFICE OF THE CORPORATION IS

TO BE LOCATED IS: 125 W. BURNETT AVENUE,  
LOUISVILLE, KENTUCKY 40208, AND THE NAME  
AND ADDRESS OF ITS RESIDENT AGENT FOR SER-  
VICE OF PROCESS IS REVEREND JAMES R.  
DANIEL."

\* \* \* \* \*

THAT ARTICLE VIII OF THIS CORPORATION AS  
PRESENTLY FILED WITH THE SECRETARY OF  
STATE BE CHANGED TO READ

FROM -

"THE ANNUAL MEETING OF MEMBERS SHALL BE  
HELD IN THE MONTH OF APRIL OF EACH YEAR.  
THE BUSINESS OF THE ORGANIZATION SHALL BE  
CONDUCTED BY AN EXECUTIVE COMMITTEE IDENTI-  
FIED AS A STEERING COMMITTEE SUBJECT ONLY  
TO THE LIMITATIONS AS PROVIDED BY THE  
BY-LAWS.

SPECIAL MEETINGS OF THE BOARD OF DIRECTORS  
MAY BE CALLED BY FIVE (5) MEMBERS OF THE  
BOARD TEN (10) DAYS AFTER NOTICE IN WRITING  
TO THE MEMBERS OF THE BOARD."

TO -

"THE ANNUAL MEETING OF MEMBERS SHALL BE HELD  
IN THE MONTH OF JANUARY OF EACH YEAR. THE  
BOARD OF DIRECTORS OF THE CORPORATION WILL  
MEET BI-MONTHLY DURING THE YEAR AT A PLACE  
DESIGNATED BY SAID BOARD. THE BUSINESS  
OF THE ORGANIZATION SHALL BE CONDUCTED BY  
AN EXECUTIVE COMMITTEE IDENTIFIED AS A STEERING  
COMMITTEE SUBJECT ONLY TO THE LIMITATIONS AS  
PROVIDED BY THE BY-LAWS.

SPECIAL MEETINGS OF THE BOARD OF DIRECTORS  
MAY BE CALLED BY FIVE (5) MEMBERS OF THE  
BOARD TEN (10) DAYS AFTER NOTICE IN WRITING  
TO THE MEMBERS OF THE BOARD."

The above Amendments to the Articles of Incorporation  
were voted upon at a meeting of the Board of Directors on

17th day of January, 1979. The Amendments were adopted upon receiving more than two-thirds (2/3rds) of the votes which members present at the meeting were entitled to cast. The new Amendments, as adopted, are hereby authorized to be filed with the Secretary of State and such other necessary and proper parties.

William M. Johnson  
CHAIRMAN

Rev. John Wehling  
SECRETARY

THIS INSTRUMENT PREPARED BY:

Dennis E. Bricking  
DENNIS E. BRICKING  
Attorney at Law  
425 W. Muhammad Ali Blvd.  
Louisville, KY. 40202  
Phone: 584-1254

DEPARTMENT OF STATE  
RECEIVED  
MAR 11 1979  
COMMONWEALTH of Ken

RESOLUTION  
\*\*\*\*\*

The Board of Directors of Dare to Care Food Program, Inc.  
hereby resolve to propose the following Amendments to the  
Articles of Incorporation, to be voted on by the membership:

THAT ARTICLE I OF THIS CORPORATION AS  
PRESENTLY FILED WITH THE SECRETARY OF  
STATE BE CHANGED TO READ

FROM -

"THE NAME OF THE CORPORATION SHALL BE  
THE DARE TO CARE FOOD PROGRAM, INC."

TO -

"THE NAME OF THE CORPORATION SHALL BE  
DARE TO CARE, INC."

\*\*\*\*\*

THAT ARTICLE IV OF THIS CORPORATION AS  
PRESENTLY FILED WITH THE SECRETARY OF  
STATE BE CHANGED TO READ

FROM -

"THE PLACE OF BUSINESS IN THIS STATE  
WHERE THE PRINCIPAL OFFICE OF THE COR-  
PORATION IS TO BE LOCATED IS: 712 E.  
WALNUT STREET, LOUISVILLE, KENTUCKY 40203,  
AND THE NAME AND ADDRESS OF ITS RESIDENT  
AGENT FOR SERVICE OF PROCESS IS FATHER  
JOHN JONES OF 712 E. WALNUT STREET,  
LOUISVILLE, KENTUCKY 40203."

TO -

"THE PLACE OF BUSINESS IN THIS STATE WHERE  
THE PRINCIPAL OFFICE OF THE CORPORATION IS  
TO BE LOCATED IS: 125 W. BURNETT AVENUE,  
LOUISVILLE, KENTUCKY 40208, AND THE NAME  
AND ADDRESS OF ITS RESIDENT AGENT FOR  
SERVICE OF PROCESS IS REVEREND JAMES R.  
DANIEL."

\*\*\*\*\*

THAT ARTICLE VIII OF THIS CORPORATION AS  
PRESENTLY FILED WITH THE SECRETARY OF  
STATE BE CHANGED TO READ

FROM -

"THE ANNUAL MEETING OF MEMBERS SHALL BE  
HELD IN THE MONTH OF APRIL OF EACH YEAR.  
THE BUSINESS OF THE ORGANIZATION SHALL BE  
CONDUCTED BY AN EXECUTIVE COMMITTEE IDENTI-  
FIED AS A STEERING COMMITTEE SUBJECT ONLY  
TO THE LIMITATIONS AS PROVIDED BY THE  
BY-LAWS.

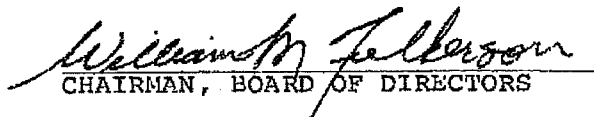
SPECIAL MEETINGS OF THE BOARD OF DIRECTORS  
MAY BE CALLED BY FIVE (5) MEMBERS OF THE  
BOARD TEN (10) DAYS AFTER NOTICE IN WRITING  
TO THE MEMBERS OF THE BOARD."

TO -

"THE ANNUAL MEETING OF MEMBERS SHALL BE HELD  
IN THE MONTH OF JANUARY OF EACH YEAR. THE  
BOARD OF DIRECTORS OF THE CORPORATION WILL  
MEET BI-MONTHLY DURING THE YEAR AT A PLACE  
DESIGNATED BY SAID BOARD. THE BUSINESS  
OF THE ORGANIZATION SHALL BE CONDUCTED BY  
AN EXECUTIVE COMMITTEE IDENTIFIED AS A STEERING  
COMMITTEE SUBJECT ONLY TO THE LIMITATIONS AS  
PROVIDED BY THE BY-LAWS.

