| ** PUBLIC DISCLOSURE COPY **                  |                          |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                         |                                               |  |  |
|-----------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------|-----------------------------------------------|--|--|
| Return of Organization Exempt From Income Tax |                          |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                         |                                               |  |  |
|                                               |                          |                                                                                                                                            | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                         | ns) <b>2021</b>                               |  |  |
| Department of the Treasury                    |                          |                                                                                                                                            | Do not enter social security numbers on this form as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s it may be | e made public.                          | Open to Public                                |  |  |
| Interr                                        | nal Rev                  | enue Service                                                                                                                               | Go to www.irs.gov/Form990 for instructions and the second seco |             |                                         | Inspection                                    |  |  |
| <u>A</u> F                                    | or th                    | e 2021 calenda                                                                                                                             | ar year, or tax year beginning $ m JUL1$ , $2021$ and en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nding J     | UN 30, 2022                             |                                               |  |  |
|                                               | heck if                  | C Name of                                                                                                                                  | organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | D Employer identifi                     | cation number                                 |  |  |
| _                                             | Addr                     |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                         |                                               |  |  |
|                                               | _]chan<br>⊐Nam           |                                                                                                                                            | TO CARE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | 22 72450                                | F 0                                           |  |  |
|                                               | _ chan<br>∣Initia        | ge Doing bi                                                                                                                                | usiness as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 23-73459                                |                                               |  |  |
|                                               | _returi<br>Final         |                                                                                                                                            | and street (or P.O. box if mail is not delivered to street address) Ro<br>BOX 35458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | oom/suite   | E Telephone numbe                       |                                               |  |  |
|                                               | ⊥returi<br>termi<br>ated | n                                                                                                                                          | bown, state or province, country, and ZIP or foreign postal code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | G Gross receipts \$                     | 51,904,733.                                   |  |  |
|                                               | Amer                     |                                                                                                                                            | SVILLE, KY 40232                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | H(a) Is this a group re                 |                                               |  |  |
|                                               | _Appli<br>_tion          |                                                                                                                                            | nd address of principal officer: VINCENT JAMES SR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                         | ? Yes X No                                    |  |  |
|                                               | pend                     |                                                                                                                                            | AS C ABOVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | H(b) Are all subordinates in            |                                               |  |  |
| 11                                            | ax-e>                    | empt status:                                                                                                                               | <b>X</b> 501(c)(3) 501(c) ( ) $\checkmark$ (insert no.) 4947(a)(1) or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 527         |                                         | list. See instructions                        |  |  |
|                                               |                          |                                                                                                                                            | DARETOCARE.ORG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | H(c) Group exemptio                     | n number 🕨                                    |  |  |
| KF                                            | orm c                    | of organization:                                                                                                                           | X Corporation Trust Association Other ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | L Year of   | of formation: 1971                      | A State of legal domicile: KY                 |  |  |
| Pa                                            | art I                    | •                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                         |                                               |  |  |
| đ                                             | 1                        |                                                                                                                                            | e the organization's mission or most significant activities: $\_ 	extsf{LEADIM}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NG TH       | E COMMUNITY                             | TO FEED                                       |  |  |
| ance                                          |                          |                                                                                                                                            | GRY AND CONQUER THE CYCLE OF NEED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                         |                                               |  |  |
| Governance                                    | 2                        |                                                                                                                                            | ★ ► if the organization discontinued its operations or disposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d of more   |                                         |                                               |  |  |
| Ň                                             | -                        |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | 3                                       | 21                                            |  |  |
|                                               | 4                        |                                                                                                                                            | ependent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                         | 21                                            |  |  |
| ies                                           | 5                        |                                                                                                                                            | of individuals employed in calendar year 2021 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                         | 78<br>1130                                    |  |  |
| Activities &                                  | 6                        |                                                                                                                                            | of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                         | 0.                                            |  |  |
| Ac                                            |                          |                                                                                                                                            | business revenue from Part VIII, column (C), line 12<br>business taxable income from Form 990-T, Part I, line 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                         | 0.                                            |  |  |
|                                               |                          | Net unrelated                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | Prior Year                              | Current Year                                  |  |  |
|                                               | 8                        | Contributions                                                                                                                              | and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | 50,499,767.                             | 44,569,670.                                   |  |  |
| onu                                           | 9                        |                                                                                                                                            | ce revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | 0.                                      | 0.                                            |  |  |
| Revenue                                       | 10                       | •                                                                                                                                          | come (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | 371,879.                                | 311,805.                                      |  |  |
