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

Applicant/Program Dare to Care
Applicant/Program: Dare to Care Applicant Requested Amount: \$9600
Appropriation Request Amount: \$9600
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Executive Summary of Request
Dare to Care Bank is to lead community to fee the hungry and conquer the cycle of need.Fulfilling this
mission through innovative programs, efficient operation.
Is this program/project a fundraiser?  Is this applicant a faith based organization?  Yes No  Yes No
Is this applicant a faith based organization?  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.
purpose is regulated. I have also completed the disclosure section below, it required.
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3 (Khryl Northely do 9600 8-6-18
District # Primary Sponsor Signature Amount Date
District " Timilary Sponsof 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
Final Appropriations Amount:
Time reproprietions renounce

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION **Legal Name of Applicant Organization Program Name and Request Amount** Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Is the funding proposed by Council Member(s) less than or equal to the request amount? Is the proposed public purpose of the program viable and well-documented? Will all of the funding go to programs specific to Louisville/Jefferson County? Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Has prior Metro Funds committed/granted been disclosed? Is the application properly signed and dated by authorized signatory? Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? Is the current Fiscal Year Budget included? Is the entity's board member list (with term length/term limits) included? Is recommended funding less than 33% of total agency operating budget? .1.1 Does the application budget reflect only the revenue and expenses of the project/program? Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? Is the most recent annual audit (if required by organization) included? Is a copy of Signed Lease (if rent costs are requested) included? Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? Are the Articles of Incorporation of the Agency included? Is the IRS Form W-9 included? Is the IRS Form 990 included? Are the evaluation forms (if program participants are given evaluation forms) included? Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? Prepared by:

SECTION 1 – APPLICANT INFORMATION						
Legal Name of Applicant Organization: Dare to Care, Inc.						
(as listed on: http://www.sos.ky.gov/business/records						
Main Office Street & Mailing Address: 5803 Fern Valley Road						
Website: www.daretocare.org						
Applicant Contact:	Mmuso Matsapola	Title:	Development Coordinator			
Phone:	502-736-9919	Email:	mmuso@daretocare.org			
Financial Contact:	Ray Williams	Title:	Chief Financial Officer			
Phone:	502-736-9422	Email:	ray@daretocare.org			
Organization's Repres	entative who attended NDF Trair	ning: Laura Brewer				
GEOG	RAPHICAL AREA(S) WHERE PROG	RAM ACTIVITIES ARE (W	VILL BE) PROVIDED			
Program Facility Locat	tion(s): Cane Run Elementary S	chool				
Council District(s):	3	Zip Code(s);	40211			
	SECTION 2 – PROGRAM REQU	EST & FINANCIAL INFOR	RMATION			
PROGRAM/PROJECT N	NAME: Backpack Buddy at Cane R	un Elementary				
Total Request: (\$)	9,600 Total Metro A	ward (this program) in p	previous year: (\$) 9,600			
Purpose of Request (c	heck all that apply):					
Operating Fu	unds (generally cannot exceed 33%	of agency's total opera	ting budget)			
Programming	g/services/events for direct benef	it to community or quali	fied individuals			
☐ Capital Proje	ect of the organization (equipment	, furnishing, building, et	c)			
The Following are Req	uired Attachments:					
IRS Exempt Status Det	ermination Letter V	Signed lease if rent co	osts are being requested			
Current year projected	d budget	IRS Form W9				
Current financial state	ment 🗸	Evaluation forms if us	ed in the proposed program			
Most recent IRS Form	990 or 1120-H	Annual audit (if requi	red by organization)			
Articles of Incorporation	on (current & signed)	Faith Based Organizat	ion Certification Form, if applicable			
Cost estimates from pa capital expense	roposed vendor if request is for					
For the current fiscal year ending June 30, 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.						
Source: E.	xternal Agency Fund	Amount: (\$) 20,0	000			
Source: Le	ouisville Forward	Amount: (\$) 350,	,000			
Source: Amount: (\$)						
Has the applicant contacted the BBB Charity Review for participation? ■ Yes  No						
Has the applicant met the BBB Charity Review Standards? ■ Yes No						

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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.

## **SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date	
Greg Baird	Jun 30, 2019	
Ashley Butler	Jun 30, 2023	
David Combs	Jun 30, 2021	
Steve Corzine	Jun 30, 2020	
Lisa Dejaco	Jun 30, 2023	
Gretta Feldkamp	Jun 30, 2019	
John Hackett	N/A	
Wendy Jacob	Jun 30, 2020	
Leland Michael	Jun 30, 2024	
Maggie Keith	Jun 30, 2021	
Scott Kuhn	Jun 30, 2025	
Carly Launius	Jun 30, 2024	
Brett Michael	Jun 30, 2019	
Keith Myers	Jun 30, 2018	
Frank Polion	Jun 30, 2022	
Carol Levitch	Jun 30, 2025	
Michael Leland	Jun 30, 2024	

## Describe the Board term limit policy:

Board members are eligible to be elected for three consecutive terms, with the first term being two years and the following two terms being three years each.

Three Highest Paid Staff Names	Annual Salary		
Brian Riendeau	149,807		
Jackie Keating	89,845		
David Schlosser	88,989		

#### SECTION 5 - 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 2018-19 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, ready-to-eat entrées, vegetable cups and fruit cups.

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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:
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
toou, caonpastas, activity cools
Reimbursements should not be made before application date 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.
<ul> <li>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.</li> </ul>
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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 homeworkParticipants have increased attendance on FridaysParticipants are more alert on MondaysParticipants 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.

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## SECTION 6 - 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.

	Column 1	Column 2	Column (1+2)=3	
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds	
A: Personnel Costs Including Benefits				
B: Rent/Utilities			***************************************	
C: Office Supplies				
D: Telephone				
E: In-town Travel				
F: Client Assistance (See Detailed List on Page 8)	\$9,600		\$9,600	
G: Professional Service Contracts				
H: Program Materials				
I: Community Events & Festivals (See Detailed List on Page 8)				
J: Machinery & Equipment				
K: Capital Project			······································	
L: Other Expenses (See Detailed List on Page 8)				
*TOTAL PROGRAM/PROJECT FUNDS	\$9,600		\$9,600	
% of Program Budget	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 **	40.000

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

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Effective May 2016

Applicant's Initials \_\_\_\_\_\_

<sup>\*\*</sup>Must equal or exceed total in column 2.

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
Food items	7,100		7,100
Backpacks & Supplies	580		580
Program Management	1,056		1,056
Warehousing & Delivery	864		864
		NA N. P. C.	
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	IPHEAD.		
Total	9,600		9,600

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

		Method of Valuation
	3444	
Total Value of In-Kind		
(to match Program Budget Line Item.		
Volunteer Contribution & Other In Kind)		
cy Fiscal Year Start Date: July 1, 2018		
cy Fiscal Year Start Date: $_{ m July~1,~2018}$	se or decrease in your budget fr	om the current fiscal year to
cy Fiscal Year Start Date: July 1, 2018  your Agency anticipate a significant increase projected for next fiscal year? NO	se or decrease in your budget fr	om the current fiscal year to
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#### SECTION 7 - 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 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 and the funds will not be disbursed to our organization.
- 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.
- 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.

#### 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.

CECTION O CERTIFICATIONS & ACCURANCES

JE	CHON O T CERTIFICA	HONS & ASSURAN	v				
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 fund repaid. I further certify that I am legally authorapplication.	ding has been approved, a	any allocations already	received and e	xpended are subject to be			
Signature of Legal Signatory:			Date:	7/25/2018			
Legal Signatory: (please print): Bria	ın Riendeau		Title:	Executive Director			
Phone: 502-966-3821	Extension:	Email: b	rian@dareto	ocare.org			

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Applicant's Initials \$\sqrt{5}\$

## 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 6:30 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

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 purposes 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,

Janua K. Stufew

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

#### Dare to Care Food Bank

General Operating Budget FY 2018

## **REVENUE**

Churches/Civic Donations	A STATE OF THE STA	\$73,000.00
Individual Donations		\$2,216,653.00
Government		\$1,917,508.00
Special Events Income		\$433,000.00
Misc Income		\$21,040.00
Agency Coop Income		\$139,192.00
Bequests		\$50,000.00
Board Designated Fund Annual Allocatio	n*	\$235,000.00
	<b>Total Operating Receipts</b>	\$7,409,893.00

### **EXPENSES**

Agency Capacity Development  Total Operating Expense	\$22,000.00
Agency Coop Food	\$95,000.00
Warehouse/Community Kitchen maintenance/equipment	\$405,409.00
Food Purchase/Food Related Freight	\$950,000.00
Special Events	\$172,500.00
Fund Raising	\$595,665.00
Administrative/Office Supplies	\$164,144.00
Total Occupancy	\$428,727.00
Volunteer/Donor Relations/Marketing	\$340,150.00
Youth Services/Nutrition Education	\$1,064,499.00
Professional Services	\$78,100.00
Employee Benefits	\$383,690.00
Total Wages & Payroll Taxes	\$2,710,009.00

<sup>\*</sup>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, Inc.

**Financial Statements** 

June 30, 2017 and 2016

# Dare to Care, Inc.

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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, 2017 and 2016, 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.

Mountjoy Chilton Medley LLP

P 502.749.1900 | F 502.749.1930 2600 Meidinger Tower I 462 South Fourth Street I Louisville, KY 40202 www.mcmcpa.com I 888.587.1719

Kentucky Indiana Ohio

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

#### **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, 2017 and 2016, 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.

#### 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 the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), 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 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 September 25, 2017, 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

Mainty Childen Midly LLD

Louisville, Kentucky September 25, 2017

## Dare to Care, Inc. Statements of Financial Position June 30, 2017 and 2016

	2017	2016
Assets		
Current assets		
Cash and cash equivalents	\$ 2,435,819	\$ 1,438,173
Accounts receivable	7,845	6,016
Contributions and grants receivable	990,123	1,275,732
Inventory	3,561,670	4,869,001
Prepaid expenses and other current assets	28,082	44,106
Total current assets	7,023,539	7,633,028
Investments	6,090,652	5,845,030
Contributions and grants receivable, less current portion	483,792	-
Property and equipment, net	2,078,045	2,454,833
Total assets	\$ 15,676,028	\$ 15,932,891
Liabilities and net assets		
Current liabilities		
Accounts payable	\$ 85,159	\$ 149,219
Accrued expenses and other current liabilities	98,166	104,000
Total current liabilities	183,325	253,219
Net assets		
Unrestricted - undesignated	14,160,290	13,962,332
Unrestricted - Board designated	235,000	242,000
Unrestricted - Board designated endowment	54,589	
Total unrestricted net assets	14,449,879	14,204,332
Temporarily restricted	1,042,824	1,475,340
Total net assets	15,492,703	15,679,672
Total liabilities and net assets	\$ 15,676,028	\$ 15,932,891

## Dare to Care, Inc. Statements of Activities Years ended June 30, 2017 and 2016

		2017			2016		
		Temporarily		Temporarily			
	Unrestricted	restricted	Total	Unrestricted	restricted	Total	
Support and revenue							
Contributions and grants	\$ 5,813,963	\$ 1,767,749	\$ 7,581,712	\$ 4,612,069	\$ 1,800,766	\$ 6,412,835	
Donations of food and commodities	34,698,943	•	34,698,943	34,395,380	-	34,395,380	
In-kind donations for fundraising	111,464	•	111,464	147,273	_	147,273	
Special events	452,344	-	452,344	475,273		475,273	
Other revenues	168,641	-	168,641	148,519	-	148,519	
Income from investments	144,728	-	144,728	154,060		154,060	
Net realized gain on investments	74,347	-	74,347	104,690		104,690	
Net unrealized gain (loss) on investments	306,539	_	306,539	(137,086)	-	(137,086)	
	41,770,969	1,767,749	43,538,718	39,900,178	1,800,766	41,700,944	
Net assets released from restrictions	2,200,265	(2,200,265)		1,583,696	(1,583,696)	-	
Total support and revenue	43,971,234	(432,516)	43,538,718	41,483,874	217.070	41,700,944	
Expenses and losses							
Program services	41,173,624	•	41,173,624	38,483,605	_	38,483,605	
Administration	720,889	-	720,889	748,230	_	748,230	
Fundraising	1,682,814	-	1,682,814	1,748,403		1,748,403	
Impairment loss	148.360	-	148,360		-	-	
Total expenses and losses	43,725,687	-	43,725,687	40,980,238	-	40,980,238	
Change in net assets	245,547	(432,516)	(186,969)	503,636	217,070	720,706	
Net assets, beginning of year	14,204,332	1,475,340	15,679,672	13,700,696	1,258,270	14,958,966	
Net assets, end of year	\$ 14,449,879	\$ 1,042,824	\$ 15,492,703	\$ 14,204,332	\$ 1,475,340	\$ 15,679,672	

## Dare to Care, Inc. Statements of Functional Expenses Years ended June 30, 2017 and 2016

		2017					
		Program services			Supporting services		
	Food bank and emergency food	Community Kitchen	Kid's Café and backpack programs	Administration	Fundraising	Total	
Distribution of food and commodities	\$ 36,519,044	\$ 537,386	\$ 453,698	\$ -	\$ -	\$ 37,510,128	
Salaries/wages and benefits	1,328,847	325,021	90,591	505,218	397,632	2,647,309	
Payroll taxes	98,770	19,154	8,863	34,102	24,070	184,959	
Special events	-	-	-	-	350,330	350,330	
Public relations	7,419	2,167	_	176	856,086	865,848	
Rent	195,238	28,200	-	_	-	223,438	
Warehouse expenses	161,703	7,390	14,658	-	_	183,751	
Freight	538,946	-	-	_	_	538,946	
Truck expenses	60,616	7,309	6,699	-	-	74,624	
Insurance	52,600	10,248	684	5,745	3,395	72,672	
Utilities	90,880	26,112	839	5,523	3,314	126,668	
Telephone	19,157	1,639	460	383	1,140	22,779	
Repairs and maintenance	129,176	23,802	-	29,894	-	182,872	
Supplies and other office expenses	8,637	5,037	90	10,124	1,049	24,937	
Meetings, conferences, and travel	7,630	711	2,313	9,676	12,327	32,657	
Memberships and subscriptions	13,127	776	-	17,325	643	31,871	
Professional and consulting fees	19,221	-	146	32,104	20,368	71,839	
Bank and investment fees	24,129	-	2,413	9,651	12,064	48,257	
Other miscellaneous expenses	57,234	373	-	35,626	396	93,629	
Depreciation	206,380	57,321	770_	25,342	-	289,813	
	\$ 39,538,754	\$ 1,052,646	\$ 582,224	\$ 720,889	\$ 1,682,814	\$ 43,577,327	

	Program servic	es	Supportin	g services	
Food bank and emergency food	Community Kitchen	Kid's Café and backpack programs	Administration	Fundraising	Total
\$ 34,030,953	\$ 504,766	\$ 329.815	\$ -	\$ -	\$ 34,865,534
1,256,340	254,826	146,586	472,676	361,486	2,491,914
96,419	18,108	9,978	32,525	23,842	180,872
-	-	-	-	315,619	315,619
5,836	1,465	-	20,099	962,105	989,505
219,774	28,200	-	-	-	247,974
166,123	6,089	18,250	-	-	190,462
571,444	-	-	-	-	571,444
54,665	7,613	7,002	-	-	69,280
57,743	9,732	759	9,402	3,795	81,431
87,523	21,763	1,042	6,858	4,115	121,301
14,089	1,523	460	4,304	992	21,368
99,315	32,778	268	31,383	-	163,744
7,376	3,181	394	14,010	1,281	26,242
16,559	761	5,440	13,033	19,710	55,503
1,485	670	-	28,590	150	30,895
11,496	-	149	59,106	43,159	113,910
23,273	-	2,328	9,310	11,638	46,549
50,943	129	-	35,667	511	87,250
211,125	85,623	1,426	11,267		309,441
\$ 36,982,481	\$ 977,227	\$ 523,897	\$ 748,230	\$ 1,748,403	\$ 40,980,238