SPECIAL MEETINGS OF THE BOARD OF DIRECTORS  
MAY BE CALLED BY FIVE (5) MEMBERS OF THE  
BOARD TEN (10) DAYS AFTER NOTICE IN WRITING  
TO THE MEMBERS OF THE BOARD."

January 17, 1979  
Date

  
CHAIRMAN, BOARD OF DIRECTORS

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>DARE TO CARE INC</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) <b>5803 FERN VALLEY ROAD</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>LOUISVILLE KY 40228</b>		
	7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or												
<b>Employer identification number</b>												

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>9/24/15</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



## 2014/15 Backpack Program End of Year Follow-up Form

Teacher/counselor name: \_\_\_\_\_

Name of child: \_\_\_\_\_

Changes in the child since participating in the backpack program (mood, behavior, grade performance, etc.)

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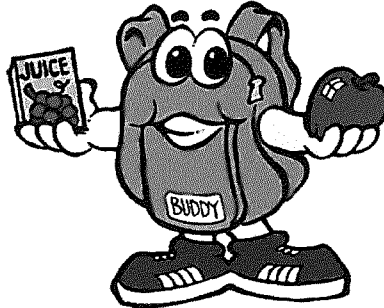
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Date: \_\_\_\_\_

School: \_\_\_\_\_



**PLEASE fill out this survey and return it with the backpack on Monday:**



Since your child has started receiving a backpack full of food every week, how has this helped your family's financial situation?

\_\_\_ a lot      \_\_\_ a little      \_\_\_ not at all      \_\_\_ I'm not sure

What are your child's favorite foods in the backpack?

What food would you like to be added to the backpack?

How long does the food in the backpack last?

\_\_\_ Friday night      \_\_\_ Saturday      \_\_\_ Sunday      \_\_\_ Monday

Our household consists of \_\_\_ adults and \_\_\_ children

When your child brings home food in a backpack every Friday, do you find it?

\_\_\_ embarrassing      \_\_\_ helpful      \_\_\_ unnecessary

**Dare to Care, Inc.**  
**Financial Statements**  
**June 30, 2015 and 2014**

**Dare to Care, Inc.**  
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**June 30, 2015 and 2014**

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## **Independent Auditor's Report**

To the Board of Directors  
Dare to Care, Inc.  
Louisville, Kentucky

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Dare to Care, Inc. (a nonprofit organization) which comprise the statements of financial position as of June 30, 2015 and 2014, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Dare to Care, Inc. as of June 30, 2015 and 2014, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Kentucky**  
**Indiana**  
**Ohio**

**Mountjoy Chilton Medley LLP**  
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www.mcmcpa.com | 888.587.1719  
An Independent Member of Baker Tilly International

## **Independent Auditor's Report (Continued)**

### **Other Matters**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedules of revenues and expenses on page 19 are presented for purposes of additional analysis and are not a required part of the financial statements. The accompanying schedule of expenditures of federal awards on page 20 is 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 is also not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplementary information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated in all material respects in relation to the financial statements taken as a whole.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated October 13, 2015, on our consideration of Dare to Care, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Dare to Care, Inc.'s internal control over financial reporting and compliance.



Mountjoy Chilton Medley LLP  
Louisville, Kentucky  
October 13, 2015

**Dare to Care, Inc.**  
**Statements of Financial Position**  
**June 30, 2015 and 2014**

	<u>2015</u>	<u>2014</u>
<b>Assets</b>		
Current assets		
Cash and cash equivalents	\$ 1,691,003	\$ 1,837,760
Accounts receivable	10,784	2,843
Contributions and grants receivable	1,190,457	1,644,301
Inventory	3,833,393	2,799,603
Prepaid expenses and other current assets	<u>42,042</u>	<u>78,300</u>
Total current assets	6,767,679	6,362,807
Investments	6,006,003	6,349,588
Property and equipment, net	<u>2,384,026</u>	<u>2,342,876</u>
Total assets	<u>\$ 15,157,708</u>	<u>\$ 15,055,271</u>
<b>Liabilities and net assets</b>		
Current liabilities		
Accounts payable	\$ 65,249	\$ 176,377
Accrued expenses and other current liabilities	<u>133,493</u>	<u>99,172</u>
Total current liabilities	<u>198,742</u>	<u>275,549</u>
Net assets		
Unrestricted - undesignated	13,454,696	12,560,910
Unrestricted - Board designated	<u>246,000</u>	<u>236,000</u>
Total unrestricted net assets	13,700,696	12,796,910
Temporarily restricted	<u>1,258,270</u>	<u>1,982,812</u>
Total net assets	<u>14,958,966</u>	<u>14,779,722</u>
Total liabilities and net assets	<u>\$ 15,157,708</u>	<u>\$ 15,055,271</u>

See accompanying notes

**Dare to Care, Inc.**  
**Statements of Activities**  
**Years ended June 30, 2015 and 2014**

	2015			2014		
	Unrestricted	Temporarily restricted	Total	Unrestricted	Temporarily restricted	Total
Revenues, gains (losses), and other support						
Contributions and grants	\$ 3,969,983	\$ 1,316,311	\$ 5,286,294	\$ 3,341,588	\$ 1,301,971	\$ 4,643,559
Donations of food and commodities	32,620,954	-	32,620,954	28,488,997	-	28,488,997
In-kind donations for fundraising	98,958	-	98,958	122,108	-	122,108
Special events	591,928	-	591,928	432,687	-	432,687
Other revenues	151,126	-	151,126	78,499	-	78,499
Income from investments	143,658	-	143,658	165,764	-	165,764
Net realized and unrealized (losses) gains on investments	(21,639)	-	(21,639)	667,450	-	667,450
Net assets released from restrictions	37,554,968	1,316,311	38,871,279	33,297,093	1,301,971	34,599,064
	2,040,853	(2,040,853)	-	2,066,257	(2,066,257)	-
Total revenues, gains (losses), and other support	39,595,821	(724,542)	38,871,279	35,363,350	(764,286)	34,599,064
Expenses						
Program services	36,338,107	-	36,338,107	33,036,178	-	33,036,178
Administration	705,396	-	705,396	704,589	-	704,589
Fundraising	1,648,532	-	1,648,532	1,083,460	-	1,083,460
Total expenses	38,692,035	-	38,692,035	34,824,227	-	34,824,227
Change in net assets	903,786	(724,542)	179,244	539,123	(764,286)	(225,163)
Net assets, beginning of year	12,796,910	1,982,812	14,779,722	12,257,787	2,747,098	15,004,885
Net assets, end of year	\$ 13,700,696	\$ 1,258,270	\$ 14,958,966	\$ 12,796,910	\$ 1,982,812	\$ 14,779,722