| č                                             | 11                       |                                                                                                                                            | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 447,542.                                | 518,092.                                      |  |  |
|                                               | 12                       | Total revenue                                                                                                                              | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | 51,319,188.                             | 45,399,567.                                   |  |  |
|                                               | 13                       | Grants and sir                                                                                                                             | nilar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 38,021,172.                             | 38,130,985.                                   |  |  |
|                                               | 14                       | Benefits paid t                                                                                                                            | o or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | 0.                                      | 0.                                            |  |  |
| es                                            | 15                       | Salaries, other                                                                                                                            | compensation, employee benefits (Part IX, column (A), lines 5-10) $\ldots$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 3,716,376.                              | 4,498,903.                                    |  |  |
| Expenses                                      | 16a                      | Professional fu                                                                                                                            | compensation, employee benefits (Part IX, column (A), lines 5-10)<br>undraising fees (Part IX, column (A), line 11e)<br>ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 1,723,555                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u> </u>    | 609,278.                                | 0.                                            |  |  |
| ă                                             |                          | Total fundraisi                                                                                                                            | ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ <u>1,723,555</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5.          |                                         | 4 251 201                                     |  |  |
| ш                                             |                          |                                                                                                                                            | es (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | 3,261,765.                              | <u>4,351,201.</u><br>46,981,089.              |  |  |
|                                               | 18                       |                                                                                                                                            | s. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | <u>45,608,591.</u><br>5,710,597.        | -1,581,522                                    |  |  |
| - 2                                           | 19                       | Revenue less                                                                                                                               | expenses. Subtract line 18 from line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | ginning of Current Year                 | End of Year                                   |  |  |
| Net Assets or<br>Fund Balances                | 20                       | Total assets (F                                                                                                                            | Part X line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | 33,283,933.                             | 30,243,323.                                   |  |  |
| Asse<br>Bali                                  | 20                       |                                                                                                                                            | 2art X, line 16)<br>(Part X, line 26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | 264,254.                                | 722,049.                                      |  |  |
| Net.                                          | 22                       |                                                                                                                                            | fund balances. Subtract line 21 from line 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 33,019,679.                             | 29,521,274.                                   |  |  |
|                                               | art II                   |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | , , , , , , , , , , , , , , , , , , , , | <u>, , ,                                 </u> |  |  |
| Und                                           | er pen                   | alties of perjury,                                                                                                                         | declare that I have examined this return, including accompanying schedules ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nd stateme  | nts, and to the best of my              | v knowledge and belief, it is                 |  |  |
|                                               |                          | true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                         |                                               |  |  |

| Sign<br>Here | Signature of officer         VINCENT JAMES SR., PRE         Type or print name and title           | SIDENT & CEO             | Date                                    |  |  |  |  |
|--------------|----------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|--|--|--|--|
| Paid         | Print/Type preparer's name <b>ANNAMARIE REILLY, CPA</b>                                            | Preparer's signature     | Date Check PTIN<br>if provide P00431897 |  |  |  |  |
| Preparer     | Firm's name 🕨 MCM CPAS & ADVIS                                                                     |                          | Firm's EIN ▶ 27-1235638                 |  |  |  |  |
| Use Only     | Firm's address 462 SOUTH 4TH ST                                                                    |                          |                                         |  |  |  |  |
|              | LOUISVILLE, KY 4                                                                                   | Phone no. (502) 749-1900 |                                         |  |  |  |  |
| May the II   | May the IRS discuss this return with the preparer shown above? See instructions                    |                          |                                         |  |  |  |  |
| 132001 12-0  | 13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021) |                          |                                         |  |  |  |  |

|   | 990 (2021) DARE TO CARE, INC. 23-7345952 Page 2                                                                                                                                                                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a | t III       Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III                                                                                                                                                                                            |
|   | Briefly describe the organization's mission:<br>LEADING THE COMMUNITY TO FEED THE HUNGRY AND CONQUER THE CYCLE OF<br>NEED.                                                                                                                                                                                                               |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   | Did the organization undertake any significant program services during the year which were not listed on the                                                                                                                                                                                                                             |
|   | prior Form 990 or 990-EZ?         Yes X No           If "Yes," describe these new services on Schedule O.                                                                                                                                                                                                                                |
|   | 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.                                                                                                                                                                    |
|   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.<br>Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| а | (Code: ) (Expenses 42,104,601. including grants of 37,289,970.) (Revenue )                                                                                                                                                                                                                                                               |
|   | DISTRIBUTED MEALS, INCLUDING FRESH PRODUCE, TO OVER 108,340 PEOPLE IN<br>13 KENTUCKIANA COUNTIES. FOOD WAS DISTRIBUTED TO PEOPLE IN NEED THROUGH                                                                                                                                                                                         |
|   | DARE TO CARE'S 271 PARTNER FOOD PANTRIES, EMERGENCY KITCHENS, AND                                                                                                                                                                                                                                                                        |
|   | SHELTERS AND PROGRAMS SUCH AS KIDS CAFE, SCHOOL PANTRY, AND MOBILE                                                                                                                                                                                                                                                                       |
|   | PANTRY.                                                                                                                                                                                                                                                                                                                                  |