## Dare to Care, Inc. Statements of Cash Flows Years ended June 30, 2017 and 2016

	2017	2016
Cash flows from operating activities		
Change in net assets	\$ (186,969)	\$ 720,706
Adjustments to reconcile change in net assets to net cash		, , , , , , , ,
provided by (used in) operating activities		
Net realized and unrealized (gains) losses on investments	(380,886)	32,396
Contributions and grants restricted for purchases		,
of property and equipment	(10,000)	(67,700)
Donated property and equipment	-	(24,585)
Impairment loss on property and equipment	148,360	-
Loss on sales of property and equipment	-	14,759
Depreciation	289,813	309,441
Changes in assets and liabilities		
Accounts receivable	(1,829)	4,768
Contributions and grants receivable	(198,183)	(85,275)
Inventory	1,307,331	(1,035,608)
Prepaid expenses and other current assets	16,024	(2,064)
Accounts payable	(64,060)	83,970
Accrued expenses and other current liabilities	(5,834)	(29,493)
Net cash provided by (used in) operating activities	913,767	(78,685)
Cash flows from investing activities		
Proceeds from sales of investments	2,201,613	2,032,336
Proceeds from sales of property and equipment	_	57,000
Purchases of investments	(2,066,349)	(1,903,759)
Purchases of property and equipment	(61,385)	(427,422)
Net cash provided by (used in) investing activities	73,879	(241,845)
Cash flows from financing activities		
Proceeds from contributions and grants restricted for		
purchases of property and equipment	10,000	67,700
Change in cash and cash equivalents	997,646	(252,830)
Cash and cash equivalents, beginning of year	1,438,173	1,691,003
Cash and cash equivalents, end of year	\$ 2,435,819	\$ 1,438,173

### **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 250 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. <u>Basis of Accounting</u>: 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. <u>Basis of Presentation</u>: 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 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. <u>Use of Estimates</u>: 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. <u>Cash and Cash Equivalents</u>: 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. <u>Receivables</u>: 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.
- 6. <u>Inventory</u>: 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 State Department of Health, and food purchased by the Organization. Donated food and USDA commodities inventory (see Note D) is valued using the approximate average wholesale value per 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.

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

7. <u>Investments</u>: 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.

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.

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. When applicable, 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.

- 9. <u>Contributions and Grants</u>: 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. <u>Non-cash Contributions</u>: 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 53,000 and 50,000 volunteer hours during the years ended June 30, 2017 and 2016, respectively. Calculated at the federal minimum wage rate, the value of these volunteer hours totals approximately \$382,000 and \$359,000 for the years ended June 30, 2017 and 2016, respectively. Such volunteer services do not meet the requirements for recognition and, therefore, are not recorded in the accompanying financial statements.

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

- 11. <u>Functional Allocation of Expenses</u>: 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. <u>Advertising Costs</u>: The Organization expenses advertising costs, including media campaigns, as incurred. Such costs, which are largely reflected as fundraising expenses, total approximately \$273,700 and \$321,700 for the years ended June 30, 2017 and 2016, respectively.
- 13. <u>Freight Costs</u>: Freight costs, the costs associated with having food delivered to the Organization's warehouse, are expensed as incurred. Such costs total approximately \$538,900 and \$571,400 for the years ended June 30, 2017 and 2016, respectively.
- 14. <u>Income Taxes</u>: 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. <u>Subsequent Events</u>: 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.
- 16. Recently Issued Accounting Standards Updates: In August 2016, the FASB issued ASU No. 2016-14, Presentation of Financial Statements of Not-for-Profit Entities. ASU 2016-14 changes presentation and disclosure requirements for not-for-profit organizations to provide more relevant information about their resources (and the changes in those resources) to donors, grantors, creditors, and other users of the financial statements. This standard includes qualitative and quantitative requirements in the following areas: 1) net asset classes, 2) investment return, 3) expenses, 4) liquidity and the availability of resources, and 5) presentation of operating cash flows. The provisions of ASU 2016-14 are effective for the year ending June 30, 2019. Early adoption is permitted.

In May 2014, the FASB issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers*. The standard's core principle is that a company will recognize revenue when it transfers promised goods or services to customers in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods or services. This standard also includes expanded disclosure requirements that result in an entity providing users of financial statements with comprehensive information about the nature, amount, timing, and uncertainty of revenue and cash flows arising from the entity's contracts with customers. This standard will be effective for the year ending June 30, 2020.

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

16. Recently Issued Accounting Standards Updates (Continued): In February 2016, the FASB issued Accounting Standards Update (ASU) No. 2016-02, Leases, to improve financial reporting with respect to leasing transactions. ASU 2016-02 will require lessees to recognize a lease liability and a right-of-use asset with respect to all leases with terms of greater than twelve months. The lease liability will represent the lessee's obligation to make lease payments measured on a discounted basis, while the right-of-use asset will represent the lessee's right to use, or control use of, the underlying asset for the lease term. For leases with a term of twelve months or less, a lessee is permitted to make an accounting policy election by class of underlying asset not to recognize lease assets or lease liabilities. The provisions of ASU 2016-02 are effective for the year ending June 30, 2021. Early adoption is permitted.

Management is currently evaluating these accounting standards updates and the related impact thereof on the Organization's financial statements.

#### Note C - Concentrations

At various times throughout the year the Organization maintains balances in excess of federally insured limits. The Organization's investments in money market funds are uninsured.

For 2017 and 2016, the \$500,000 and \$1,000,000 amounts received from Yum! Brands Foundation, Inc. (see Note K) represents 7% and 16%, respectively, of total contributions and grants revenue. At June 30, 2016, the related receivable due from Yum! Brands Foundation, Inc. represents 68% of total contributions and grants receivable. There is no contributions and grants receivable concentration from Yum! Brands Foundation at June 30, 2017.

At June 30, 2017, receivables from two grantors represent 70% of total contributions and grants receivable. There were no concentrations from other grantors at June 30, 2016.

For 2017 and 2016, approximately 21% and 25%, respectively, of total support and revenue consists of revenue from USDA commodities received.

### Note D - Inventory

At June 30, 2017 and 2016, inventory consists of the following:

	2017	<u>7</u>	<u>2016</u>
Donated food USDA commodities Purchased food	2,574	\$,877 \$ \$,889 \$,904	1,004,692 3,611,485 252,824
	\$ 3,561	<u>,670</u> \$	4,869,001

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 \$1.61 and \$1.70 for the years ended June 30, 2017 and 2016, 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.

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

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, 2017 and 2016:

	<u>20</u>	<u>2017</u>		<u>2016</u>	
	<u>Pounds</u>	<u>Value</u>	Pounds	Value	
Received	15,887,000	\$ 25,603,521	14,358,000	\$ 24,410,973	
Distributed	15,962,000	\$ 25,785,070	14,495,000	\$ 24,650,868	

The Organization also receives and distributes commodities it receives from the 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 State Department of Health.

CSFP provides a monthly box of nutritious food products to low-income 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.

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, 2017 and 2016:

	<u>2017</u>		<u>2016</u>	
	<u>Pounds</u>	Value	<u>Pounds</u>	<u>Value</u>
Received	5,641,000	\$ 9,095,422	5,873,000 \$	9,984,407
Distributed	6,166,000	\$ 10,132,018	5,094,000 \$	8,686,586

## Note E--Contributions and Grants Receivable

At June 30, 2017 and 2016, contributions and grants receivable consist of the following:

	<u>2017</u>	<u>2016</u>
Estimated to be collected in less than one year Estimated to be collected in one to five years	\$ 990,123 505,000 1,495,123	\$ 1,275,732 
Less discounts to net present value	<u>21,208</u> <u>\$ 1,473,915</u>	\$ 1,275,732

Note F - Property and Equipment, net

At June 30, 2017 and 2016, net property and equipment consists of the following:

		<u>2017</u>		<u>2016</u>
Land	\$	94,241	\$	94,241
Buildings		2,461,578		2,448,826
Leasehold improvements		151,006		151,006
Warehouse equipment		722,089		722,089
Community Kitchen equipment		359,149		344,377
Office equipment, furniture, fixtures, and other		377,013		350,052
Vehicles		970,091		1,217,032
Construction in progress				148,360
		5,135,167		5,475,983
Accumulated depreciation		(3,057,122)		(3,021,150)
	<u>\$</u>	2,078,045	<u>\$</u>	2,454,833

Depreciation expense totals \$289,813 and \$309,441 for the years ended June 30, 2017 and 2016, respectively.

During 2017, the Organization's project to construct a new location for their operations has stalled due to funding issues. As of June 30, 2017, management deemed this project to be impaired as the Organization is not actively moving forward with the project at this time. The associated costs capitalized in 2016 consisting of architectural drawings and designs of \$148,360 have been recognized as an impairment loss during the year ended June 30, 2017.

### Note G - Board Designated Net Assets

As of June 30, 2017 and 2016, the Organization's Board of Directors (Board) had designated \$235,000 and \$242,000, 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 were designated by the Board in March to be expended during the next fiscal year.

Dare to Care, Inc. Notes to the Financial Statements (Continued) June 30, 2017 and 2016

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

At June 30, 2017 and 2016, temporarily restricted net assets consist of the following:

		<u>2017</u>		<u>2016</u>
Time restriction	\$	483,792	\$	-
Feeding Families program		386,000		348,000
Community Kitchen		87,000		120,000
Backpack program		60,882		89,140
New facility capital campaign		15,000		5,000
Purchasing/distribution of food		10,150		-
Yum! Brands Foundation, Inc. (see Note K)		_		869,707
Choose Healthy Options program		_		26,000
Summer Food Service Program for Children				,
(federal program)		_		11,370
Other		-		6,123
	<u>\$</u>	1,042,824	<u>\$</u>	1,475,340

Net assets released from restrictions consist of the following with respect to the years ended June 30, 2017 and 2016:

		<u>2017</u>	<u>2016</u>
Yum! Brands Foundation, Inc. (see Note K) Feeding Families program	\$	1,420,763	\$ 690,954
Backpack program		353,000 258,462	252,000 185,142
Community Kitchen Choose Health Options program		120,000 26,000	200,000
Summer Food Service Program for Children Other		13,544	42,726
Cooking Matters program		6,631 1,500	55,339 20,000
Equipment Refrigerated truck		365	9,135 50,000
Adult meals and elderly services New facility capital campaign		-	43,242
New facility capital campaign			 35,158
	<u>\$</u>	2,200,265	\$ 1,583,696

#### 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, 2017 and 2016.

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.

Funds held at the Louisville Community Foundation, Inc.: The underlying assets of the funds are valued primarily at the closing price reported on the active market on which the individual securities are traded. The funds are valued at the Fund's share of the net asset value of the comingled underlying assets.

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, 2017 and 2016

Note I - Fair Value Measurements (Continued)

At June 30, 2017, assets carried at fair value on a recurring basis consist of investments as follows:

	Level 1	Level 2	Level 3	<u>Total</u>
Money market funds	\$ 271,390	\$ -	\$ -	\$ 271,390
Fixed income securities  Domestic and international corporate		270 501		250 501
and other bonds U.S. government/government agency	-	378,501	-	378,501
obligations	_	929,806	_	929,806
Ostigations	_	1,308,307	_	1,308,307
Mutual funds				
Fixed income	610,660	-	-	610,660
Equity	774,576			<u>774,576</u>
	1,385,236		_	1,385,236
Index and exchange traded funds	936,394	-	-	936,394
Equity securities				
Information technology	523,311	-	-	523,311
Health care	325,350	-	-	325,350
Financials	317,800	-	-	317,800
Consumer discretionary	229,306	<del>-</del>	-	229,306
Industrials	211,828	-	-	211,828
Consumer staples	170,411	-	-	170,411
Energy	156,150	-	-	156,150
Telecommunication services	65,970	-	-	65,970
Materials	92,571	-	-	92,571
Utilities	42,039	-		42,039
	2,134,736	-	_	2,134,736
P. 1.1.11 and 1.1. 22				
Funds held at the Louisville		64.500		<i></i>
Community Foundation, Inc. (Note J)	-	54,589		54,589
	<u>\$ 4,727,756</u>	<u>\$ 1,362,896</u>	\$ -	\$ 6,090,652

Dare to Care, Inc. Notes to the Financial Statements (Continued) June 30, 2017 and 2016

Note I - Fair Value Measurements (Continued)

At June 30, 2016, assets carried at fair value on a recurring basis consist of investments as follows:

		Level 1		Level 2		Level 3		<u>Total</u>
Money market funds	\$	379,268	9	5 -	\$	-	\$	379,268
Fixed income securities  Domestic and international corporate								
and other bonds		-		307,494		-		307,494
U.S. government/government agency obligations		_		1,007,089		_		1,007,089
				1,314,583		-		1,314,583
Mutual funds								
Fixed income		672,510		-		-		672,510
Equity		619,114		-		-		619,114
		1,291,624	_	-		_	_	1,291,624
Index and exchange traded funds		649,474		-		-		649,474
Equity securities								
Information technology		448,310		-		-		448,310
Health care		311,294		-		_		311,294
Financials		308,406		-		-		308,406
Consumer discretionary		262,163		-		-		262,163
Industrials		248,042		-		-		248,042
Consumer staples		191,052		-		-		191,052
Energy		176,542		-		-		176,542
Telecommunication services		90,618		-		-		90,618
Materials		84,822		-		-		84,822
Utilities		43,032		-		-		43,032
Other		45,800					_	45,800
		2,210,081		-		_	_	2,210,081
	<u>\$</u>	4,530,447	<u>\$</u>	1,314,583	<u>\$</u>	_	<u>\$</u>	5,845,030

#### Note J - Endowment Funds.

The Organization funded a Board designated endowment fund with Louisville Community Foundation, Inc. (Foundation) during 2017 with an initial contribution of \$50,000. The endowment provides funding for the Organization's mission. The agreement with the Foundation provides that distributions from the fund are governed by the Foundation's distribution policy to determine the amount which will be made available annually for grants and will be funded from principal if necessary. In the event of the Organization's dissolution, the Organization reserves the right to name a successor organization to the Foundation fund. The Organization makes the determination of the amount to be distributed from the amount determined available by the Foundation.

### Note K - 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 consisted of funds raised by Yum! through its annual employee pledge campaign, which are then matched by Yum! The funds were transferred to Benevity, Inc. (Metro United Way through approximately half of 2016) and specifically designated for the Organization net of any administrative fees. Additional funding was to be provided directly by Yum! in an amount equal to the difference between the net amount received through Benevity, Inc. and \$1,000,000. At June 30, 2017 and 2016, the amount due to the Organization under this agreement totals \$- and \$869,707, respectively.

The annual commitment from Yum! was reduced to \$500,000 during the 2017 calendar year and management anticipates the annual commitment from Yum! to be reduced to \$250,000 during the 2018 calendar year. In consideration for this funding, the Organization agrees to provide various sponsorship opportunities for Yum!