See accompanying notes

**Dare to Care, Inc.**  
**Statements of Functional Expenses**  
**Years ended June 30, 2015 and 2014**

2015

	Program services			Supporting services		Total
	Food bank and emergency food	Community Kitchen	Kid's Café and backpack programs	Administration	Fundraising	
Distribution of food and commodities	\$ 32,196,245	\$ 443,068	\$ 317,884	\$ -	\$ -	\$ 32,957,197
Salaries/wages and benefits	1,103,868	235,693	137,888	482,170	264,603	2,224,222
Payroll taxes	83,243	16,804	9,107	32,058	17,397	158,609
Special events	-	-	-	-	384,027	384,027
Public relations	6,291	1,406	-	7,200	928,263	943,160
Rent	54,944	28,200	-	-	-	83,144
Warehouse expenses	180,273	5,735	7,630	-	-	193,638
Freight	623,628	-	-	-	-	623,628
Truck expenses	70,292	9,401	10,177	-	-	89,870
Insurance	47,361	10,536	665	5,926	3,322	67,810
Utilities	73,661	23,474	1,244	8,185	4,911	111,475
Telephone	14,228	1,520	1,138	3,579	2,270	22,735
Repairs and maintenance	110,362	18,479	1,153	25,790	-	155,784
Supplies and other office expenses	8,356	1,466	41	16,931	679	27,473
Meetings, conferences, and travel	14,364	2,197	11,839	32,538	8,502	69,440
Memberships and subscriptions	11,145	440	-	18,738	275	30,598
Professional and consulting fees	14,913	-	230	38,917	21,707	75,767
Bank and investment fees	24,721	-	2,472	9,889	12,361	49,443
Interest	-	-	-	-	-	-
Other miscellaneous expenses	97,793	1,003	-	9,853	215	108,864
Depreciation	195,310	102,928	3,291	13,622	-	315,151
	<u>\$ 34,930,998</u>	<u>\$ 902,350</u>	<u>\$ 504,759</u>	<u>\$ 705,396</u>	<u>\$ 1,648,532</u>	<u>\$ 38,692,035</u>

See accompanying notes



2014

Food bank and emergency food	Program services		Supporting services		Total
	Community Kitchen	Kid's Café and backpack programs	Administration	Fundraising	
\$ 29,487,327	\$ 299,048	\$ 218,111	\$ -	\$ -	\$ 30,004,486
1,010,925	197,064	143,628	447,476	208,749	2,007,842
72,844	14,772	9,936	29,790	14,567	141,909
-	-	-	-	246,763	246,763
6,675	8,547	-	64,250	568,372	647,844
-	28,200	-	-	-	28,200
157,784	5,978	14,135	-	-	177,897
569,299	-	-	-	-	569,299
80,870	7,784	11,264	331	-	100,249
42,890	7,243	612	5,940	3,096	59,781
65,288	21,361	1,142	7,908	4,746	100,445
14,270	1,542	1,494	1,339	2,652	21,297
71,348	17,480	905	12,224	-	101,957
6,701	4,072	14	17,579	510	28,876
15,110	400	16,296	27,750	11,882	71,438
13,785	605	-	15,712	2,252	32,354
10,100	-	126	21,601	7,253	39,080
25,192	-	2,519	10,077	12,596	50,384
700	-	-	-	-	700
48,992	137	22	16,382	22	65,555
196,257	98,826	6,558	26,230	-	327,871
<u>\$ 31,896,357</u>	<u>\$ 713,059</u>	<u>\$ 426,762</u>	<u>\$ 704,589</u>	<u>\$ 1,083,460</u>	<u>\$ 34,824,227</u>

**Dare to Care, Inc.**  
**Notes to the Financial Statements**  
**June 30, 2015 and 2014**

**Note A--Nature of Operations**

Dare to Care, Inc. (Organization) is a not-for-profit agency committed to leading Greater Louisville, Kentucky and Southern Indiana to feed the hungry and conquer the cycle of need. The Organization fulfills its mission by partnering with over 300 food pantries, shelters, and/or emergency kitchens throughout the community. The Organization is supported primarily through contributions, grants, and the receipts of donated food.

**Note B--Summary of Significant Accounting Policies**

1. Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) is the sole source of authoritative GAAP.

2. Basis of Presentation

Financial statement presentation follows the recommendations of the FASB specifically as it pertains to financial statements of not-for-profit organizations. As such, the Organization is required to report information regarding its financial position and activities according to the three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Temporarily restricted net assets are net assets subject to donor-imposed stipulations that can be fulfilled by actions of the Organization or that expire through the passage of time. The Organization has not received any contributions or grants with donor imposed restrictions that would result in permanently restricted net assets as of year-end.

3. Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

4. Cash and Cash Equivalents

The Organization considers all highly liquid instruments, not designated for investment purposes, with a maturity when purchased of three months or less to be cash equivalents.

5. Receivables

The Organization considers all accounts, contributions, and grants receivable to be fully collectible. Accordingly, no allowance for doubtful receivables is reflected in the accompanying financial statements. If amounts are subsequently determined to be uncollectible, they will be charged to operations when that determination is made.

When contribution or grant receivable amounts are expected to have collection periods in excess of a year, such amounts have been recorded after discounting them to the present value of future cash flows using a risk free interest rate. At June 30, 2015 and 2014, management expects all contributions and grants receivable to be collected within the next fiscal year.

**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note B--Summary of Significant Accounting Policies (Continued)**

6. Inventory

Inventory consists of food that has been donated, U.S. Department of Agriculture (USDA) commodities passed-through to the Organization by the Kentucky Department of Agriculture Division of Food Distribution and the Indiana Department of Health, and food purchased by the Organization. Donated food and USDA commodities inventory (see Note D) is valued at an approximate average wholesale value of one pound of donated product based on an annual study performed by Feeding America, a nationwide network of food banks and the leading domestic hunger-relief charity throughout the United States. Purchased food inventory is valued at cost determined on a first-in, first-out basis.

7. Investments

Investments are stated at fair value with gains and losses included in the change in net assets per the accompanying statements of activities. Fair value is the price that would be received to sell an asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date.

Income from investments on donor-imposed restricted investments is reported as unrestricted support if the restriction is met in the same period the income is received or earned.

All investment securities are subject to the risks common to financial markets, including interest rate risk, credit risk, and overall market risk. Due to the level of risk associated with all investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements.

Investments are made by the investment manager and are monitored by the Organization's Board of Directors. Though the market value of investments is subject to fluctuations on a year-to-year basis, management believes the Organization's investment policy is prudent for the long-term welfare of the Organization.

8. Property and Equipment, Net

Property and equipment is stated at cost at the date of acquisition or estimated fair value at the date of donation in the case of gifts. Donated property and equipment is reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Property and equipment that is donated with explicit restrictions regarding the use of such assets and contributions and grants that must be used to purchase property and equipment are reported as temporarily restricted support. Absent donor stipulations regarding how long donated property and equipment must be maintained, the Organization reports expirations of donor restrictions when the donated or purchased assets are placed into service. At that time, the Organization reclassifies the temporarily restricted net assets to unrestricted net assets.

The Organization generally capitalizes all expenditures for property and equipment exceeding \$1,000. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from three to thirty years. Property and equipment under capital leases are amortized in accordance with the Organization's normal depreciation policy for owned assets or over the lease term, if shorter, and the charge to operations is included in depreciation expense. Repairs and maintenance that do not improve or extend the useful lives of the respective assets are expensed as incurred.

**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note B--Summary of Significant Accounting Policies (Continued)**

9. Contributions and Grants

Contributions and grants are recognized as revenue in the period received or unconditionally pledged and are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and nature of any donor restrictions. Contributions or grants whose restrictions are satisfied in the period the contribution or grant is received are reported as unrestricted. Temporarily restricted net assets are reclassified to unrestricted net assets upon satisfaction of the time or purpose restriction.

10. Non-cash Contributions

Contributions of assets other than cash are recorded at their estimated fair value at the date of donation. The Organization treats the non-cash donations of food and USDA commodities as unrestricted support.

Throughout the year individuals volunteer their time and perform a variety of tasks that assist the Organization. The Organization received the benefit of approximately 42,000 and 40,000 volunteer hours during the years ended June 30, 2015 and 2014, respectively. Calculated at the federal minimum wage rate, the value of these volunteer hours totals approximately \$307,000 and \$291,000 for the years ended June 30, 2015 and 2014, respectively. Such volunteer services do not meet the requirements for recognition and, therefore, are not recorded in the accompanying financial statements.

11. Functional Allocation of Expenses

The costs of providing various programs and other activities are summarized on a functional basis in the accompanying statements of activities. Directly identifiable expenses are charged to the applicable program and supporting services. Expenses related to more than one function are allocated among the programs and supporting services benefited. Administration expenses include those expenses that are not directly identifiable with any other specific function, but provide for the overall support and direction of the Organization.

12. Advertising Costs

The Organization expenses advertising costs, including media campaigns, as incurred. Such costs, which are largely reflected as fundraising expenses, total approximately \$305,900 and \$49,600 for the years ended June 30, 2015 and 2014, respectively.

13. Freight Costs

Freight costs, the costs associated with having food delivered to the Organization's warehouse, are expensed as incurred. Such costs total approximately \$193,600 and \$177,900 for the years ended June 30, 2015 and 2014, respectively.

**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note B--Summary of Significant Accounting Policies (Continued)**

14. Income Taxes

The Organization has been granted exempt status by the Internal Revenue Service under Internal Revenue Code Section 501(c)(3) as a non-profit organization that is not a private foundation. Accordingly, no provision or liability for federal income taxes has been included in the accompanying financial statements.

When applicable, the Organization recognizes uncertain income tax positions using the “more-likely-than-not” approach as defined in the ASC. No such uncertain tax positions have been reflected in the accompanying financial statements.

15. Reclassifications

Certain amounts for 2014 have been reclassified to conform with the 2015 presentation. These reclassifications had no effect on the previously reported 2014 change in net assets or net assets as of June 30, 2014.

16. Subsequent Events

The Organization has evaluated events occurring subsequent to year-end through the date of the Independent Auditor’s Report, the date the accompanying financial statements were available to be issued.

**Note C--Concentrations**

At various times throughout the year the Organization maintains balances in excess of federally insured limits, while its investments in money market funds are uninsured.

For 2015 and 2014, the annual \$1,000,000 amount received from Yum! Brands Foundation, Inc. (see Note J) represents 19% and 22%, respectively, of total contributions and grants revenue. At June 30, 2015 and 2014, the related receivable due from Yum! Brands Foundation, Inc. represents 47% of total contributions and grants receivable.

At June 30, 2015 and 2014, a specific grant receivable represents 36% and 26%, respectively, of total contributions and grants receivable.

For 2015 and 2014, approximately 20% and 15%, respectively, of total revenues, gains (losses), and other support consists of revenue from USDA commodities received.

**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note D--Inventory**

At June 30, 2015 and 2014, inventory consists of the following:

	<u>2015</u>	<u>2014</u>
Donated food	\$ 1,244,587	\$ 900,449
USDA commodities	2,313,664	1,473,996
Purchased food	<u>275,142</u>	<u>425,158</u>
	<u>\$ 3,833,393</u>	<u>\$ 2,799,603</u>

The majority of the food distributed by the Organization has been donated. The approximate average wholesale value of one pound of donated food at the national level was determined by Feeding America to be \$1.72 and \$1.69 for the years ended June 30, 2015 and 2014, respectively. Revenue from donated food received, as well as the related value of donated food distributed and the value of undistributed donated food inventory as of year-end, are estimated by valuing the respective number of pounds at the per pound values.

The following table presents a summary of the approximate number of pounds and the estimated values of donated food received and distributed during the years ended June 30, 2015 and 2014:

	<u>2015</u>		<u>2014</u>	
	<u>Pounds</u>	<u>Value</u>	<u>Pounds</u>	<u>Value</u>
Received	14,847,000	\$ 25,493,434	13,384,000	\$ 22,574,418
Distributed	14,664,000	\$ 25,149,296	13,926,000	\$ 23,466,676

The Organization also receives and distributes commodities (food) it receives from the U.S. Department of Agriculture (USDA) under the Commodity Supplemental Food Program (CSFP) and the Emergency Food Assistance Program (TEFAP). In Kentucky, both federal programs are administered at the state level by the Kentucky Department of Agriculture Division of Food Distribution (Division). The USDA commodities are passed-through to the Organization by the Division to be distributed to the intended recipients.

In Indiana, TEFAP is administered at the state level by the Indiana Department of Health. During 2014, the Organization also received TEFAP commodities passed-through to the Organization by a food bank in Indiana (Gleaners Food Bank of Indiana, Inc.).

CSFP provides a monthly box of nutritious food products to low-income pregnant, postpartum, or breastfeeding women, infants and children up to and including the age of five, and elderly persons of at least sixty years of age. The food received under TEFAP is designated for non-profit agencies serving low-income individuals and families through their emergency meal and pantry programs. Generally each month the Division reimburses the Organization for the costs (not to exceed the total amount of costs under each program approved for a two-year period to the extent funds are available at the state level) associated with storing, transporting, and distributing these products based on the number of CSFP recipients served or the number of pounds of TEFAP food distributed.