## Note L - Special Events Fundraising Expense

Special events fundraising expense consists of the following for the years ended June 30, 2017 and 2016:

		<u>2017</u>		<u>2016</u>
In-kind items Event direct costs	\$	111,463 238,867	\$	147,273 168,346
	<u>\$</u>	350,330	<u>\$</u>	315,619

#### Note M - Operating Leases

During 2015, the Organization entered into a lease agreement to lease warehouse space. The lease was renewed during fiscal year 2017 for a term of 36 months expiring in March 2020. The Organization however has the option to terminate the lease after 24 months upon giving 120 days prior written notice. Subsequent to the 36 month lease term, the Organization may continue to lease the warehouse space on a month to month basis. When extending the lease the Company received a reduced monthly rent. The monthly payment due under this lease was \$18,314 and is \$12,135 as of April 1, 2017. Lease expense under this lease totals approximately \$195,300 and \$219,800 for the years ended June 30, 2017 and 2016, respectively.

During 2013, the Organization entered into a lease agreement to lease space in which it operates the Community Kitchen. The lease expired in December 2015. During 2016, Organization extended the lease through December 2018. The Organization however has the option to terminate the lease after 24 months upon giving 120 days prior written notice. The Organization has the option to extend this lease for up to two 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, 2017 and 2016.

During 2016 and 2017, the Organization entered into three vehicle leases. The vehicle leases range in expiration from February 2018 to August 2022. The monthly payments under these leases totaled approximately \$11,000 and \$3,300 for the years ended June 30, 2017 and 2016, respectively.

### **Note M - Operating Leases (Continued)**

At June 30, 2017, the future minimum lease payments under all non-cancelable operating leases are as follows (assumes each of the two building leases continue for the entire 36 month terms of the leases):

### Year Ending June 30

2018	\$ 195,296
2019	179,196
2020	116,556
2021	16,338
2022	 1,154
	\$ 508,540

### Note N - 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 \$12,716 and \$12,619 to Feeding America during the years ended June 30, 2017 and 2016, respectively.

#### Note O - 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, 2017 and 2016 totals approximately \$77,200 and \$70,400, respectively.

#### **Note P - 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.



Dare to Care, Inc. Schedules of Revenues and Expenses Years ended June 30, 2017 and 2016

	2017	2016			
Support and revenue	\$ 7,581,712	17.41%	\$ 6,412,835	15.38%	
Contributions and grants	\$ 7,581,712 34,698,943	79.70%	34,395,380	82.48%	
Donations of food and commodities	111,464	0.26%	147,273	0.35%	
In-kind donations for fundraising	452,344	1.04%	475,273	1.14%	
Special events	168,641	0.39%	148,519	0.36%	
Other revenues	144,728	0.33%	154,060	0.37%	
Income from investments	74,347	0.17%	104,690	0.25%	
Net realized gains on investments		0.70%	(137,086)	-0.33%	
Net unrealized gains (losses) on investments	306,539	0.7078	(157,000)	0.2370	
	\$ 43,538,718	100.00%	\$ 41,700,944	100.00%	
Expenses and losses					
Distribution of food and commodities	\$ 37,510,128	86.15%	\$ 34,865,534	83.62%	
Salaries/wages and benefits	2,647,309	6.08%	2,491,914	5.98%	
Payroll taxes	184,959	0.42%	180,872	0.43%	
Special events	350,330	0.80%	315,619	0.76%	
Public relations	865,848	1.99%	989,505	2.37%	
Rent	223,438	0.51%	247,974	0.59%	
Warehouse expenses	183,751	0.42%	190,462	0.46%	
Freight	538,946	1.24%	571,444	1.37%	
Truck expenses	74,624	0.17%	69,280	0.17%	
Insurance	72,672	0.17%	81,431	0.20%	
Utilities	126,668	0.29%	121,301	0.29%	
Telephone	22,779	0.05%	21,368	0.05%	
Repairs and maintenance	182,872	0.42%	163,744	0.39%	
Supplies and other office expenses	24,937	0.06%	26,242	0.06%	
Meetings, conferences, and travel	32,657	0.08%	55,503	0.13%	
Memberships and subscriptions	31,871	0.07%	30,895	0.07%	
Professional and consulting fees	71,839	0.17%	113,910	0.27%	
Bank and investment fees	48,257	0.11%	46,549	0.11%	
Other miscellaneous expenses	93,629	0.22%	87,250	0.21%	
Depreciation	289,813	0.67%	309,441	0.74%	
Impairment loss	148,360	0.34%		0.00%	
	\$ 43,725,687	100.43%	\$ 40,980,238	98.27%	

# Dare to Care, Inc. Schedule of Expenditures of Federal Awards Year ended June 30, 2017

Federal grantor / pass-through grantor / cluster and/or program title	Federal CFDA number	Pass-through entity identifying number	Federal expenditures	Non-cash financial assistance	Amounts provided to subrecipients
U.S. Department of Agriculture (Food and Nutrition Service)					
Passed-through the Kentucky Department of Education (Division of School and Community Nutrition) Child and Adult Care Food Program	10.558	11754	\$ 564,777	\$ -	<b>s</b> -
Passed-through the Kentucky Department of Education (Division of Nutrition and Health Services)					
Child Nutrition Cluster Summer Food Service Program for Children	10.559	11754	283,037	-	-
Passed-through the Indiana Department of Education (Division of School and Community Nutrition Programs)					
Child and Adult Care Food Program	10.558	1930100	53,657	-	-
Child Nutrition Cluster Summer Food Service Program for Children	10.559	1930100	7,863	-	
Passed-through the Kentucky Department of Agriculture (Division of Food Distribution)					
Food Distribution Cluster Commodity Supplemental Food Program The Emergency Food Assistance Program	10.565	1600002213	4,407,140	3,903,857	3,415,389
(Administrative Costs) The Emergency Food Assistance Program	10.568	1600002211	221,545	-	-
(Food Commodities)	10.569	1600002211	5,325,737	5,325,737	5,325,737
Passed-through the Indiana State Department of Health					
Food Distribution Cluster The Emergency Food Assistance Program (Administrative Costs)	10.568	17126	52,928	-	-
The Emergency Food Assistance Program (Food Commodities)	10.569	17126	902,424	902,424	902,424
Total expenditures of federal awards			\$ 11,819,108		
Total non-cash financial assistance				\$ 10,132,018	
Total amounts paid to subrecipients					\$ 9,643,550
Total U.S. Department of Agriculture			\$ 11,819,108		
Total Child Nutrition Cluster			\$ 290,900		
Total Food Distribution Cluster			\$ 10,909,774		

Dare to Care, Inc.
Notes to the Schedule of Expenditures of Federal Awards
June 30, 2017

### 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 Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). 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, 2017.

### Note C - Non-cash Financial Assistance

The values of U.S. Department of Agriculture (USDA) commodities 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, 2017 includes an estimate of non-monetary expenditures (distribution of USDA commodities) in the amount of approximately \$3,904,000.

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, 2017 includes an estimate of non-monetary expenditures (distribution of USDA commodities) totaling approximately \$6,228,000.

The estimated inventory value of undistributed USDA commodities as of June 30, 2017 totals approximately \$2,575,000.

### Note D - Subrecipients

During the year ended June 30, 2017, the Organization distributed a total of approximately \$10,132,000 (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 \$9,644,000 of which was distributed to subrecipients (approximately 95% of the USDA commodities distributed between the two programs).

During the year ended June 30, 2017, the Organization provided approximately \$45,000 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.

Dare to Care, Inc. Notes to the Schedule of Expenditures of Federal Awards (Continued) June 30, 2017

# **Note E - Indirect Rate**

The Organization does not use the 10% de minimis indirect rate allowed in the Uniform Guidance, section 414.



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, 2017, 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 September 25, 2017.

# **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 Dare to Care, Inc.'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.

-23-

**Mountjoy Chilton Medley LLP** 

Kentucky Indiana Ohio P 502.749.1900 | F 502.749.1930 2600 Meidinger Tower | 462 South Fourth Street | Louisville, KY 40202 www.mcmcpa.com | 888.587.1719

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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)

## **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*.

### 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 Dare to Care, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Dare to Care, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Mountjoy Chilton Medley LLP

Mainty Chillen Midly LLD

Louisville, Kentucky September 25, 2017



Independent Auditor's Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance in Accordance with the Uniform Guidance

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 U.S.Office of Management and Budget (OMB) 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, 2017. 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 the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Those standards and the Uniform Guidance 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, 2017.

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Mountjoy Chilton Medley LLP

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Kentucky

# Independent Auditor's Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance in Accordance with the Uniform Guidance (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 the Uniform Guidance, 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 the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Mountjoy Chilton Medley LLP

Munty Childen Midly LLD

Louisville, Kentucky September 25, 2017 Dare to Care, Inc. Schedule of Findings and Questioned Costs June 30, 2017

Section I-Summary of Auditor's Re	esults			
Financial Statements				
Type of auditor's report issued:			unmodified	
Internal control over financial reporti	ng:			
<ul> <li>Material weakness(es) identified</li> </ul>	fied?	yes	<u>X</u> _no	
<ul> <li>Significant deficiency(ies) id not considered to be materia</li> </ul>		yes	Xno	
Noncompliance material to financial	statements noted?	yes	<u>X</u> no	
Federal Awards				
Internal control over major programs	:			
Material weakness(es) identified	fied?	yes	<u>X</u> no	
<ul> <li>Significant deficiency(ies) id not considered to be materia</li> </ul>		yes	Xno	
Type of auditor's report issued on cor	npliance for major progr	ams:	unmodified	
Any audit findings disclosed that are in accordance with section 2 CFR 20	-	yes	<u>X</u> no	
Identification of major programs:				
Federal <u>CFDA number</u>	<u>Cluster an</u>	ıd/or program titl	<u>2</u>	
Food Distribution Cluster				
10.565	Commodity Su	pplemental Food	Program	
10.568	The Emergency (Administrative	/ Food Assistance /e Costs)	e Program	
10.569	The Emergency (Food Commo	y Food Assistance odities)	e Program	

Section I-Summary of Auditor's Results (Continued	
Federal Awards (Continued)	
Dollar threshold used to distinguish between type A and	d type B programs: \$750,000
Auditee qualified as low-risk auditee under Section 520 of the Uniform Guidance?	X_yesno
Section II-FindingsFinancial Statement Audit	
None	

Dare to Care, Inc. Schedule of Prior Audit Findings and Their Resolution June 30, 2017	
Financial Statement Audit	
None	
Major Federal Award Program Audit	

None

# PUBLIC DISCLOSURE COPY

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

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

*****	***********	vanue Service Information about Form 990 and its instructions is a	1016-01-10-10-1-1-1-1-1-1-1-1-1-1-1-1-1-	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		Inspection
A	For t	he 2016 calendar year, or tax year beginning $ extstyle extstyle$	nding J	UN 30, 20	17	
В	Check applica	ir C Name of organization		D Employeride	ntificatio	n number
	Add chad	DARE TO CARE, INC.				
Γ	Nam					
	Initia	i l	oom/suite	E Toloobana suu		******************
	Fina	D O BOX 35458	oon#suite	E Telephone nur		3821
٠	retu: term ated	ins				
Γ	Ame			G Gross receipts \$		15,359,444.
ļ	iretui App			H(a) Is this a grou		
٠	peni	IF Name and address of principal officer: DALAN ALEMDEAU		for subordina H(b) Are all subordina		Yes X No
1	Tax-e	xempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	* *		see instructions)
		ite: WWW.DARETOCARE.ORG		H(c) Group exemp	-	•
K	Form	organization; X Corporation Trust Association Other	I Year o	<del></del>	<del></del>	e of legal domicile; KY
***********	art I		1 - 1001 0		ri iai Orare	o or legal duriners, xe x
	1	Briefly describe the organization's mission or most significant activities: LEADIN	VG TH	E COMMINT	TY TO	FEED
Governance	-	THE HUNGRY AND CONQUER THE CYCLE OF NEED.	.,			111111
ğ	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its ne	t assets.	
õ	3	Number of voting members of the governing body (Part VI, line 1a)			3	19
ص ص	4	Number of independent voting members of the governing body (Part VI, line 1b)	žajoterki akki i i		4	19
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	67
Activities &	6	Total number of volunteers (estimate if necessary)			6	12171
Ćŧi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		Ī	7a	0.
	ě.	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
	dist			Prior Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)	7	10,955,488	3. 4	2,392,119.
Revenue	9	Program service revenue (Part VIII, line 2g)	-		).	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		268,925	5.	219,075.
ă.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		308,173		270,654.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,532,586		2,881,848.
	13			34,865,534		$\frac{27,501,010}{7,510,128}$ .
	14	Deposits and to se for manching (Dart IV ashum (A) line (i)			:: - <u>-</u>	7,310,120.
c#	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,672,787		2,832,268.
Expenses	ŧ.		t is showd	587,697		536,294.
ě		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)  1,332,484	101444	301,031		330,234.
X				2,548,775		3 340 307
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	····  ,			2,348,307.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,674,793		3,226,997.
- 0	19	Revenue less expenses. Subtract line 18 from line 12	Arrest	857,793	<del></del>	-345,149.
Net Assets or Fund Balances				inning of Current Ye		End of Year
Sse	20	Total assets (Part X, line 16)		.5,932,892		5,676,028.
A P	21	Total liabilities (Part X, line 26)		253,219		183,325.
Z	22	Net assets or fund balances. Subtract line 21 from line 20		.5,679,673	. 1	5,492,703.
-	********	Signature Block				
Unde	er pena	ities of perjury, I declare that I have examined this return, including accompanying schedules an	nd statemer	its, and to the best of	my know	ledge and belief, it is
true,	corre	t, and complete. Declaration of preparat (other than officer) is based on all information of which	preparer h	as any knowledge.	1	
				173	70	18
Sign	1	Signature of officer		Date	. •	
Here	9	BRIAN RIENDEAU, EXECUTIVE DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name  Preparer's signature S. PLUI	O · Da	91.068		DTIN
Paid		REBECCA L. PHILLIPS, CPA	إعم	if self-em	aloy	
Prep	arer	Firm's name MOUNTJOY CHILTON MEDLEY LLP		Firm's EIN	_	
Use	Only	Firm's address 462 S. FOURTH ST., SUITE 2600			-	
	•	LOUISVILLE, KY 40202-3445		Phone in (	502)	749-1900
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		1		X Yes No

	m 990 (2016) DARE TO CARE, INC.	Page 2
100	art 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.	
	nee.	
		*****
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X 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, a	.nd
	revenue, if any, for each program service reported.	
4a		)
	DISTRIBUTED OVER 16 MILLION MEALS, INCLUDING 7.1 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	3
	KIDS CAFE, BACKPACK BUDDY, AND MOBILE PANTRY.	
4b		<u> </u>
	COMMUNITY KITCHEN - THE KITCHEN PREPARES AND SERVES APPROXIMATELY 1.	500
	MEALS PER DAY, FIVE DAYS A WEEK, TO OUR 34 KIDS CAFE SITES.	
		<del></del>
4c	(Code: ) (Expenses \$ 582,224 • including grants of \$ ) (Revenue \$	
-10	(Code: ) (Expenses \$ 582,224. including grants of \$ ) (Revanue \$ KIDS CAFE PROGRAM - THIS PROGRAM PROVIDES FREE, PREPARED, NUTRITIOU	)
	MEALS TO FOOD-INSECURE CHILDREN. IN ADDITION TO A NUTRITIOUS MEAL,	<u>S</u>
	CHILDREN ALGO DARRIGIDADE IN ADDITION TO A NOTRITIOUS MEAL,	
	CHILDREN ALSO PARTICIPATE IN ACTIVITIES SUCH AS TUTORING, COMPUTER	
	LABS, ARTS & CRAFTS, AND ATHLETICS.	·
	DAGEDAGE DUDDE DOGDAY BUTG DOGG	
	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 LUNCHES AND SCHOOL BREAKFASTS.	
	DARE TO CARE FOOD BANK PROVIDES THE BACKPACKS AND THE FOOD TO AREA	
	SCHOOLS. OUR DIETICIAN APPROVES 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 TAK	E
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4e	Total program service expenses ► 41,173,624.	