**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note D--Inventory (Continued)**

The following table presents a summary of the approximate number of pounds and the estimated values of USDA commodities received and distributed during the years ended June 30, 2015 and 2014:

	<u>2015</u>		<u>2014</u>	
	<u>Pounds</u>	<u>Value</u>	<u>Pounds</u>	<u>Value</u>
Received	4,151,000	\$ 7,127,520	3,507,000	\$ 5,914,579
Distributed	3,679,000	\$ 6,287,852	3,221,000	\$ 5,415,782

**Note E--Property and Equipment, Net**

At June 30, 2015 and 2014, net property and equipment consists of the following:

	<u>2015</u>	<u>2014</u>
Land	\$ 104,241	\$ 94,241
Buildings	2,444,617	2,444,617
Leasehold improvements	148,006	148,006
Warehouse equipment	711,860	551,176
Community Kitchen equipment	344,377	321,794
Office equipment, furniture, fixtures, and other	314,214	313,063
Vehicles	<u>1,034,536</u>	<u>891,950</u>
	5,101,851	4,764,847
Accumulated depreciation	<u>(2,717,825)</u>	<u>(2,421,971)</u>
	<u>\$ 2,384,026</u>	<u>\$ 2,342,876</u>

Depreciation expense totals \$315,151 and \$327,871 for the years ended June 30, 2015 and 2014, respectively.

**Note F--Obligations Under Capital Leases**

The Organization leased certain office and warehouse equipment, as well as a vehicle, under capital leases with lease terms through April 2014. The obligations under the capital leases were recorded at the present value of the future minimum lease payments, discounted at a weighted average of approximately 6.00%. Such capital lease obligations were paid in-full during 2014.

**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note G--Board Designated Net Assets**

As of June 30, 2015 and 2014, the Organization's Board of Directors (Board) has designated \$246,000 and \$236,000, respectively, to be used for specific capital expenditures as submitted to and approved during the course of the budget process by the Board, the Finance Committee, and the Organization's Executive Director. Otherwise such Board designated funds may be used for program services as needed, when approved in the manner as indicated above. Such net assets are designated by the Board in March to be expended during the next fiscal year.

**Note H--Temporarily Restricted Net Assets**

At June 30, 2015 and 2014, temporarily restricted net assets consist of the following:

	<u>2015</u>	<u>2014</u>
Yum! Brands Foundation (see Note J)	\$ 560,661	\$ 778,945
Feeding Families program	252,000	500,000
Community Kitchen	200,000	450,000
Backpack program	137,601	145,129
Refrigerated truck	50,000	-
New facility capital campaign	40,158	-
Summer Food Service Program for Children (federal program)	11,370	11,370
Other	6,480	-
Rural outreach	-	85,000
Purchases/distribution of food	-	6,497
Cooking Matters program	-	5,871
	<u>\$ 1,258,270</u>	<u>\$ 1,982,812</u>

Net assets released from restrictions consist of the following with respect to the years ended June 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Yum! Brands Foundation (see Note J)	\$ 1,218,284	\$ 1,221,056
Community Kitchen	250,000	282,495
Feeding Families program	250,000	250,000
Backpack program	190,640	131,188
Rural outreach	85,000	-
Other	34,561	17,149
Purchases/distribution of food	6,497	10,833
Cooking Matters program	5,871	66,536
Pounds per Person in Poverty program	-	87,000
	<u>\$ 2,040,853</u>	<u>\$ 2,066,257</u>



**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note I--Fair Value Measurements**

The ASC provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as described below:

- Level 1--Quoted prices in active markets for identical assets or liabilities.
- Level 2--Observable inputs such as quoted prices in active markets for similar assets or liabilities or quoted prices for identical or similar assets or liabilities in markets that are not active or unobservable inputs that are derived principally from or corroborated by observable market data.
- Level 3--Unobservable inputs that are based on the Organization's own assumptions as to how knowledgeable parties would price assets or liabilities that are not corroborated by market data.

The following is a description of the valuation methodologies used for the assets measured at fair value. There have been no changes in the methodologies used to determine fair value at June 30, 2015 and 2014.

*Money market funds:* Valued at the net asset value of the units held by the Organization at year-end.

*Fixed income securities:* Valued using a yield curve matrix derived from quoted prices for similar assets in active markets.

*Mutual funds:* Valued at the net asset value of the shares held by the Organization at year-end.

*Index and exchange traded funds:* Valued at the quoted market price of the shares held by the Organization at year-end.

*Equity securities:* Valued at the quoted market price of the shares held by the Organization at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note I--Fair Value Measurements (Continued)**

At June 30, 2015, assets carried at fair value on a recurring basis consist of investments as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 369,197	\$ -	\$ -	\$ 369,197
Fixed income securities				
Domestic and international corporate and other bonds	-	359,263	-	359,263
U.S. government/government agency obligations	-	811,485	-	811,485
U.S. government backed mortgage pools	-	83,596	-	83,596
Tax-exempt municipal bonds	-	38,548	-	38,548
	<u>-</u>	<u>1,292,892</u>	<u>-</u>	<u>1,292,892</u>
Mutual funds				
Fixed income	454,542	-	-	454,542
Equity	719,086	-	-	719,086
	<u>1,173,628</u>	<u>-</u>	<u>-</u>	<u>1,173,628</u>
Index and exchange traded funds	777,848	-	-	777,848
Equity securities				
Information technology	468,789	-	-	468,789
Consumer discretionary	297,540	-	-	297,540
Financials	401,656	-	-	401,656
Health care	397,272	-	-	397,272
Industrials	248,624	-	-	248,624
Energy	162,029	-	-	162,029
Consumer staples	192,760	-	-	192,760
Materials	105,198	-	-	105,198
Telecommunication services	79,358	-	-	79,358
Utilities	39,212	-	-	39,212
	<u>2,392,438</u>	<u>-</u>	<u>-</u>	<u>2,392,438</u>
	<u>\$ 4,713,111</u>	<u>\$ 1,292,892</u>	<u>\$ -</u>	<u>\$ 6,006,003</u>

**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note I--Fair Value Measurements (Continued)**

At June 30, 2014, assets carried at fair value on a recurring basis consist of investments as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 363,984	\$ -	\$ -	\$ 363,984
Fixed income securities				
Domestic and international corporate and other bonds	-	469,843	-	469,843
U.S. government/government agency obligations	-	277,783	-	277,783
U.S. government backed mortgage pools	-	109,580	-	109,580
Tax-exempt municipal bonds	-	40,864	-	40,864
	<u>-</u>	<u>898,070</u>	<u>-</u>	<u>898,070</u>
Mutual funds				
Fixed income	1,157,584	-	-	1,157,584
Equity	535,176	-	-	535,176
	<u>1,692,760</u>	<u>-</u>	<u>-</u>	<u>1,692,760</u>
Index and exchange traded funds	267,480	-	-	267,480
Equity securities				
Information technology	514,826	-	-	514,826
Consumer discretionary	504,326	-	-	504,326
Financials	435,276	-	-	435,276
Health care	361,052	-	-	361,052
Industrials	337,575	-	-	337,575
Energy	297,505	-	-	297,505
Consumer staples	268,939	-	-	268,939
Materials	170,324	-	-	170,324
Telecommunication services	111,877	-	-	111,877
Utilities	66,612	-	-	66,612
Other	58,982	-	-	58,982
	<u>3,127,294</u>	<u>-</u>	<u>-</u>	<u>3,127,294</u>
	<u>\$ 5,451,518</u>	<u>\$ 898,070</u>	<u>\$ -</u>	<u>\$ 6,349,588</u>