Form 990 (2016) DARE TO CARE, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	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		1	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, * complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes, * complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		- 43
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			300
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		T	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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	İ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	1		
40	***************************************	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		_	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	····
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form 990 (2016) DARE TO CARE, INC.

Part IV Checklist of Required Schedules (continued)

20a Dit the organization operate one or more hospital facilities // "Complete Schedule // Dit the organization appared to accept on a sudder financial statements to this return?  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization are port more than \$5,000 of grants or other assistance to any domestic organization or domestic organization are port more than \$5,000 of grants or other assistance to any domestic organization or domestic organization are port more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column // (A) in 27 // "Yes," complete Schedule /, Fart I and // II and former officeru, directors, trustees, key employees, and highest compensation of the organization's current and former officeru, directors, trustees, key employees, and highest compensation are than \$100,000 as of the last day of the year, that was sixuad after December \$1, 2002 // "Yes," answer lives 24th through 24d and complete Schedule /, If "Yes," answer lives 24th through 24d and complete Schedule /, If "Yes," answer lives 24th through 24d and complete Schedule /, If "Yes," answer lives 24th through 24d and complete Schedule /, If "Yes," answer lives 24th through 24d and complete Schedule /, If "Yes," answer lives 24th through 24d and complete Schedule /, If "Yes," answer lives 24th through 24d and complete Schedule /, If "Yes," answer lives 24th through 24d and complete Schedule /, If "Yes," and a section 34th 24th 24th 24th 24th 24th 24th 24th 2	200	Did the agenting in the second of the second		Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic openiment on Part X, Column (A), line 17 if 19%; complete Schedule I, Part A and II .  22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, count No, line 27 if 19%; complete Schedule I, Part I and III .  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I V, section A, line 3, 4, or 5 about compensation of the organization in a susteen susteed state possesses, key employees, and highest compensated employees? If "Yes," complete Schedule IV, II vivo, to line 25a .  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/II "Yes," answer lines 24b through 24d and complete Schedule IV. II vivo, to line 25a .  25b Did the organization have at tax-exempt bonds beyond a temporary period exception?  26c Ut the organization and an area or an behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  27d Did the organization and an area or an behalf of issuer for bonds outstanding at any time during the year?  25a Section 50 (10(3)), 501(4)(4), and 501(4)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction have the complete Schedule I, Part IV  25b Did the organization report any amount on Part X, line 5, 6, or 22 for reservables from or payables to any current or former officer, and yet the prior that the prior that the prior that the pr			<u> </u>	ļ	X
domestic government on Part IX, column (A), line 17 if "viss," complete Schedule I, Parts I and II  2			20b		ļ
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic inclividuals on Part IX, country () in 22 II "Yes, complete Schedule / Part II and III and II	21				1,,
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III and III and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 20 III and 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 atter December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule A III More 25a 24b 24b 25chedule K. If "No", go to line 25a 25chedule K. If "No", go to line 25chedul	00		21	ļ	<u>X</u>
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Did the organization have a tax-excempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer fires 24b through 24d and complete Schedule K. If No.', go to the 25a  5 Did the organization invest any proceeds of tax-excent bonds beyond a temporary period exception?  5 Did the organization invest any proceeds of tax-excent bonds beyond a temporary period exception?  5 Did the organization invest any proceeds of tax-excent bonds beyond a temporary period exception?  5 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  5 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  5 Section 50 (1)(3), 501(6)(4), and 501(6)(22) organizations. Of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  5 Is the organization aware that tengaged 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-EZ7 If "Yes," complete Schedule L, Part II  5 Did the organization report any amount on Part X, line 5, or 22 for receivables from or payables to any current or former officers, directors, trustees key employees, highest compensated employees, and disqualified persons? If "Yes," complete Schedule L, Part III  7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees substantial conflictuotr or employees thereof, grant as leading to member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable liting thresholds, conditions, and	22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
Schedule J  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25b.  24a	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December \$1, 2002? If "Yes," answer lines 24b through 24d and complete \$\$chedule K. If "No", go to line 25s \$25 \$200. \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25			23	x	
is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If No", go to line 25a  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<del> </del>
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escorw account other than a refunding escrew at any time during the year to defease any tax-exempt bonds?  24c d Did the organization act as an "on behalf of issuer for bonds cutstanding at any time during the year?  25d Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations, 2014 the organization engage in an excess benefit transaction with a disqualified person during the year?  25a Is section so the disqualified person during the year?  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction 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, or disqualified persons? If "Yes," complete Schedule L, Part II is the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for indirect owner? If "Yes," complete Schedule L, Part IV instructions for indirect owner? If "Yes," complete Schedule L, Part IV instructions for indirect owner? If "Yes," complete Schedule L, Part IV instructions for		######################################	24a		X
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 590 or 990-EZ? If "Yes," complete Schedule L, Part I	þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(a), 501(c)(d), and 501(c)(g2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	C		24c		
25a Section 901(c)(3), 901(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   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-E27 If "Yes," complete Schedule L, Part I   25b   X    25b   X   2	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<b></b>	<b></b>
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-E27 // "Yes," complete Schedule L, Part I					
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I			25a		х
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I    25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II    26	b				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M.  29 Life the organization incurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule M.  30 Life t		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			17
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	20	* ************************************	25b		Y
complete Schedule L, Part II	20				
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III 27 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 filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 31 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part II 32 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 34 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b  36 Section 501(c)(3) organizations. Did the organization make any		complete Schedule L, Part II	26		х
of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b X  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I    32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  34 Was the organization organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizati	27				
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  288		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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 director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c		of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M.  28c	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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? If 'Yes," complete Schedule L, Part IV  28c  X  29  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  X  30  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30  X  31  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31  X  32  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33  X  34  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a  X  36  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note.					
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? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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 51(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.			28a		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  1 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  The "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		X
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Note. All Form 990 filers are required to complete Schedule 0		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
		Note. All Form 990 tilers are required to complete Schedule O	38		

Form 990 (2016)

DARE TO CARE, INC.

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to contain the line of the line

	Check if Schedule O contains a response or note to any line in this Part V	********	*********************		· · · · · · · · · · · · · · · · · · ·	
				************	Ye	s No
16	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	6		
t	The applicable	1b		0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportal	ole gaming			
	(gambling) winnings to prize winners?		******************************	10	X	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	6	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retr	urns?	**********************	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)	***********			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		**************	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		*****************	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	l accour	t)?	4a		X
þ	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	*******	************	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	********************	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	the orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?	*********	*******************	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or	gifts			
	were not tax deductible?	******		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pr	ovided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?		************	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract	?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract? _	***********	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 889	9 as required?	<u>7g</u>	<u> </u>	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the				
_	sponsoring organization have excess business holdings at any time during the year?		**********	8	A SAUSSACTION OF SAUS	
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
р О	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	********	: # # \$ # \$ # # # # # # # # # # # # # #	9b		and the second
	Section 501(c)(7) organizations. Enter:	F				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
b 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	10b	***************************************	-		
-	Gross income from members or shareholders	11				
	你会不可明明的证明的证据的证据的证据的证据的证据的证据的证据的证据的证据的证据的证据的证据的证据的	11a		4		
U	Gross income from other sources (Do not net amounts due or paid to other sources against					
24	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	11b				
ea h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1		12a	Silver and the	androt Statistic
3		12b		-		
	Section 501(c)(29) qualified nonprofit health insurance issuers,			<b>-</b>		<del> </del>
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.		PRV54+8614884884444444	13a	agest and	
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
J	organization is licensed to issue qualified health place	ایما				
c	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13b		1		
4a	Did the organization require only neumonts for independent and a second of the second	13c				X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14a		_
		· · · · · · ·		14b	900	(2010)
				r UH	ココリ	(2016)

Form 990 (2016)

DARE TO CARE, INC.

Page
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	34**************************					X		
Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		19					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 19  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer.								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?		*****************		2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	ſ	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		X		
6	Did the organization have members or stockholders?				6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	point	one or	- 1					
	more members of the governing body?				7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or						
	persons other than the governing body?		,		7b	1	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:						
а	The governing body?				8a	х	n - Grandeline or -		
þ	Each committee with authority to act on behalf of the governing body?				8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the	···					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9	. 1	Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)	11.fI					
			······································	************		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	. affiliates.	Γ					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		,		10b	.			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	/ befor	e filing the form	?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ŭ						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			ľ	12a	Х	Mark to Shide		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	icts?	```	12b	X			
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *Ye	s," des	scribe	``` <b>\</b>					
	in Schedule O how this was done				12c	X			
	Did the organization have a written whistleblower policy?				13	X			
14	Did the organization have a written document retention and destruction policy?			"	14	X			
15	Did the process for determining compensation of the following persons include a review and approva	by inc	lependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			100	15a	X	STAGRAMMENT		
b	Other officers or key employees of the organization			"	15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wit	th a						
	taxable entity during the year?				16a	AT 450000000 AG	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	rticipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's						
	exempt status with respect to such arrangements?		-		16b	ALC: SHEET S.			
-	ion C. Disclosure			<u></u>	100 1				
17	List the states with which a copy of this Form 990 is required to be filed ▶KY	****							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	n 501(c)(3)s onl	//) ar	ailahl				
	for public inspection. Indicate how you made these available. Check all that apply.	,	55 (5)(5)5 5111	1 / av	anaul	-			
	X Own website Another's website X Upon request Other (explain i	n Sche	dule (1)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con			and t	inan-	ial			
	statements available to the public during the tax year,	mor of	missi ear policy, i	aliu i	iii idi iC	ıdı			
	State the name, address, and telephone number of the person who possesses the organization's boo	ke and	records:						
	RAY WILLIAMS - 502 966 3821	no aliu							
	P.O. BOX 35458, LOUISVILLE, KY 40228								

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe 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 συγισπτ 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 r	4	org	aniza	ation	ı co	mpe	nsa	ted any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	-	1	<u> </u>	Т	T	T	from the	from related	other
	hours for	frustae or direction				773	l	organization	organizations (W-2/1099-MISC)	compensation from the
	related	ie Or	*			386		(W-2/1099-MISC)	(11 22 1000 MIGO)	organization
	organizations	teres.	Institutional trustee	ĺ	2365	Highest conspensated employee				and related
	below	Individual	2	¥9.	Key emproyed	lest ayes	iei			organizations
	line)	2	E SE	Officer	Æ,	E E	Figure 1			
(1) KEITH MEYERS	2.00									
CHAIR		X		X				0.	0.	0.
(2) WENDY JACOB	2.00									
CHAIR ELECT		X		X				0.	0.	0.
(3) GRETTA FELDKAMP	2.00	1								
SECRETARY		X		X				0.	0.	0.
(4) GREG POPE	2.00									
TREASURER		X		X				0.	0.	0.
(5) FRANK POLION	2.00					<u> </u>				
BOARD MEMBER		X						0.	0.	0.
(6) MICHAEL LELAND	2.00									
BOARD MEMBER		X				L		0.	0.	0.
(7) BRETT MICHEL	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) DAVID COMBS	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) STEVE CORZINE	2.00									
BOARD MEMBER		X						0.	0.	0.
(10) SHARELL SANDVOSS	2.00									
BOARD MEMBER (BEGAN TERM 12/2016)		X						0.	0.	0.
(11) MAGIE KEITH	2.00				********					
BOARD MEMBER		X		l				0.	0.	0.
(12) ASHLEY BUTLER	2.00									······
BOARD MEMBER		Х		-				0.	0.	0.
(13) JOHN HACKETT	2.00									
BOARD MEMBER EMERITUS		Х		-				0.	0.	0.
(14) GREG BAIRD	2.00				********					
BOARD MEMBER		X	1	ŀ				0.	0.	0.
(15) MICHAEL SADOFSKY	2.00						-	······································		
BOARD MEMBER EMERITUS		X						0.	0.	0.
(16) LISA DEJACO	2.00			_						
BOARD MEMBER		Х						0.	0.	0.
(17) CARLY LAUNIUS	2.00			7						
BOARD MEMBER (BEGAN TERM 12/2016)		х	l	-				0.	0.	0.

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A)	(B)	Т			<del></del>	-X		(D)	(E)	***************************************	(F)
Name and title	Average	١.,		Pos	itior	1		Reportable	Reportabl	e	Estimated
	hours per	box	, wate	ss pe	rson	than is bot	h an	1 .	compensat		amount of
	week	├	cer ar	d ≋ d	irecto	or/trus	tes)	from	from relate	ed	other
	(list any	åirect⊛i					İ	the	organizatio		compensation
	hours for related	ar di	20			3		organization	(W-2/1099-M	ISC)	from the
	organizations	ustee	trus		30	E S		(W-2/1099-MISC)			organization
	below	Test Test	sonal		Sloye	\$508 ree					and related organizations
	line)	Indendyal mystee or	Institutional trustee	Otto	жэ өтдөж	Mykest companisated employee	Forme				organizations
(18) ELIZABETH WESTER	2.00	_		_							
BOARD MEMBER (BEGAN TERM 12/2016)		Х						0.		0.	0.
(19) LAURA MEILLO BARNUM	2.00								***************************************	<del></del>	***************************************
BOARD MEMBER		X						0.		0.	0.
(20) BRIAN RIENDEAU	40.00										
EXECUTIVE DIRECTOR				X				140,252.		0.	20,043.
(21) RAYMOND WILLIAMS	40.00										
CHIEF FINANCIAL OFFICER				X				60,326.		0.	17,274.
									,		
											***************************************
											***************************************
1b Sub-total						l	>	200,578.		0.	37,317.
c Total from continuation sheets to Part VI	I, Section A $_{\cdot\cdot}$					J		0.	····	0.	0.
d Total (add lines 1b and 1c)								200,578.		0.	37,317.
Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	,000 of reportab	ole	
compensation from the organization									***************************************		1
2 Did the average patient that any favorer affice.					1_		1	kintanak anamanan akantan		ſ	Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su	m of reportable		mne		tion	and		or componentian from	the examination		3 X
and related organizations greater than \$150	nnor reportable	cou	mnle	iisa ita S	cha	dula	1 #	ier compensation nom i or euch individual	irie organization	·	4 X
5 Did any person listed on line 1a receive or a											4 21
rendered to the organization? If "Yes," com											5 X
Section B. Independent Contractors	oroto oorrogan		<i>-</i>	· • · · · ·		· · · · ·		ANACHEAN AND THE ANALYSIS OF T	****************		<u> </u>
Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontr	acto	rs t	hat received more than	\$100,000 of cor	npens	ation from
the organization. Report compensation for										•	
(A)							T	(B)			(C)
Name and business	address					***************************************	$\perp$	Description of s		C	ompensation
FEEDING AMERICA							- 1	FOOD/FREIGHT			
1601 PAYSPHERE CIRCLE, CH						<u> </u>	1	MEMBERSHIP DI	UES		961,905.
RUSS REID, 2 NORTH LACK A	AVE, SUI	TE	6	0.0	,						
PASADENA, CA 91101								FUNDRAISING			536,294.
GORDON FOOD SERVICES, 324					~ 4	<b>~</b>		FOOD AND RELA	ATED		
INDUSTRIAL DRIVE, SHEPHER	USVILLE	,	KY	4	01	65		SUPPLIES			331,458.
SHEEHY & ASSOCIATES		_		4.0			- 1	MEDIA AND			AAA
2297 LEXINGTON ROAD, LOUI	SVILLE,	K	Y T	40	20	10	-	ADVERTISING			289,017.
COMMERCE CENTER ONE LLC, CIRCLE SUITE 700, LOUISVI	ייש שוד: 110 DAD ביידו	120	L'Ni	. O '7			L	יייטויים און משטי	ממאבות פוס		105 220
2 Total number of independent contractors (in					**********	o lic		SFP WAREHOU	·····		195,238.
\$100,000 of compensation from the organization	•	J ( 111 )			6	_	rea	above) who received m	iore nigit		

Form 990 (2016) DARE TO CARE, INC.
Part VIII Statement of Revenue

1 a Fodorated campaigns   1 a Fodorated ca				Check if Schedule O con	tains a respons	se or note to any	line in this Part VIII			
1 a Federated campaigns   12   15   16   16   16   16   16   16   16							(A)	Related or exempt function	Unrelated business	from tax under sections
Section   Sect	ints	<u> </u>	1 a	Federated campaigns	1a					012 011
Second   S	E S	3								
Second   S	ts,		C	Fundraising events	1c	111,464				
Second   S	<u> </u>	1	d	Related organizations	1d				100	
Second   S	ns,					10,812,111				
Second   S	it a		f							
Second   S	훈			similar amounts not included abo	ve 1f					
Second   S	out	!					1			
2 a	0 6	+	h	Total. Add lines 1a-1f	iliantasikasikasi		···			
Total Add lines 2a-2f	Ф	,	, ,			Business Cod	e			
Total Add lines 2a-2f	Ž,	~		·			<u> </u>			<u> </u>
Total Add lines 2a-2f	Ser			***************************************			-			
Total Add lines 2a-2f	e a	-			<del>~,</del>					
Total Add lines 2a-2f	eg.									
3 investment income (including dividends, interest, and other similar amounts).  4 income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents	ď	1	f	All other program service reve	nue					
144,728			g	Total. Add lines 2a-2f	***************************************	<u></u>				
1		3								
1				other similar amounts)	**********************	<b>&gt;</b>	144,728			144.728.
O   Real   (i)   Personal   (ii)   Personal   (iii)   Personal   (iii)   Personal   (iii)   Personal   (iii)   Personal   (iiii)   Personal   (iiii)   Personal   (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		4		Income from investment of tax	<-exempt bond	proceeds >				
Fig.   Fig.		5		Royalties		010000000000000000000000000000000000000				
B Less: rental expenses   C Rental expenses   C Rental income or (loss)					(i) Real	(ii) Personal				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 2, 2, 201, 513. d Net gain or (loss) 7 4, 347. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 111, 464. of contributions reported on line 1c). See Part IV. line 18 a Less: direct expenses b 350, 330. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory. less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS INCOME 900099 168,641. 12 168,641. 158,641. 168,641. 170al revenue. See instructions.  10 a Gross ancome frow see instructions.  10 a Gross ancome from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS INCOME 900099 168,641. 168,641. 168,641. 170al revenue. See instructions.  10 a Gross ancome from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS INCOME 900099 168,641. 168,641. 170al revenue. See instructions.		6	а	Gross rents						
The state of the			þ	Less: rental expenses						
7 a Gross amount from sales of assets other than inventory						<u> </u>				
assets other than inventory   b   Less: cost or other basis   2,127,266 .     c   Gain or (loss)   74,347 .     d   Net gain or (loss)   111,464  of contributions reported on line tc). See   Part IV. line 18   a   452,343 .     b   Less: direct expenses   b   550,330 .     c   Net income or (loss) from fundraising events   b   102,013 .     b   Less: direct expenses   b   c   Net income or (loss) from gaming activities. See   Part IV. line 19   a   b   Less: direct expenses   b   c   Net income or (loss) from gaming activities. See   Part IV. line 19   a   b   Less: direct expenses   b   c   Net income or (loss) from gaming activities.   Miscellanaeous Revenue   Business Code     11 a   MISCELLANEOUS INCOME   900099   168,641 .     b   c   C   d   All other revenue   e   Total. Add lines 11a-11d   168,541 .     12   Total revenue. See instructions.   42,881,848 .   0, 0, 0, 489,729 .		_					Motor is another mountains, a state of state of			
b Less: cost or other basis and sales expenses   2,127,266		<b>'</b>	а						part of all parts	100
and sales expenses 2,127,266. c Gain or (loss) 74,347. d Net gain or (loss) 74,347.  8 a Gross income from fundraising events (not including \$ 111,464. of contributions reported on line 1c). See Part IV. line 18 a 452,343. b Less. direct expenses b Contributions reported on line 1c). See Part IV. line 19 a B Less: direct expenses b Contributions or from gaming activities. See Part IV. line 19 a B Less: direct expenses b Contributions or from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV. line 19 a B Less: direct expenses b Content income or (loss) from gaming activities. See Part IV.			h	•	2,201,613	<del> </del>	4			
C Gain or (loss)			U		2 127 266					
Net gain or (loss)   74,347.   74,347.   74,347.			c	Gain or (loss)	74 347	<del></del>				
8 a Gross income from fundraising events (not including \$ 111,464. of contributions reported on line 1c). See Part IV. line 18			d	Net gain or (loss)		<u></u>	74 347			74 247
Including \$ 111,464, of contributions reported on line 1c). See   Part IV, line 18	o	8								74,347.
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS INCOME 900099 168,641.  b c d All other revenue e Total. Add lines 11a-11d 102,013.  102,013.  102,013.  102,013.  102,013.  102,013.	nue									
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS INCOME 900099 168,641.  b c d All other revenue e Total. Add lines 11a-11d 102,013.  102,013.  102,013.  102,013.  102,013.  102,013.	ě									
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS INCOME 900099 168,641.  b c d All other revenue e Total. Add lines 11a-11d 102,013.  102,013.  102,013.  102,013.  102,013.  102,013.	er			Part IV, line 18	a	452,343.				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS INCOME 900099 168,641.  b c d All other revenue e Total. Add lines 11a-11d 102,013.  102,013.  102,013.  102,013.  102,013.  102,013.	th D		b	Less: direct expenses	,,,,,, b	350,330.				
Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 900099 168,641. 168,641. 168,641. 168,641. 168,641. 17 Total revenue. See instructions. 168,641. 168,641. 17 Total revenue. See instructions. 17 Total revenue. See instructions. 17 Total revenue. 1881,848 Total						<b>&gt;</b>	102,013.			102,013.
b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11 a MISCELLANEOUS INCOME 900099 168,641. 168,641. 168,641. 168,641. 168,641. 168,641. 168,641. 17. 168,641. 168,64		9								
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS INCOME 900099 168,641.  b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  168,641.  170 168,641.  180 168,641.  180 168,641.  180 168,641.  180 168,641.  180 168,641.  180 168,641.  180 168,641.  180 168,641.				Part IV, line 19	a					
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS INCOME 900099 168,641.  b c d All other revenue e Total. Add lines 11a-11d 168,641.  12 Total revenue. See instructions. 168,641.			b	Less: direct expenses	b					
and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 168,641.  b c d All other revenue e Total. Add lines 11a-11d 168,641.  12 Total revenue. See instructions. 168,641.						<b>&gt;</b>				
b Less: cost of goods sold b c Net income or (loss) from sales of inventory		10	d	and allowerson	eturns					
C Net income or (loss) from sales of inventory           Miscellaneous Revenue         Business Code           11 a MISCELLANEOUS INCOME         900099           b         168,641.           c         d All other revenue           e Total. Add lines 11a·11d         168,641.           12 Total revenue. See instructions.         42,881,848.           0.         0.           489,729.	l		h	I peer cost of goods sold	a					
Miscellaneous Revenue         Business Code           11 a MISCELLANEOUS INCOME         900099         168,641.         168,641.           b c d All other revenue         168,641.         168,641.           e Total. Add lines 11a·11d         168,641.         168,641.           12 Total revenue. See instructions.         42,881,848.         0.         0.         489,729.										100
11 a MISCELLANEOUS INCOME 900099 168,641. 168,641.  b	Ì	********				Business Code			and the same of th	and the second second
b	ľ	11	a <sup>1</sup>			<del></del>	168.641.		and the second second	168 641
d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  12	-	1	b .		***************************************					200,041.
e Total. Add lines 11a-11d			c [							
e Total. Add lines 11a-11d			d i	All other revenue						
0, 203,723.			e ´	Total. Add lines 11a-11d	***************		168,641.			
					***************	<b>&gt;</b>	42,881,848.	0.	0.	489,729.

Form 990 (2016) DARE TO CARE, INC.
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).

	tion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respo				
Do	not include amounts reported on lines 6b,			(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
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	37,510,128.	37,510,128.		
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	237,715.		237,715.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			23777231	
7	Other salaries and wages	2,144,498.	1,565,103.	222,646.	356,749
8	Pension plan accruals and contributions (include	,		222,030	220,143
	section 401(k) and 403(b) employer contributions)	75,185.	50,871.	12,718.	11,596
9	Other employee benefits	189,911.	128,485.	32,139.	29,287
10	Payroll taxes	184,959.	126,787.	34,102.	24,070
11	Fees for services (non-employees):		-	,	
а	Management				
b	Legal				
	Accounting	24,030.		24,030.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	536,294.			536,294
	Investment management fees	48,257.	26,542.	9,651.	12,064
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	47,809. 329,554.	19,367.	8,074.	20,368
12	Advertising and promotion		9,586.	176.	319,792
13	Office expenses	693,157.	662,493.	27,832.	2,832
14	Information technology				
15	Royalties				
16	Occupancy	716,729.	677,998.	35,417.	3,314.
17	Travel				····
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	32,657.	10,654.	9,676.	12,327.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	289,813.	264,471.	25,342.	
23	Insurance	72,672.	63,532.	5,745.	3,395.
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 0.)				
а	MISCELLANEOUS EXPENSE	93,629.	57,607.	35,626.	396.
b					
C					
d					
	All other expenses	10.00			
	Total functional expenses. Add lines 1 through 24e	43,226,997.	41,173,624.	720,889.	1,332,484.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1		1	
		į	i	1	
	educational campaign and fundraising solicitation.  Check here				

Form 990 (2016)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	~*.!?\!;;_#\$\r\#\r\#\#\q\#\#\\\\\\\\\\\\\\\\\\\\\\		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	566,141.	1	314,284
2	Savings and temporary cash investments	873,088.	2	2,121,535
3	Pledges and grants receivable, net	1,275,732.	3	1,473,915
4	Accounts receivable, net	15,244.	4	7,845
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			
3	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	4,869,001.	8	3,561,670
9	Prepaid expenses and deferred charges	33,823.	9	28,082
108	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 5,135,167.	2 454 022		2 270 245
	Less: accumulated depreciation 10b 3,057,122.	2,454,833.	10c	2,078,045
11	Investments · publicly traded securities	4,530,447.	11	4,727,756
12	Investments - other securities, See Part IV, line 11	1,314,583.	12	1,362,896
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	15,932,892.	15	15,676,028
16	Total assets. Add lines 1 through 15 (must equal line 34)	225,699.	16	170,825
17	Accounts payable and accrued expenses	223,033.	17 18	110,023
19	Grants payable Deferred revenue	27,520.	19	12,500
20	Tax-exempt bond liabilities	21,5201	20	12,500
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
- 1	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	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		25	
26	Total liabilities. Add lines 17 through 25	253,219.	26	183,325.
	Organizations that follow SFAS 117 (ASC 958), check here			
:	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets	14,204,333.	27	14,449,879.
28	Temporarily restricted net assets	1,475,340.	28	1,042,824.
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	15,679,673.	33	15,492,703.
34	Total liabilities and net assets/fund balances	15,932,892.	34	15,676,028.

Forn	1990 (2016) DARE TO CARE, INC.			a	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			40.00		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,88		
2	Total expenses (must equal Part IX, column (A), fine 25)	2	43,22		
3	Revenue less expenses. Subtract line 2 from line 1	3	-34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,67		
5	Net unrealized gains (losses) on investments	5	30	6,5	<u>39.</u>
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	-14	8,3	60.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15,49	2,7	03.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	,	*******		LX
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	*******	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	***********	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2016)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

2016
Open to Public

rm990. Inspection
Employer identification number

DARE TO CARE, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) ElN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 DARE TO CARE, INC.

[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.)

Se	ction A. Public Support				**************************************		***************************************
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	<u> </u>	) /	1	(4) 2510	(6) 2010	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	31,477,286.	33,455,858.	38,080,979.	40,955,488.	42,392,119.	186,361,730.
2	Tax revenues levied for the organ-			<u> </u>	, , ,	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ization'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	31,477,286.	33,455,858.	38,080,979.	40,955,488.	42,392,119.	186,361,730.
	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)						32,677,134.
6	Public support. Subtract line 5 from line 4.	P. Britanian Land		10 July 10 Jul	and the second		153,684,596.
	ction B. Total Support					200 1 1000 1000	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	31,477,286.	33,455,858.	38,080,979.	40,955,488.	42,392,119.	186,361,730.
	Gross income from interest,						
	dividends, payments received on			ĺ			
	securities loans, rents, royalties						
	and income from similar sources	201,704.	165,764.	143,658.	154,060.	144.728.	809,914.
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.)	26,252.	22,415.	151,126.	148,519.	168,641.	516,953.
11	Total support. Add lines 7 through 10						187,688,597.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,986,461.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here			-		<b>&gt;</b>
Sec	tion C. Computation of Publi	ic Support Per	centage		······································		
14	Public support percentage for 2016 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	81.88 %
15	Public support percentage from 2015	Schedule A, Part I	I, line 14	*********		15	84.06 %
16a	33 1/3% support test - 2016. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2015. If the o	rganization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2016, If the orga	nization did not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more.
	and if the organization meets the "fact	ts-and-circumstand	es" test, check th	is box and stop he	ere. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		<b>▶</b> □
b	10% -facts-and-circumstances test	- 2015. If the orga	nization did not cl	neck a box on line	13, 16a, 16b. or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test. ]	he organization o	ualifies as a public	ly supported orga	nization	
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	<b>D</b>
						dula A (Farm 000	

# Schedule A (Form 990 or 990-EZ) 2016 DARE TO CARE, INC. [Part III] Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	ziow, piease com	ipiete rait ii.)				
		T		T	T	
Calendar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in					I	
any activity that is related to the						
organization's tax-exempt purpose					<u> </u>	
3 Gross receipts from activities that		}				
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-		·	<del> </del>	<u> </u>		<del></del>
- 1					1	
ization's benefit and either paid to						
or expended on its behalf		<del> </del>		ļ		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					-	
6 Total, Add lines 1 through 5						
*	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del> </del>		<u> </u>	┪	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				ļ		
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					-	
c Add lines 7a and 7b	**************************************					
8 Public support. Satisfies Telephone   Section B. Total Support		1				
······		1	· · · · · · · · · · · · · · · · · · ·	T	T	
Calendar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest,					ł	
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>F</b>		<u> </u>			<del>- </del>	~
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975			<u> </u>			
c Add lines 10a and 10b		1	1		1	
11 Net income from unrelated business	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
activities not included in line 10b,						
whether or not the business is						
regularly carried on					-	
12 Other income. Do not include gain or loss from the sale of capital					-	
assets (Explain in Part VI.)				<u> </u>		
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization	's first second this	rd fourth or fifth t	ax vear as a secti	on 501(c)(3) or	ganization.
	·					<b>&gt;</b>
Section C. Computation of Publi					*****************	
	<del></del>				T .= 1	
15 Public support percentage for 2016 (li	• • • • • • • • • • • • • • • • • • • •	•	*** ***********************************		15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inves	stment Incom	ne Percentage				
17 Investment income percentage for 20	16 (line 10c. colu	ımn (f) divided by li	ne 13. column (f))		17	%
18 Investment income percentage from 2						%
						<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
19a 33 1/3% support tests - 2016. If the						WIE IN ISHOF
more than 33 1/3%, check this box ar	•					
b 33 1/3% support tests - 2015. If the						
line 18 is not more than 33 1/3%, che	ck this box and	stop here. The org	anization qualifies	as a publicly sup	ported organiz	ation
20 Private foundation. If the organization						
200000 00 34 15						m 990 or 990-E7\ 2016