**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note J--Agreement With Yum! Brands Foundation, Inc.**

In June 2002, under an agreement with the Organization, Yum! Brands Foundation, Inc. (Yum!) agreed to commit \$1,000,000 annually (on a calendar year basis) to help the Organization in its efforts to end hunger in the Kentuckiana area. The annual \$1,000,000 will consist of funds raised by Yum! through its annual employee pledge campaign, which are then matched by Yum!. The funds are transferred to Metro United Way and specifically designated for the Organization net of any Metro United Way administrative fees. Additional funding will be provided directly by Yum! in an amount equal to the difference between the net amount received through Metro United Way and \$1,000,000. At June 30, 2015 and 2014, the amount due to the Organization under this agreement totals \$560,661 and \$778,945, respectively.

In consideration for this funding, the Organization agrees to provide various sponsorship opportunities for Yum!. The agreement with Yum! will remain in effect unless terminated upon notice provided by either of the respective parties. Such notice must be provided one year in advance of terminating the agreement.

**Note K--Special Events Fundraising Expense**

Special events fundraising expense consists of the following for the years ended June 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
In-kind items	\$ 97,030	\$ 97,108
Event direct costs	<u>286,997</u>	<u>149,655</u>
	<u>\$ 384,027</u>	<u>\$ 246,763</u>

**Note L--Operating Leases**

During 2015, the Organization entered into a lease agreement to lease warehouse space. The lease is for a term of 36 months expiring in March 2018. The Organization however has the option to terminate the lease after 24 months. Subsequent to the 36 month lease term, the Organization may continue to lease the warehouse space on a month to month basis. The monthly payment due under this lease is \$18,314. Lease expense under this lease totals approximately \$54,900 for the year ended June 30, 2015.

During 2013, the Organization entered into a lease agreement to lease space in which it operates the Community Kitchen. The lease is for a term of 33 months expiring in December 2015. The Organization may extend this lease for up to three additional three year terms. The monthly payment due under this lease is \$2,350. Lease expense under this lease totals \$28,200 for each of the years ended June 30, 2015 and 2014.

During 2009, the Organization entered into a lease agreements to lease a truck. The lease expired in August 2014. The monthly payment due under this lease was \$1,459, a portion of which represented maintenance costs. Lease expense, including the maintenance costs, under the lease agreement totals approximately \$2,900 and \$20,000 for the years ended June 30, 2015 and 2014, respectively.

**Dare to Care, Inc.**  
**Notes to the Financial Statements (Continued)**  
**June 30, 2015 and 2014**

**Note L--Operating Leases (Continued)**

At June 30, 2015, the future minimum lease payments (including the maintenance costs under the one truck lease) under all non-cancelable operating leases are as follows (assumes the warehouse lease continues for the entire 36 month term of the lease):

<u>Year Ending June 30</u>	
2016	\$ 233,874
2017	219,773
2018	<u>164,830</u>
	<u>\$ 618,477</u>

Additionally, during 2014 (for a period of ten months through April 2014), the Organization, under an informal month to month verbal agreement, received the benefit of donated freezer space. The estimated fair value of the monthly rent for the freezer space was \$1,600. The total estimated fair value of the related rent for 2014, recorded as other revenues and other miscellaneous expenses per the accompanying statements of activities and statements of functional expenses, amounts to \$16,000.

**Note M--Feeding America**

The Organization solicits surplus product from the food industry locally and nationally, through its membership in Feeding America. The Organization paid membership dues of \$11,664 and \$10,904 to Feeding America during the years ended June 30, 2015 and 2014, respectively.

**Note N--Retirement Plan**

The Organization has a 403(b) plan (Plan) for its employees that meet the Plan's eligibility requirements. Contributions under the Plan are at the discretion of the Board of Directors and are in amounts up to five percent of the participating employees' compensation. Retirement plan contribution expense for the years ended June 30, 2015 and 2014 totals approximately \$64,800 and \$59,500, respectively.

**Note O--Contingencies**

Reimbursement claims under federal and/or state programs are subject to audit and adjustment by the respective grantor agencies. Any disallowed claims might become a liability of the Organization. Management is not aware of any communications from grantor agencies regarding the lack of compliance with requirements that could result in such a liability.

## **Supplementary Information**

**Dare to Care, Inc.**  
**Schedules of Revenues and Expenses**  
**Years ended June 30, 2015 and 2014**

	<u>2015</u>		<u>2014</u>	
<b>Revenues, gains (losses), and other support</b>				
Contributions and grants	\$ 5,286,294	13.60%	\$ 4,643,559	13.42%
Donations of food and commodities	32,620,954	83.93%	28,488,997	82.34%
In-kind donations for fundraising	98,958	0.25%	122,108	0.35%
Special events	591,928	1.52%	432,687	1.25%
Other revenues	151,126	0.39%	78,499	0.23%
Income from investments	143,658	0.37%	165,764	0.48%
Net realized and unrealized (losses) gains on investments	(21,639)	-0.06%	667,450	1.93%
	<u>\$ 38,871,279</u>	<u>100.00%</u>	<u>\$ 34,599,064</u>	<u>100.00%</u>
<b>Expenses</b>				
Distribution of food and commodities	\$ 32,957,197	84.78%	\$ 30,004,486	86.73%
Salaries/wages and benefits	2,224,222	5.72%	2,007,842	5.81%
Payroll taxes	158,609	0.41%	141,909	0.41%
Special events	384,027	0.99%	246,763	0.71%
Public relations	943,160	2.43%	647,844	1.87%
Rent	83,144	0.21%	28,200	0.08%
Warehouse expenses	193,638	0.50%	177,897	0.51%
Freight	623,628	1.60%	569,299	1.65%
Truck expenses	89,870	0.23%	100,249	0.29%
Insurance	67,810	0.17%	59,781	0.17%
Utilities	111,475	0.29%	100,445	0.29%
Telephone	22,735	0.06%	21,297	0.06%
Repairs and maintenance	155,784	0.40%	101,957	0.29%
Supplies and other office expenses	27,473	0.07%	28,876	0.08%
Meetings, conferences, and travel	69,440	0.18%	71,438	0.21%
Memberships and subscriptions	30,598	0.08%	32,354	0.09%
Professional and consulting fees	75,767	0.19%	39,080	0.11%
Bank and investment fees	49,443	0.13%	50,384	0.15%
Interest	-	0.00%	700	0.00%
Other miscellaneous expenses	108,864	0.28%	65,555	0.19%
Depreciation	315,151	0.81%	327,871	0.95%
	<u>\$ 38,692,035</u>	<u>99.53%</u>	<u>\$ 34,824,227</u>	<u>100.65%</u>