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yas," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a	60 and	
3b		
3c		
4a	Septiment.	
4b		
5a 5b		
<u>5c</u>		
7		
8		487-14
9a		
9b		
9c	- 1	
90 10a	- 1	
10b		

	dule A (Form 990 or 990-EZ) 2016 DARM 10 CIME, THO			
Pai	rt IV   Supporting Organizations (continued)	<u>-</u>	VanT	Nc
	the following governors		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		A447.7890FE
	below, the governing body of a supported organization?	11b		
b	A family member of a person described in (a) above?	11c		
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
Sec	tion B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			,,,,
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		7	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	MANAGAMBATO PO	son-values.
_	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	- AMBRECH CARL	1. Linksky colemn
Sac	tion C. Type II Supporting Organizations			
	MON OF TYPO II OUPPORTING OF STATE OF S		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
٠	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 Part VI 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.	2a	. regadeti in	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	1200	C 20000 200
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	The second	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u></u>

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	na Orc	anizations	Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	no trust	on Nov. 20, 1970 (evoluin in E	Part 1/1 \ See instructions Al
	other Type III non-functionally integrated supporting organizations must d	omplete	Sections A through E.	art vi.) See insudctions. Ar
Sec	tion 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 grass 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			N*************************************
	collection of gross income or for management, conservation, or	l		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		······································
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		······································
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting organ	ization (see
	instructions).	. •	**	/===

Schedule A (Form 990 or 990-EZ) 2016

	edule A (Form 990 or 990-EZ) 2016 DARE TO CARE  Irt V   Type III Non-Functionally Integrated 50	, INC.	ganizatione		Page 7
Sec	tion D - Distributions	o(u)(o) oupporting org	continued)	Current Va	
1	Amounts paid to supported organizations to accomplish ex	emnt nurooses		Current Yea	11
2	Amounts paid to perform activity that directly furthers exem			<del> </del>	
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organization	ns	<u> </u>	**************
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	<del></del>			
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which	the organization is responsiv	e		
	(provide details in Part VI). See instructions	•			
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributabl Amount for 20	
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reason-				
	able cause required- explain in Part VI). See instructions				
3	Excess distributions carryover, if any, to 2016:				
а			and the second second		
b				27	
С	From 2013				
d	From 2014			and the second	
е	From 2015				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				***************************************
1	Carryover from 2011 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2016 distributable amount				220022000000000000000000000000000000000
С	Remainder. Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2016. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions				
7	Excess distributions carryover to 2017. Add lines 3j				
	and 4c				
8	Breakdown of line 7:				
а					
b	Excess from 2013				Fr. Jan St.
С	Excess from 2014				
d	Excess from 2015				
e	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-E	Z) 2016 DAKE	TO CARE,	INC				Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec Section D, lines 5,	I Information. lines 1, 2, 3b, 3c stion D, lines 2 and 6, and 8; and Pa	Provide the expla , 4b, 4c, 5a, 6, 9a, d 3; Part IV, Section rt V, Section E, line	nations required b 9b, 9c, 11a, 11b, on E, lines 1c, 2a, 2 es 2, 5, and 6. Also	by Part II, line 10; Pa and 11c; Part IV, Se 2b, 3a, and 3b; Part b complete this part	rt II, line 17a or 1 ction B, lines 1 a V, line 1: Part V, S for any additiona	7b; Part III, line 12; nd 2; Part IV, Section Section B, line 1e; Pa Il information.	n C, art V,
	(See instructions.)							•••••••••••••••••••••••••••••••••••••••
***************************************	······································			······································		······		······································
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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. 1545-6047

Name of the organization

Employer identification number

DZ	ARE TO CARE, INC.	
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 <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General Rule		
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1. Complete Parts I and II.	
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.	
year, contributions is checked, enter h purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the section se	
•	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule 8 (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) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization Employer identification number DARE TO CARE, INC. Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 X Person Payroll 1,432,762. Noncash (Complete Part II for noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 2 Person Payroll X 8,306,399. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3 Person Payroll 2,088,600. Noncash X (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 4 Person Payroli 1,355,620. Noncash X (Complete Part II for noncash contributions.) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll X 3,416,304. \$ Noncash (Complete Part II for noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution

6

Person Payroll

Noncash (Complete Part II for

3,893,890.

Employer identification number

# DARE TO CARE, INC.

Part   FOOD PRODUCTS	
\$ 8,306,399.  (a)	(d) Date received
(a)   (b)   (c)   FMV (or estimate)   (see instructions)   (a)   (a)   (b)   (c)   FMV (or estimate)   (see instructions)   (a)   (a)   (b)   (c)   FMV (or estimate)   (see instructions)   (a)   (c)   FMV (or estimate)   (see instructions)   (a)   (b)   (c)   FMV (or estimate)   (see instructions)   (a)   (a)   (b)   (c)   FMV (or estimate)   (see instructions)   (a)   (a)   (b)   (c)   FMV (or estimate)   (see instructions)   (a)   (c)	
(a) No. from Part I FOOD PRODUCTS  (a)	
No. from Part I POOD PRODUCTS  (a) No. from Description of noncash property given	<del></del>
S	(d) Date received
(a) No. from Part I    FOOD PRODUCTS	
(a) No. (b) FMV (or estimate) (See instructions)  4 FOOD PRODUCTS  (a) (b) FMV (or estimate) (See instructions)  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) (c) FMV (or estimate) (See instructions)  FOOD PRODUCTS  (a) (a) (b) (c) FMV (or estimate) (See instructions)  (a) (a) (c) FMV (or estimate) (See instructions)  (a) (c) FMV (or estimate) (See instructions)  (a) (c) FMV (or estimate) (See instructions)  (a) (c) FMV (or estimate) (See instructions)	
No. from Part I    FOOD PRODUCTS	
Co	(d) Date received
(a) No. From Description of noncash property given  FOOD PRODUCTS   (a) No. From Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) No. From Description of noncash property given (See instructions)  FOOD PRODUCTS  (b) FMV (or estimate) (See instructions)  (a) No. FOOD PRODUCTS  (b) FMV (or estimate) (See instructions)	
(a) No. from Description of noncash property given (See instructions)    FOOD PRODUCTS	
No. from Part I  See instructions)  FMV (or estimate) (See instructions)  FMV (or estimate) (See instructions)  \$ 3,416,304.  (a) (b) FMV (or estimate) (See instructions)  (b) FMV (or estimate) (See instructions)  FMV (or estimate) (See instructions)  FMV (or estimate) (See instructions)  (a) (b) FMV (or estimate) (See instructions)  (b) FMV (or estimate) (See instructions)	
No. from Part I    FOOD PRODUCTS	
FOOD PRODUCTS	(d) Date received
(a) No. from Part I  (b) FMV (or estimate) (See instructions)  (a) FOOD PRODUCTS  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) No. from Description of noncash property given  (c) FMV (or estimate) (See instructions)	
(a) No. from Part I  6  FOOD PRODUCTS  (b)  \$ 3,893,890.  (c)  \$ 3,893,890.  (d)  No. from Description of noncash property given  (c)  FMV (or estimate) (See instructions)	
No. from Description of noncash property given  FMV (or estimate) (See instructions)  FOOD PRODUCTS  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions)	
(a) No. from Description of noncash property given  \$ 3,893,890.  (c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. (b) FMV (or estimate) (See instructions)	
(a) (c) No. (b) FMV (or estimate) from Description of noncash property given (See instructions)	
No. (b) FMV (or estimate) (See instructions)	
	(d) Date received
\$ Schedule B (Form 990, 99	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Employer identification number Name of organization DARE TO CARE, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(/), (8), of (10) that total more than \$1,000 for Part III 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 link, shock > \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions: Complete Part III.			
Name of organization			Empl	over identification number
	CARE, INC.			***************************************
Part I-A Complete if the org	janization is exempt un	der section 501(c	or is a section 527 o	rganization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>	ures	· ·	**************************************	
Part I-B   Complete if the ord	anization is exempt un	der section 501(c)	\(3).	
1 Enter the amount of any excise tax 2 Enter the amount of any excise tax 3 If the organization incurred a sectio 4a Was a correction made?	incurred by the organization un incurred by organization manaç n 4955 tax, did it file Form 4720	der section 4955 gers under section 495 of for this year?	<b>&gt;</b> \$ 5	Yes No
Part I-C Complete if the org				
1 Enter the amount directly expended 2 Enter the amount of the filing organ exempt function activities 3 Total exempt function expenditures line 17b 4 Did the filing organization file Form 5 Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	ization's funds contributed to o s. Add lines 1 and 2. Enter here 1120-POL for this year? inployer identification number (E tion listed, enter the amount pa comptly and directly delivered to	ther organizations for s and on Form 1120-POI  IN) of all section 527 p id from the filing organ a separate political org	section 527  \$  olitical organizations to whic ization's funds. Also enter the ganization, such as a separa	Yes No the filing organization a amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

Sched	ule C (Form 990 or 990-EZ) 2016	DARE '	TO CAR	E, INC.			Page 2
	II-A   Complete if the org	ganizatio	n is exe	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).				D. W. J. C. J. J.	h . 1	
A Che					Part IV each affiliated	group member's nam	e, address, EIN,
B Che	expenses, and sha			expenditures). nd "limited control" pro	visions annly		
b Che		,,,,,,,			violens appry.	(a) Filing	(b) Affiliated group
			oying Exper eans amou	nditures ints paid or incurred.)		organization's totals	totals
1a 7	Fotal lobbying expenditures to infl	uence pub	lic opinion (	grass roots lobbying)			
	Fotal lobbying expenditures to infl						
сΤ	Fotal lobbying expenditures (add l	ines 1a and	d 1b)				
d (	Other exempt purpose expenditur	es ,,					
	Total exempt purpose expenditure						
f_L	obbying nontaxable amount. Ent	er the amo	unt from the	e following table in bot	h columns.		
	f the amount on line 1e, column (a) o	or (b) is;	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1.00	0,000		O plus 15% of the exc			ALCOHOLD ST
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			100	(4) H. (4)		
Over \$17,000.000 \$1,000,000.							
g Grassroots nontaxable amount (enter 25% of line 1f)							
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0-							
						L	<u> </u>
	f there is an amount other than ze					Г	Yes No
r	reporting section 4911 tax for this	year?		eraging Period Under			
	(Some organizations t		a section 5	01(h) election do not	have to complete all	of the five columns b	elow.
				ate instructions for li			
		Lobi	ying Expe	nditures During 4-Yea	ar Averaging Penou	T	I
	Calendar year (or fiscal year beginning in)	(a)	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a l	obbying nontaxable amount						·
	Lobbying ceiling amount						
(	(150% of line 2a, column(e))						
_ c `	Total lobbying expenditures						
		1					
	Grassroots nontaxable amount	C 1980 C 1544 C 10 189					<u> </u>
	Grassroots ceiling amount						
	(150% of line 2d, column (e))						
	^						
t (	Grassroots lobbying expenditures	1		L	<u> </u>	L	I,,,,,

Schedule C (Form 990 or 990-EZ) 2016

# Schedule C (Form 990 or 990-EZ) 2016 DARE TO CARE, INC. [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 57 of (election under section 501(h)).

For each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed description	(	a)	(	b)
of the lobbying activity.	Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
, •		Х		
a Volunteers?     b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	,	X		
	***************************************	X		
c Media advertisements? d Mailings to members, legislators, or the public?	·····	X		
		X	***************************************	
Publications, or published or broadcast statements?     Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	- 25		500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		300.
	-	X		
かけままののまままだっただかは「カレットを「はなったかましたできまえだなったからないか」というままなな、またいとままななったからないとままながり「そまままのなかままり」を考えまれたがあった。	1.0871.00011.00	21	****	500.
j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	er Paris Marian Tole	JUU.
		A.		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4).	on 501(a)	(5) or oo	ation	
501(c)(6).	on 501(c)	i(o), or se	cuon	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior yea	r? 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Parl		ne 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				****
c Total	. 4.5	2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		****
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:	**********		····	
DARE TO CARE STAFF MET WITH KY STATE GOVERNMENT OFFIC	IALS F	REGARD	ING TH	Æ
KENTUCKY ASSOCIATION OF FOOD BANK'S FARM TO FOOD BANK	PROGE	RAM. DZ	ARE TO	)
CARE STAFF ALSO HELD MULTIPLE MEETINGS WITH METRO LOU	ISVILI	LE COUI	NCIL	
MEMBERS AND STAFF OF THE MAYOR'S OFFICE REGARDING FUN	DING 1	IN THE	METRO	)
LOUISVILLE BUDGET. THE \$500 EXPENSE RELATED TO THIS		*************		
	Schedu	ile C (Form	990 or 990	D-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 DARE TO CARE, INC.  Part IV Supplemental Information (continued)
COST OF MEALS AND TRAVEL FOR THESE ACTIVITIES. DARE TO CARE EXECUTIVE
DIRECTOR, BRIAN RIENDEAU, ALSO SPOKE WITH LAWMAKERS IN WASHINGTON DC IN
SUPPORT OF THE CHILD NUTRITION REAUTHORIZATION ACT. HIS EXPENSES WERE
REIMBURSED BY FEEDING AMERICA, AN UNRELATED HUNGER RELIEF ORGANIZATION.

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Employer identification number

Name of the organization DARE TO CARE, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990. Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat 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 Held at the End of the Tax Year 2a a Total number of conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? 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" on 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 on 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 on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Schedule D (Form 990) 2016

Schei	dule D (Form 990) 2016 DARE TO	CARE, INC	•						Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a sigr	ificant use of	its collection	n items
-	(check all that apply):								
а	Public exhibition	d	<u> </u>	oan or exch	nange progran	ns			
b	Scholarly research	е		)ther			***************************************		
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exemp	ot purpose in l	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	r similar a	ssets		
-	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	illection?		************	Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the	organizatio	n answered "\	res" on Fo	orm 990, Part	IV, line 9, or	
L	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for o	ontribution	s or other ass	ets not in	cluded	·	·
	on Form 990, Part X?		4 1 7 4 7 <b>4 4</b> 5 7 <b>8 4 1 4</b>		********		*************	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:			<del></del>		
								Amoun	<u> </u>
С	Beginning balance	0 U - V 2 A - <b>1 A - 1 A - 2 A -</b>		******		********	1c		,,
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f	<del></del>	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial accou	ınt liability	?	Yes	⊢ No
b	If "Yes." explain the arrangement in Part XIII.	Check here if the ex	cplanatio	n has been	provided on f	art XIII .			
Pai	t V Endowment Funds. Complete i	f the organization an	swered	'Yes" on Fo					
		(a) Current year	(b) P	ior year	(c) Two years	back (d	) Three years b	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								·····
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			<del> </del>	<u> </u>				
f	Administrative expenses								
g	End of year balance				<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
	Permanent endowment >	%							
c	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	ınd administe	red for the	organization		[; <del>, [</del> ;,
	by:							[a (a)	Yes No
	(i) unrelated organizations	**************************************						3a(i)	<u> </u>
	(ii) related organizations	**************************************				******	**************************************	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	chedule R?	) 			3b	LL
4	Describe in Part XIII the intended uses of the	e organization's ende	owment	funds.		····	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Pa	rt VI Land, Buildings, and Equipm	nent.			o E 000	V 19	10		
	Complete if the organization answere							L.11.D	
	Description of property	(a) Cost or o			t or other	. ,	cumulated	(a) Boo	ok value
		basis (invest	ment)		(other)	qepi	eciation	-	4,241.
1a	Land				4,241.	1 4	83,298.		8,280.
	Buildings				51,578. 51,006.		49,585 <b>.</b>	<del>                                     </del>	1,421.
c	Leasehold improvements				8,251.		54,874.	50	3,377.
	Equipment		·····				69,365.		0,726.
<u>e</u>	Other	<u> L</u>		9 /	70,091.		09,303.		8.045.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	art X	Other	Liabilities.
--	-------	-------	--------------

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			]
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		

<sup>2.</sup> 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 X

Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	n Revenue per F	letur	n.
<del></del>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements	100000000000000000000000000000000000000	********************	1	43,538,717
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		306,539.		
b	Donated services and use of facilities	2b			
¢	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	306,539
3	Subtract line 2e from line 1		1941-446-591-184-644-66	3	43,232,178
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b			1	
	Other (Describe in Part XIII.)		-350,330.		
C	Add lines 4a and 4b	••••••	**********************	4¢	-350,330
5				5	42,881,848
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Hetu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			,	
1	Total expenses and losses per audited financial statements		*******************	1	43,725,687
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Donated services and use of facilities				
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		498,690.	100	
e	Add lines 2a through 2d	/+1/-++/-++·++	**;;******************	2e	498,690.
	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	**************************************	3	43,226,997.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)				_
С	Add lines 4a and 4b	•40000000000000000000000000000000000000		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	************	491444444444444444444444444444444444444	5	43,226,997.
-	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			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 add	litional infor	mation.		
DAD	T X, LINE 2:				
EME	I A, DINE 4:				
THE	ORGANIZATION HAS BEEN GRANTED EXEMPT STA	שנום שי	י חינופי דאוחיפים	NT % T.	ם פיזומיאודדם
7 111	ORGANIZATION HAD DEEN GRANIED EXEMPT SIA	103 DI	THE THIEK	MATI	KEAFMOF
SER	VICE UNDER INTERNAL REVENUE CODE SECTION	501/C)	/3\ x < x x x	ONT.	DDAGTM
OBL	VICE ONDER INIBIDARI REVENOE CODE SECTION	201(C)	(3) AB A N	OIN-	PROFIT
ORG	ANIZATION THAT IS NOT A PRIVATE FOUNDATION	NI ACC	יחסטדאומדע י	NTO .	DDATTOTAN
OIC	ANIZATION THAT IS NOT A FRIVATE FOUNDATION	IV. ACC	ORDINGLI,	NO.	PROVISION
ΩD	LIABILITY FOR FEDERAL INCOME TAXES HAS BE	ENT TATE	יו דאד מיסרודזי	בדדד	
OK	DIADIUITI FOR PEDERAD INCOME TAXES HAS BE.	EM TMC	TODED IN T	nc	
A CC	OMPANYING FINANCIAL STATEMENTS.				
ACC	OMPANIING PINANCIAL STATEMENTS.		····		
wur	אן אחסן דראסן פי שעם הפראאנדקאשור או הפרטראנדקשם	TIME		113 m	* **
MUE	N APPLICABLE, THE ORGANIZATION RECOGNIZES	UNCER	TAIN INCOM	F .I.	AX
DOC	TOTANG HOTNO DUE "MODE LIVELV DUAN NOM" A	א א מממ	III AC DESTA	mn ·	TM (11111 3.00
FUS	ITIONS USING THE "MORE-LIKELY-THAN-NOT" A	PPRUAL	n as Derin	ធ្នា	IN THE ASC.
NΩ	SUCH UNCERTAIN TAX POSITIONS HAVE BEEN RE	ਹਾ ਹਿਆ	יי הדוות ד <b>ו</b> ד רוי	~~~	ለብጉ <b>አ</b> ሕተናለ ተገላተረጥ
710	DOCH ONCENTARY TAX FUBILITONS HAVE BEEN RE	FUECTE	A THE A	<u> </u>	MEAMITING
FIN	ANCIAL STATEMENTS.				

Schedule D (Form 990) 2016 DARE TO CARE, INC.	Page 5
Part XIII   Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-350,330.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	350,330.
IMPAIRMENT LOSS	148,360.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	498,690.
TOTAL TO SCREDULE D, FART ATT, DINE 2D	170,030.
	O-1

# SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. ➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

DARE TO	CARE, INC.					namber
	Complete if the organization answ	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not
1 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	e X Solicita  f X Solicita g X Special  or oral agreement with any individua  Part VII) or entity in connection with providuals or entities (fundraisers) pursue	tion of tion of I fundra I (includer profess	non-g gover aising ding o ional	povernment grants rement grants events officers, directors, true fundraising services?	stees, or X	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr fræve of or con cantrib	aiser ustody	(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
RUSS REID - 2 N LACK AVE, #600, PASADENA, CA 91101	DIRECT MAILING	Yes	No x	1,551,939.	504,523.	1,047,416.
					AA	
Total  3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	<b>▶</b> utions	1,551,939. s or has been notified	504,523. I it is exempt from re	1,047,416. egistration
KY						
				· · · · · · · · · · · · · · · · · · ·		

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

Schedule G (Form 990 or 990-EZ) 2016

	,	of fundraising event contributions and gr	ross income on Form 99	0-EZ, lines 1 and 6b. List	events with gross recei	ots greater than \$5,000.
			(a) Event #1 GOVERNORS CUP	(b) Event #2 TASTE OF DERBY	(c) Other events	(d) Total events (add col. (a) through
ω.			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	166,886.	181,433.	215,488.	563,807.
	2	Less: Contributions		61,464.	50,000.	111,464
	3	Gross income (line 1 minus line 2)	166,886.	119,969.	165,488.	452,343.
	4	Cash prizes	1,500.	750.		2,250.
Ø	5	Noncash prizes			84.	84.
Direct Expenses	6	Rent/facility costs	1,708.	7,725.	9,348.	18,781.
irect E)	7	Food and beverages	16,532.	50,776.	23,405.	90,713.
۵	8	Entertainment	102 106		3,300.	3,300.
	9	Other direct expenses	123,196.	31,841.	80,165.	235,202.
		Direct expense summary. Add lines 4 through Net income summary, Subtract line 10 from li		**		350,330.
Pa				1990 Part IV line 19 or	reported more than	102,013.
		\$15,000 on Form 990-EZ, line 6a.			reported more train	
Φ	~~~		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes%	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)	7444300-70-4444	<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7				
_						
		er the state(s) in which the organization condu				
a b	IS U If "N	ne organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
~						
						· · · · · · · · · · · · · · · · · · ·
10a b	Wer	re any of the organization's gaming licenses re 'es," explain:	voked, suspended, or te	rminated during the tax y	/ear?	Yes No
63208	2 09-	-12-16			Schedule G (For	n 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 DARE TO CARE, INC.			Page 3
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	ا مما	í	
b An outside facility	13a 13b	<del> </del>	<u>%</u> %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	·	
Name ▶	***************************************		
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	, <u> </u>	Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization			
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?	·	/es	☐ 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			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ines 9, 9	∌b, 10	b, 15b, 
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	34.		
		***************************************	
	<del></del>		
(I) NAME OF FUNDRAISER: RUSS REID			***************************************
(I) ADDRESS OF FUNDRAISER: 2 N LACK AVE, #600, PASADENA, CA 913	L <b>01</b>	***********	

Schedule G (Form 990 or 990-EZ) DARE TO CARE, INC.  Part IV Supplemental Information (continued)	Page 4
· · ·	
	***************************************

#### SCHEDULEI (Form 990)

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

2016

Department of the Treasury Internal Revenue General		▶ Informat	ton about Schedule	Attach to Fo		at www.irs.anv/form9	an	Open to Public Inspection
Name of the organizati	ാറ				is man dedona to	at www.ma.gov/nonmo	50;	Employer identification number
	DARE TO C							
	formation on Grants a						······································	······································
<ol> <li>Does the organize</li> </ol>	ation maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibili	ty for the grants or as	sistance, and the selec	otion
criteria used to a	ward the grants or assi	istance?	*** ***********************************	TO STATE OF THE ST				Yes X No
2 Describe in Part	IV the organization's pr	ocadures for more	towing the use of gran	t funds in the Unite	d States.			
Part II Grants and	d Other Assistance to	Domestic Organ	izations and Domest	ic Governments, (	Complete if the org	anization answered **	Yes" on Form 990, Par	t IV, line 21, for any
recipient th	nat received more than	\$5,000, Part II car	be duplicated if add	tional space is nee	død.			•
	dress of organization ernment	(b) El™	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Armount of non-cash assistance	(f) Method of valuation fock, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	· · · · · · · · · · · · · · · · · · ·							
						***************************************		
2 Enter total number 3 Enter total number	or of section 501(©)(3) a or of other organizations	nd government or s listed in the line						
LHA For Paperwork I				*******************		*************	Bernandaran (27), 282-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	

Schedule   (Form 990) (2016) DARE TO CARE Part III   Grants and Other Assistance to Domestic Indivi- Part III can be duplicated if additional space is nee	duals. Complete # the	organization answ	mrod no 'sey' bere	990, Part IV, line 22.	Pag
(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 noncash assistance
		***************************************		CONATED FOOD: \$1.61/LB	
				BASED ON INDEPENDENT	
				STUDY. COMMODITIES:	PROVIDING POOD TO THE
DOD DISTRIBUTION	192000	0,	37,510,128,	PMV.	NEEDY, ILL AND INFANTS.
		-			
Part IV Supplemental Information, Provide the informatio	n required in Part I. lin	e 2: Part III. column	(b): and any other a	delitional information.	
ART I, LINE 2:					
HE ORGANIZATION PROVIDES FOOD	TO THE NEED	Y, ILL AND	INFANTS.	FOOD IS	
ROVIDED TO PEOPLE IN NEED THROU	JGH THE ORG	ANIZATION'	S 320 PART	NER FOOD	
ANTRIES, EMERGENCY KITCHENS, AN	ND SHELTERS	AND OTHER	SPECIAL P	ROGRAMS.	
	······	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				***************************************	
		***************************************			
			***************************************		
2002 11-8%:16		39			Schedule I (Form 990) (20

# SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DARE TO CARE, INC.

identification number

F.	art   Questions Regarding Compensation		<del> </del>	***************************************
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	L-daggern eagle	1.1540000000000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		700	4.000
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Salar Paris.	100000000000000000000000000000000000000
	additional distribution and other productive producting the kerns distributed on the last			art servi
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
J	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee	<b>;</b>		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?			X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A. line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?			X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	elosectiv-1986 tet a	X
	Any related organization?			X
	If "Yes" on line 6a or 6b, describe in Part III.			100
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	1,000	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			43
J				
1.1.1.5	Regulations section 53.4958-6(c)?	1/5	- 000'	0040
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	iedule J (Forn	n 990)	2016

Schedule J (Form 990) 2016 DARE TO CARE, INC.

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

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

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

(A) Name and Title	(i) Base compensation	(ii) Bonus &	<del></del>				(F) Compensation
		incentive compensation	(iii) Other reportable sompensation	other deferred compensation	benefits	(S)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) BRIAN RIENDEAU (	140,252	. 0.	0.	7,280.	12,763.	160,295.	0.
EXECUTIVE DIRECTOR			0.	0.	0.	0.	0.
	)					<u>~~</u>	
(i	í) <u> </u>				***************************************		
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(i)							
(i)		<del>                                     </del>					<del></del>
(ii		<del> </del>					
(i)		T				***************************************	
lui lui							

Schedule J (Form 990) 2016 DARE TO CARE, INC.	Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any	y additional information.
	***************************************
	<del></del>
	***************************************
	······
	***************************************
	***************************************
	***************************************
	Schedule J (Form 990) 2016

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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.lrs.gov/form990.

Name of the organization

Types of Property

DARE TO CARE, INC.

		Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on		(d) lethod of de ash contribu			ts
1	Art - Works of art			701111 000, 1 411 11	11, 1110 19					
2	Art - Historical treasures									
3	Art · Fractional interests			······································						***************************************
4	Books and publications			-	***************************************					
5	Clothing and household goods		Carl Market							***************************************
6	Cars and other vehicles			~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		••••••	· · · · · · · · · · · · · · · · · · ·			
7	Boats and planes						<del>1</del>			
8	Intellectual property							***********		
9	Securities - Publicly traded	X	7	27	,265.	FAIR	MARKET	VA	LUE	
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	34,698	,943.	FAIR 1	MARKET	VA	LUE	
20	Drugs and medical supplies									
21	Taxidermy			***************************************		***************************************			*	
22	Historical artifacts								**	
23	Scientific specimens									
24	Archeological artifacts					***************************************				***************************************
25	Other ► (MARKETING)	Х	1	50	,000.	FAIR 1	MARKET	VA	LUE	
26	Other (FOOD AND DRIN)	X	99	42	,427.	FAIR I	MARKET	VA	LUE	
27	Other ► (REAL ESTATE C)	X	1	21	,171.	FAIR 1	MARKET	VA	LUE	
28	Other (SILENT AUCTIO)	X	99	19	,036.	FAIR 1	MARKET	VA	LUE	
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			***************************************	······		,
	for which the organization completed Form 828	33, Part IV, D	onee Acknowledg	ement	29				0	
							_		Yes	No
30a	During the year, did the organization receive by						it			
	must hold for at least three years from the date									
	exempt purposes for the entire holding period?	************					,	30a		X
b	If 'Yes," describe the arrangement in Part II.									100
31	Does the organization have a gift acceptance p					tions?		31	,	X
32a	Does the organization hire or use third parties of						ſ			
	contributions?	***********	************************	******************	<b>*******</b> ********	***********		32a		X
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column	(a) is ched	cked,				
	describe in Part II.									

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

Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016) DARE TO CARE, INC.  Page 2  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 = 99
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 15890.
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► 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.

2016
Open to Public Inspection

Name of the organization

DARE TO CARE, INC.

Employer identification number

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

HOME AND ENJOY. IN KENTUCKY THE PROGRAM OPERATES 14 SCHOOLS IN

JEFFERSON COUNTY, 9 SCHOOLS IN BULLITT COUNTY, 3 SCHOOLS IN OLDHAM

COUNTY, 2 SCHOOLS IN SPENCER COUNTY, 2 SCHOOLS IN TRIMBLE COUNTY, AND 2

SCHOOLS IN CARROLL COUNTY. IN INDIANA THE PROGRAM OPERATES 3 SCHOOLS IN

CLARK COUNTY, 2 SCHOOLS IN CRAWFORD COUNTY, 5 SCHOOLS IN HARRISON

COUNTY AND 4 SCHOOLS IN WASHINGTON COUNTY.

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

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

# DARE TO CARE, INC. AMENDED AND RESTATED ARTICLES OF INCORPORATION

Pursuant to the provisions of KRS 273.267 and 273.273, the undersigned corporation hereby executes these Amended and Restated Articles of Incorporation.

FIRST: The name of the corporation is Dare to Care, Inc.

SECOND: The Articles of Incorporation of the corporation are amended and restated to read in their entirety as follows:

# **ARTICLE I**

### Name

The name of the corporation is Dare to Care, Inc. (the "Corporation").