See accompanying independent auditor's report

**Dare to Care, Inc.**  
**Schedule of Expenditures of Federal Awards**  
**Year ended June 30, 2015**

Federal grantor / pass-through grantor / cluster and/or program title	Federal CFDA number	Federal expenditures	
<b>U.S. Department of Agriculture (Food and Nutrition Service)</b>			
<i>Passed-through the Kentucky Department of Education (Division of School and Community Nutrition)</i>			
Child and Adult Care Food Program	10.558	\$	431,771
<i>Passed-through the Kentucky Department of Education (Division of Nutrition and Health Services)</i>			
<b>Child Nutrition Cluster</b>			
Summer Food Service Program for Children	10.559		197,257
<i>Passed-through the Indiana Department of Education (Division of School and Community Nutrition Programs)</i>			
Child and Adult Care Food Program	10.558		52,347
<b>Child Nutrition Cluster</b>			
Summer Food Service Program for Children	10.559		15,700
<i>Passed-through the Kentucky Department of Agriculture (Division of Food Distribution)</i>			
<b>Food Distribution Cluster</b>			
Commodity Supplemental Food Program	10.565	\$	1,614,170
The Emergency Food Assistance Program (Administrative Costs)	10.568	283,720	
The Emergency Food Assistance Program (Food Commodities)	10.569	<u>3,898,311</u>	
			5,796,201
<i>Passed-through the Indiana State Department of Health</i>			
<b>Food Distribution Cluster</b>			
The Emergency Food Assistance Program (Administrative Costs)	10.568	30,982	
The Emergency Food Assistance Program (Food Commodities)	10.569	<u>952,212</u>	
			<u>983,194</u>
Total U.S. Department of Agriculture			<u>7,476,470</u>
Total expenditures of federal awards			<u>\$ 7,476,470</u>

See accompanying independent auditor's report and notes  
to the schedule of expenditures of federal awards



**Dare to Care, Inc.**  
**Notes to the Schedule of Expenditures of Federal Awards**  
**June 30, 2015**

**Note A--Basis of Presentation**

The accompanying schedule of expenditures of federal awards (schedule) includes the federal grant activity of Dare to Care, Inc. (Organization) and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the accompanying financial statements.

**Note B--Food Distribution Cluster**

Per the U.S. Office of Management and Budget (OMB), the Food Distribution Cluster, consists of Catalog of Federal Domestic Assistance (CFDA) numbers 10.565, the Commodity Supplemental Food Program, 10.568, the Emergency Food Assistance Program--Administrative Costs, and 10.569, the Emergency Food Assistance Program--Food Commodities. Accordingly, this cluster has been treated as a single program in determining the Organization's major programs for the year ended June 30, 2015.

**Note C--Non-cash Financial Assistance**

The values of U.S. Department of Agriculture (USDA) commodities (food) received and distributed during the year, and the inventory value of undistributed USDA commodities as of year-end, are estimated by valuing the respective number of pounds of such food products at an approximate average wholesale value of one pound of donated product based on an annual study performed by Feeding America, a nationwide network of food banks and the leading domestic hunger-relief charity throughout the United States.

The amount of federal expenditures under the Commodity Supplemental Food Program (CFDA number 10.565) reported on the schedule of expenditures of federal awards for the year ended June 30, 2015 includes an estimate of non-monetary expenditures (distribution of USDA commodities) in the amount of approximately \$1,437,000.

The amount of federal expenditures under the Emergency Food Assistance Program (CFDA number 10.569) reported on the schedule of expenditures of federal awards for the year ended June 30, 2015 includes an estimate of non-monetary expenditures (distribution of USDA commodities) totaling approximately \$4,851,000.

The estimated inventory value of undistributed USDA commodities as of June 30, 2015 totals approximately \$2,314,000.

**Note D--Subrecipients**

During the year ended June 30, 2015, the Organization distributed a total of approximately \$6,288,000 (an estimate of non-monetary expenditures) of Commodity Supplemental Food Program (CFDA number 10.565) and Emergency Food Assistance Program (CFDA number 10.569) food commodities, approximately \$5,906,000 of which was distributed to subrecipients (approximately 95% of the USDA commodities distributed between the two programs).

During the year ended June 30, 2015, the Organization provided approximately \$65,000 of its Emergency Food Assistance Program--Administrative Costs (CFDA number 10.568) federal funding to Tri-State Food Bank, Inc. (Tri-State) to cover Tri-State's costs associated with storing, transporting, and distributing food commodities provided to it by the Organization for distribution.



**Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards***

To the Board of Directors  
Dare to Care, Inc.  
Louisville, Kentucky

We have audited, in accordance with the 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, the financial statements of Dare to Care, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2015, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 13, 2015.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Dare to Care, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Dare to Care, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Dare to Care, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**Kentucky**  
**Indiana**  
**Ohio**

**Mountjoy Chilton Medley LLP**

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**Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* (Continued)**

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in cursive script that reads "Mountjoy Chilton Medley LLP".

Mountjoy Chilton Medley LLP  
Louisville, Kentucky  
October 13, 2015



**Independent Auditor's Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by OMB Circular A-133**

To the Board of Directors  
Dare to Care, Inc.  
Louisville, Kentucky

**Report on Compliance for Each Major Federal Program**

We have audited Dare to Care, Inc.'s compliance with the types of compliance requirements described in the OMB Circular A-133 Compliance Supplement that could have a direct and material effect on each of Dare to Care, Inc.'s major federal programs for the year ended June 30, 2015. Dare to Care, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

**Management's Responsibility**

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

**Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for each of Dare to Care, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Dare to Care, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Dare to Care, Inc.'s compliance.

**Opinion on Each Major Federal Program**

In our opinion, Dare to Care, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended June 30, 2015.

Kentucky  
Indiana  
Ohio

**Mountjoy Chilton Medley LLP**

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## **Independent Auditor's Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by OMB Circular A-133 (Continued)**

### **Report on Internal Control Over Compliance**

Management of Dare to Care, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Dare to Care, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Dare to Care, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.