# ARTICLE II

# Purposes and Powers

The purposes for which the Corporation is formed, the business and objects to be carried on and promoted by it, and the powers granted to it, are as follows:

- A. The Corporation is irrevocably dedicated to and is organized and shall be operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). The Corporation shall receive contributions and fees, and shall distribute its funds for public, charitable, and/or educational purposes, as set forth in these Articles. In carrying out its corporate purposes, the Corporation shall have all the powers allowed corporations by the Kentucky Nonprofit Corporation Acts, KRS 273.161 et seq.; provided, however, that the Corporation shall not have or exercise any power inconsistent with or prohibited by the provisions of Paragraphs A, B, C, and, if applicable, D of this Article II.
- B. As limited by Section 501(c)(3) of the Code, it is expressly not the purpose of the Corporation, and the Corporation is not empowered, to participate or intervene in (including the publication or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for public office. As limited by Section 501(c)(3) of the Code, the Corporation shall not devote more than an insubstantial part of its activities to carrying on propaganda or otherwise attempting to influence legislation.
- C. Any other provision of these Articles to the contrary notwithstanding, the Corporation shall have no capital stock and no power to issue certificates of stock nor to declare dividends; no part of the net earnings of the Corporation shall inure to the benefit of any private shareholder or individual; and the Corporation shall not carry on any activities denied to: [i] a corporation described

in Section 501(c)(3) of the Code, including activities prohibited by Section 501(m) of the Code; or [ii] a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

- D. Any other provision of these Articles to the contrary notwithstanding, the Corporation shall, if the following provisions of law are applicable to it: [i] not engage in any act of self dealing as defined in Section 4941 of the Code; [ii] distribute its income for each fiscal year at such time and in such manner as not to be subject to the tax under Section 4942 of the Code; [iii] not retain any excess business holdings as defined in Section 4943 of the Code; [iv] not make any investments in such manner as to subject the Corporation to tax under Section 4944 of the Code; and [v] not make any taxable expenditures as defined in Section 4945 of the Code.
- E. The primary purposes of the Corporation shall be (a) to accumulate and distribute food on an emergency basis to the needy residents of Louisville and Jefferson County, Kentucky and (b) to lead the community to feed the hungry and conquer the cycle of need. The Corporation shall fulfill this mission through innovative programs, efficient operations and by partnering with local food pantries, shelters and kitchens to get food to people in need.

# ARTICLE III

## Duration

The Corporation shall have perpetual existence.

# **ARTICLE IV**

#### Duration

The mailing address of the Corporation's principal office is:

P. O. Box 35458 Louisville, Kentucky 40232

### ARTICLE V

### Directors

The affairs of the Corporation shall be governed by a Board of Directors consisting of no fewer than three (3) members, with the exact number to be established in the manner provided in the Corporation's Bylaws. Directors shall be elected or appointed, and may be removed, in the manner provided in the Corporation's Bylaws.

# ARTICLE VI

### Members

The Corporation has no members.

# **ARTICLE VII**

#### Amendment

These Articles may be amended by the Board of Directors as more specifically provided in the Bylaws.

#### **ARTICLE VIII**

### Indemnification

Each person who is or was a director, officer or committee member of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as a director, trustee, officer or committee member of another corporation, whether elected or appointed, including the heirs, executors, administrators or estate of any such person, shall be indemnified by the Corporation to the full amount against any liability, and the reasonable cost, or expense (including attorneys' fees, monetary or other judgments, fines, excise taxes or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a director, trustee, officer or committee member; provided, however, that no such person shall be indemnified against any such liability, cost or expense incurred in connection with any action, suit or proceeding in which such person shall have been adjudged liable on the basis that personal benefit was improperly received by such person or if such indemnification relates to conduct by such individual that is or was not in good faith or which involves or involved intentional misconduct or was known to the director to be in violation of the law, or if such indemnification would be prohibited by law. Such right of indemnification shall be a contract right and shall include the right to be paid by the Corporation the reasonable expenses incurred in defending any threatened or pending action, suit or proceeding in advance of its final disposition; provided, however, that such advance payments of expenses shall be made only after delivery to the Corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this Article shall not affect any rights or obligations then existing. If any indemnification payment required by this Article is not paid by the Corporation within ninety (90) days after a written claim has been received by the Corporation, the director, trustee, officer or committee member may at any time thereafter bring suit against the Corporation to recover the unpaid amount and, if successful in whole or in part, shall be entitled to be paid also the expense of prosecuting such claim. The Corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost or expense under the Kentucky Nonprofit Corporation Acts or under this Article, but it shall not be obligated to do so. The indemnification provided by this Article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any bylaw, agreement, statute, vote of Board of Directors or otherwise. If this Article or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then the Corporation shall nevertheless indemnify each such person, to the full extent permitted by any applicable portion of this Article that shall not have been invalidated or by any other applicable law.

# ARTICLE IX

# Limitation of Director Liability

No director shall be personally liable to the Corporation for monetary damages for breach of his or her duties as a director except for liability:

- A. For any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation;
- B. For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or
  - C. For any transaction from which the director derives an improper personal benefit.

If the Kentucky Revised Statutes are amended after approval of this Article to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this Article shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification.

## ARTICLE X

### Dissolution

Dissolution of the Corporation shall be accomplished in accordance with Chapter 273 of the Kentucky Revised Statutes, or its successor. Upon dissolution of the Corporation, the Board of Directors shall, after paying or making adequate provision for the payment of all liabilities of the Corporation, dispose of all corporate assets by distributing such assets to one or more organizations, as selected by the Board of Directors, (i) that are organized and operated exclusively for charitable purposes and at that time qualify as exempt organizations described in Section 501(c)(3) of the Code, and (ii) that have a mission or conduct activities similar or complementary to the mission or activities of the Corporation. The Board of Directors may, in its discretion, place restrictions on any such distributions to ensure that they are used for the above-specified purposes. Any such assets not disposed of by the Board of Directors shall be disposed of by the Jefferson County Circuit Court to distributees described above in this Article.

THIRD: The foregoing amendments and restatement were adopted by the affirmative vote of not less than a majority of the members of the Board of Directors of the Corporation on the 18+1 day of April , 2017.

FOURTH: These Amended and Restated Articles of Incorporation shall be effective as of the date and time of filing with the Secretary of State of the Commonwealth of Kentucky.

FIFTH: The following articles have been amended to read in their entirety as set forth herein: Articles I, II, III, IV, V, VI, VII, VIII, IX, XI. Article X has been deleted and the remaining Article has been renumbered.

SIXTH: The foregoing Amended and Restated Articles of Incorporation were duly adopted as required by law, correctly set forth without change the corresponding provisions of the Articles of Incorporation as heretofore and herein amended, and supersede the original Articles of Incorporation and all amendments thereto.

[signature page follows]

IN WITNESS WHEREOF, STAN SIEGUA DR. FSP. of Dare to Care, Inc., Louisville, Kentucky, acting for and on behalf of said corporation, has subscribed [his/her] name as of this // day of up it, 2017.

60068517.1

# Form **W-9** (Rev. November 2017)

(Rev. November 2017) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

IIILGIIIE	The verice derived and to the www.ns.gov/Forming for the	structions and the latest l	nrormation.	ì		
	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.				
	Dare to Care, Inc.					
	2 Business name/disregarded entity name, if different from above					
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose na following seven boxes.  □ Individual/sole proprietor or □ C Corporation ☑ S Corporation	only <b>one</b> of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
e. Inso	single-member LLC	n L Partnership L	j irust/estate	Exempt payee code (if any)		
충형	Limited liability company. Enter the tax classification (C=C corporation, S	S=S corporation, P=Partnership	>			
Print or type.	Note: Check the appropriate box in the line above for the tax classificatic LLC if the LLC is classified as a single-member LLC that is disregarded for another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	rom the owner unless the owner	rofthall Ciel	Exemption from FATCA reporting code (If any)		
Sec	Other (see instructions)			(Applies to accounts maintained outside the U.S.)		
e S	5 Address (number, street, and apt. or suite no.) See instructions.	Red	quester's name a	nd address (optional)		
See	5803 Fern Valley Road 6 City, state, and ZIP code					
	Louisville, KY 40228					
	7 List account number(s) here (optional)					
Par						
Enter	your TIN in the appropriate box. The TIN provided must match the par	ne given on line 1 to avoid	Social seci	urity number		
reside	p withholding. For individuals, this is generally your social security nunt allen, sole proprietor, or disregarded entity, see the instructions for	Part I later For other				
entitie	s, it is your employer identification number (EIN). If you do not have a i	number, see How to get a				
TIN, la Note:		Al [4# +4]	or			
Numb	If the account is in more than one name, see the instructions for line 1 or To Give the Requester for guidelines on whose number to enter.	. Also see What Name and	Employer	dentification number		
Pari	II Certification					
	penalties of perjury, I certify that:			-		
2. i am Sen	number shown on this form is my correct taxpayer identification numl not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failur onger subject to backup withholding; and	ckun withholding or /b) I be	ua nat haen na	tified by the Internal Devenue		
	a U.S. sitizen or other U.S. person (defined below); and					
	FATCA code(s) entered on this form (if any) indicating that I am exempt	ot from FATCA reporting is	correct.			
Certific ou has cquisi other th	cation instructions. You must cross out item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real estition or abandonment of secured property, cancellation of debt, contribution on interest and dividends, you are not required to sign the certification, b	otified by the IRS that you are tate transactions, item 2 doe	currently subject on a subject of a currently subject of a currence of the cur	mortgage interest paid,		
Sign Here	Signature of U.S. person MMMAAS	Date	- July .	23,2018		
	eral Instructions	Form 1099-DIV (divider funds)	ds, including th	nose from stocks or mutual		
oted.	n references are to the Internal Revenue Code unless otherwise	•	us types of inc	ome, prizes, awards, or gross		
elated	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted ey were published, go to www.irs.gov/FormW9.	<ul> <li>Form 1099-B (stock or transactions by brokers)</li> </ul>	mutual fund sai	les and certain other		
		Form 1099-S (proceeds				
Purpose of Form  • Form 1099-K (merchant card and third party network)  An Individual or entity (Form W-9 requester) who is required to file an  • Form 1098 (home mortgage Interest), 1098-E (stud						
nforma dentifi	ation return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number	1098-T (tuition) Form 1099-C (canceled	deht)			
SSN),	individual taxpayer identification number (ITIN), adoption	Form 1099-A (acquisitio		ent of secured property)		
EIN), t	er Identification number (ATIN), or employer Identification number o report on an information return the amount paid to you, or other	Use Form W-9 only if ye	ou are a U.S. pe	erson (Including a resident		
eturns	nount reportable on an information return. Examples of information urns include, but are not limited to, the following.  Form 1099-INT (interest earned or paid)  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, later.					

# DARE TO CARE, INC.

# **General Information**

**Organization Number** 0117371

Name DARE TO CARE, INC.

**Profit or Non-Profit** N - Non-profit

Company Type KCO - Kentucky Corporation

Status A - Active
Standing G - Good

State KY

 File Date
 11/16/1973

 Organization Date
 11/16/1973

 Last Annual Report
 5/8/2018

Principal Office P. O. BOX 35458

LOUISVILLE, KY 40232

Registered Agent BRIAN RIENDEAU

5803 FERN VALLEY RD. LOUISVILLE, KY 40228

# **Current Officers**

ChairmanKeith MyersVice ChairmanAshley ButlerSecretaryScott KuhnTreasurerGreg PopeDirectorJohn HackettDirectorMichael Sadofsky

**Director Greg Pope Director Greg Baird Director Brett Michel Director Frank Polion Director** Wendy Jacob **Director** Lisa DeJaco Director Maggie Keith **Director Carly Launius Director** Michael Leland **Director** Elizabeth Wester **Director** Gretta Feldkamp **Director David Combs Director** Val Slayton **Director** Sharell Sandvoss **Executive** Brian Riendeau

# Individuals / Entities listed at time of formation

**Director** <u>FATHER JOHN JONES</u>

DirectorNAT GREENDirectorVERNA KALB

Incorporator <u>FATHER JOHN JONES</u>

IncorporatorNAT GREENIncorporatorVERNA 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.

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	Annual Report	5/8/2018	1 page	<u>PDF</u>	
	Amended and Restated Articles	8/30/2017	6 pages	<u>tiff</u>	<u>PDF</u>
	Annual Report	1/30/2017	1 page	<u>PDF</u>	
	Annual Report	3/8/2016	1 page	<u>PDF</u>	
	Annual Report	5/5/2015	1 page	<u>PDF</u>	
	Certificate of Assumed Name	12/12/2014	1 page	<u>tiff</u>	<u>PDF</u>
	Annual Report	2/18/2014	1 page	<u>PDF</u>	
	Annual Report	6/27/2013	1 page	<u>PDF</u>	
	Annual Report	6/21/2012	1 page	<u>PDF</u>	
	Annual Report	6/10/2011	1 page	<u>PDF</u>	
	Annual Report	7/2/2010	1 page	<u>PDF</u>	
	Registered Agent name/address change	11/23/2009	1 page	<u>tiff</u>	<u>PDF</u>
	Name Renewal	3/17/2009	1 page	<u>tiff</u>	<u>PDF</u>
	Annual Report	1/22/2009	1 page	<u>PDF</u>	
	Annual Report	2/21/2008	1 page	<u>tiff</u>	<u>PDF</u>
	Annual Report	5/8/2007	1 page	<u>PDF</u>	
	Annual Report	3/9/2006	1 page	<u>tiff</u>	<u>PDF</u>
	Statement of Change	6/27/2005	1 page	<u>tiff</u>	<u>PDF</u>
	Annual Report	2/14/2005	1 page	<u>PDF</u>	
	Annual Report	7/17/2003	1 page	<u>tiff</u>	<u>PDF</u>
	Annual Report	4/8/2002	1 page	<u>tiff</u>	<u>PDF</u>
	Annual Report	5/18/2001	3 pages	<u>tiff</u>	<u>PDF</u>
	Annual Report	6/19/2000	3 pages	<u>tiff</u>	<u>PDF</u>
	Statement of Change	5/25/2000	1 page	<u>tiff</u>	<u>PDF</u>
	Certificate of Assumed Name	9/9/1999	2 pages	<u>tiff</u>	<u>PDF</u>
	Statement of Change	8/6/1999	1 page	<u>tiff</u>	<u>PDF</u>
	Annual Report	4/21/1999	3 pages	<u>tiff</u>	<u>PDF</u>
	Annual Report	7/1/1997	2 pages	<u>tiff</u>	<u>PDF</u>
	Annual Report	7/1/1996	3 pages	<u>tiff</u>	<u>PDF</u>
	Annual Report	7/1/1995	4 pages	<u>tiff</u>	<u>PDF</u>
	Annual Report	3/22/1994	1 page	<u>tiff</u>	<u>PDF</u>
	Annual Report	3/22/1993	4 pages	<u>tiff</u>	<u>PDF</u>
	Annual Report	3/17/1992	2 pages	<u>tiff</u>	<u>PDF</u>
	Annual Report	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
	Annual Report	7/1/1990	2 pages	<u>tiff</u>	<u>PDF</u>
	Annual Report	7/1/1989	3 pages	<u>tiff</u>	<u>PDF</u>

Statement of Change	8/27/1987	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	4/6/1984	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Letters</u>	4/6/1984	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	8/23/1982	2 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	8/8/1980	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	4/25/1979	7 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	4/24/1979	7 pages	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	11/16/1973	4 pages	<u>tiff</u>	<u>PDF</u>

# **Assumed Names**

DARE TO CARE FOOD BANK
DARE TO CARE FOOD BANK

Active Inactive

# **Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/8/2018 8:47:11 AM	5/8/2018 8:47:11 AM	
Amendment - Amended and restated articles / CLF	8/30/2017 2:29:34 PM	8/30/2017	
Annual report	1/30/2017 10:39:28 AM	1/30/2017 10:39:28 AM	
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	DARE TO CARE FOOD BANK
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	DARE TO CARE FOOD BANK
Registered agent address change	8/6/1999	8/6/1999	
Amendment previous name	4/25/1979	4/25/1979	THE DARE TO CARE FOOD PROGRAM, INC.

# **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
Annual Report	4/8/2002	1 page
Annual Report	5/18/2001	3 pages
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