Mountjoy Chilton Medley LLP  
Louisville, Kentucky  
October 13, 2015

## **Dare to Care Food Bank**

### **Staff Members**

Executive Director: Brian Riendeau\*

Chief Development Officer: Jackie Keating\*

Chief Financial Officer: Ray Williams

Chief Operating Officer: Dave Schlosser

Director of Policy & Planning: Stan Siegwald\*

Director of Product Sourcing: Steve Feldman

Programs Director: Annette Ball

Accounting Assistant: Sue Pickren

Youth Services Assistant: Lillian Slaughter

Corporate Relations Manager: Remy Kenney

Director of Major Gifts: Kate Chandler

Director of Nutrition Education: Kimberly Gravely

Director of Volunteers: Pat Kenkel

Donor Relations Manager: Laura Schiller

Food Sourcing Manager: Brandon Hall

HR/Food Drive Assistant: Jo Anne Feldman

Inventory Excellence Manager: Felicia Cox

Mobile Pantry Manager: T. M. Wilson-Montgomery

Partner Development Manager: Laura Frankrone

Partner Development r: Meagan Bartholomew

Receptionist: Mary Anne Gannon

Special Events Director/Food Drive Coordinator: Joey Stinson

Youth Services Manager: Johnna Worley

Warehouse Manager: Marty Kraft

Agency Pick-Up/Warehouse Maintenance Supervisor: Ehab Alhili

Assistant Warehouse Manager: Tommy Gibson

Freezer/Cooler Manager: Blake Paulson

Inventory Associate: Jon Mattingly

Program Distribution Supervisor: Angelo Gough

Program Distribution Supervisor: Steve Donoho

Receiving Associate: Steven Mays

Program Distribution Supervisor: Derwin Fort

Program Distribution Supervisor: Haedar Alfatllawi

Retail Pick-Up Supervisor: Cliff Heil

Retail Pick-Up Supervisor: Derek Clark

Retail Pick-Up Supervisor: Truly Cotton

Warehouse Associate: Johnnie Meadows

Warehouse Associate: Larry Mahoney

Warehouse Associate: Tim Desmond

Warehouse Associate: Gary Bohler

Warehouse Associate: Sherwin Gooding

Warehouse Associate: Jarrod Hinton

Executive Chef: Jon Meng

Cook: Floyd Bowden

Cook: Norman Morse

Cook: Francisco Sotelo

Kitchen Driver: Sean Ferrell

Kitchen Driver: Tyrone McCoomer

Kitchen Driver: William Coy Mitchell

Kitchen Driver: Michael Rose

CSFP Program Manager: Tamara Garris

CSFP/HR Assistant Manager: Jessica Osborne

CSFP Client Administrator: Yusuf Shabazz

CSFP Warehouse Lead: Walter Wilson

\*Three highest paid staff



**DARE TO CARE, INC.****General Information**

<b>Organization Number</b>	0117371
<b>Name</b>	DARE TO CARE, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	11/16/1973
<b>Organization Date</b>	11/16/1973
<b>Last Annual Report</b>	3/8/2016
<b>Principal Office</b>	P. O. BOX 35458 LOUISVILLE, KY 40232
<b>Registered Agent</b>	BRIAN RIENDEAU 5803 FERN VALLEY RD. LOUISVILLE, KY 40228

**Current Officers**

<b>Chairman</b>	<u>James T Miller</u>
<b>Vice Chairman</b>	<u>Keith Myers</u>
<b>Secretary</b>	<u>Gretta Feldkamp</u>
<b>Treasurer</b>	<u>Kevin Anderson</u>
<b>Director</b>	<u>John Hackett</u>
<b>Director</b>	<u>Michael Sadofsky</u>
<b>Director</b>	<u>Scott Kuhn</u>
<b>Director</b>	<u>Greg Pope</u>
<b>Director</b>	<u>Ruth Atkins</u>
<b>Director</b>	<u>Greg Pope</u>
<b>Director</b>	<u>Greg Baird</u>
<b>Director</b>	<u>Brett Michel</u>
<b>Director</b>	<u>Frank Polion</u>
<b>Director</b>	<u>Steve Corzine</u>
<b>Director</b>	<u>Wendy Jacob</u>
<b>Executive</b>	<u>Brian Riendeau</u>

**Individuals / Entities listed at time of formation**

<b>Director</b>	<u>FATHER JOHN JONES</u>
<b>Director</b>	<u>NAT GREEN</u>
<b>Director</b>	<u>VERNA KALB</u>
<b>Incorporator</b>	<u>FATHER JOHN JONES</u>
<b>Incorporator</b>	<u>NAT GREEN</u>

**Incorporator**VERNA KALB**Images available online**

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<a href="#">Annual Report</a>	3/8/2016	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/5/2015	1 page	<a href="#">PDF</a>	
<a href="#">Certificate of Assumed Name</a>	12/12/2014	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	2/18/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/27/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/21/2012	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/10/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/2/2010	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	11/23/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Name Renewal</a>	3/17/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/22/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/21/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/8/2007	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/9/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	6/27/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	2/14/2005	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/17/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/8/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/18/2001	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/19/2000	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	5/25/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Certificate of Assumed Name</a>	9/9/1999	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/6/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/21/1999	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/22/1994	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/22/1993	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/17/1992	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Annual Report</a>	7/1/1989	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/27/1987	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	4/6/1984	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Letters</a>	4/6/1984	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/23/1982	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/8/1980	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	4/25/1979	7 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/24/1979	7 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	11/16/1973	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

**Assumed Names**DARE TO CARE FOOD BANK

Active

DARE TO CARE FOOD BANK

Inactive

**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/8/2016 3:57:15 PM	3/8/2016 3:57:15 PM	
Annual report	5/5/2015 3:14:05 PM	5/5/2015 3:14:05 PM	
Added assumed name	12/12/2014 10:25:12 AM	12/12/2014	<u>DARE TO CARE FOOD BANK</u>
Annual report	2/18/2014 9:21:57 AM	2/18/2014 9:21:57 AM	
Annual report	6/27/2013 10:20:27 AM	6/27/2013 10:20:27 AM	
Annual report	6/21/2012 12:46:49 PM	6/21/2012 12:46:49 PM	
Annual report	6/10/2011 2:49:16 PM	6/10/2011 2:49:16 PM	
Annual report	7/2/2010 5:17:36 PM	7/2/2010 5:17:36 PM	
Registered agent address change	11/23/2009 11:57:27 AM	11/23/2009	
Annual report	1/22/2009 11:27:43 AM	1/22/2009 11:27:43 AM	
Annual report	2/21/2008 10:30:58 AM	2/21/2008	
Annual report	5/8/2007 1:30:25 PM	5/8/2007 1:30:25 PM	
Annual report	3/9/2006 8:29:55 AM	3/9/2006	
Registered agent address change	6/27/2005 2:26:15 PM	6/27/2005	
Annual report	2/14/2005	2/14/2005	
Annual report	5/17/2004	5/17/2004	
Registered agent address change	5/25/2000 3:41:55 PM	5/25/2000	
Added assumed name	9/9/1999	9/9/1999	<u>DARE TO CARE FOOD BANK</u>
Registered agent address change	8/6/1999	8/6/1999	
Amendment previous name	4/25/1979	4/25/1979	<u>THE DARE TO CARE FOOD PROGRAM, INC.</u>

**Microfilmed Images**

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004 2:06:18 PM	1 page
Annual Report	7/17/2003	1 page

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