|   | PRESCRIPTIVE PANTRY - THIS PROGRAM PROVIDES HEALTHY VERSIONS OF SHELF                                                                                                                                                                                                                                                                    |
|   | STABLE PRODUCTS TO MEDICAL FACILITIES IN JEFFERSON COUNTY, CLARK COUNTY                                                                                                                                                                                                                                                                  |
|   | AND BULLITT COUNTY. PATIENTS ARE SCREENED FOR FOOD INSECURITY AND                                                                                                                                                                                                                                                                        |
|   | OFFERED FOOD AND FOOD REFERRALS. MEDICAL PROVIDER REVIEWS THE FOOD WITH                                                                                                                                                                                                                                                                  |
|   | PATIENT TO POINT OUT THE HEALTHY CHOICES PATIENTS CAN MAKE WHEN                                                                                                                                                                                                                                                                          |
|   | PURCHASING SIMILAR FOOD, AND HOW THESE CHOICES CAN AFFECT THEIR HEALTH.                                                                                                                                                                                                                                                                  |
| b | (Code:) (Expenses \$ 1,854,056. including grants of \$ 841,015. ) (Revenue \$ )                                                                                                                                                                                                                                                          |
|   | KIDS CAFE PROGRAM - THIS PROGRAM PROVIDES FREE, PREPARED, NUTRITIOUS                                                                                                                                                                                                                                                                     |
|   | MEALS FROM OUR COMMUNITY KITCHEN TO FOOD-INSECURE CHILDREN. THE KITCHEN<br>SERVES APPROXIMATELY 900 MEALS PER DAY, FIVE DAYS A WEEK. IN ADDITION                                                                                                                                                                                         |
|   | TO A NUTRITIOUS MEAL, CHILDREN ALSO PARTICIPATE IN ACTIVITIES SUCH AS                                                                                                                                                                                                                                                                    |
|   | TUTORING, COMPUTER LABS, ARTS & CRAFTS, AND ATHLETICS.                                                                                                                                                                                                                                                                                   |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   | SCHOOL PANTRY PROGRAM - THIS PROGRAM PROVIDES NUTRITIOUS, SHELF-STABLE                                                                                                                                                                                                                                                                   |
|   | FOODS AND PRODUCE TO 61 SCHOOLS (47 IN KENTUCKY AND 14 IN INDIANA) FOR                                                                                                                                                                                                                                                                   |
|   | DISTRIBUTION TO FAMILIES THROUGH THE SCHOOL'S FAMILY RESOURCE YOUTH                                                                                                                                                                                                                                                                      |
|   | SERVICE         CENTER         OFFICE.           (Code:        ) (Expenses \$ including grants of \$) (Revenue \$)                                                                                                                                                                                                                       |
|   | (Code:) (Expenses \$ including grants or \$) (Revenue \$)                                                                                                                                                                                                                                                                                |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   |                                                                                                                                                                                                                                                                                                                                          |
|   | Other program services (Describe on Schedule O.)                                                                                                                                                                                                                                                                                         |
| d |                                                                                                                                                                                                                                                                                                                                          |
|   | (Expenses \$ including grants of \$ ) (Revenue \$ )                                                                                                                                                                                                                                                                                      |
|   |                                                                                                                                                                                                                                                                                                                                          |

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| Form  | 990 | (2021) |
|-------|-----|--------|
| FUIII | 990 | (2021) |

 Form 990 (2021)
 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    | Х   |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                   | 2    | Х   |          |
| 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                                                                              |      |     | X        |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |      |     |          |
|        | during the tax year? If "Yes," complete Schedule C, Part II                                                                       | 4    | Х   |          |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or      |      |     |          |
|        | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                                           | 5    |     | X        |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to         |      |     |          |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I      | 6    |     | X        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,                         |      |     |          |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                              | 7    |     | X        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete      |      |     |          |
|        | Schedule D, Part III                                                                                                              | 8    |     | X        |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for     |      |     |          |
|        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?         |      |     |          |
|        | If "Yes," complete Schedule D, Part IV                                                                                            | 9    |     | X        |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                      |      |     |          |
|        | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                                     | 10   |     | X        |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, |      |     |          |
|        | as applicable.                                                                                                                    |      |     |          |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,       |      |     |          |
|        | 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   |          |
| с      | 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        |
| е      | 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           |      |     |          |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X            | 11f  | Х   |          |
| 12a    | 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?                         |      |     |          |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional             | 12b  | Х   |          |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                 | 13   |     | X        |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?                                       | 14a  |     | X        |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,           |      |     |          |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000        |      |     |          |
|        | or more? If "Yes," complete Schedule F, Parts I and IV                                                                            | 14b  |     | <u> </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                                                              | 15   |     | <u> </u> |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to          |      |     |          |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                       | 16   |     | <u> </u> |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,           |      |     |          |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions                                              | 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   | X   |          |
| 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        |
|        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                       | 20a  |     | X        |
| b      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                      | 20b  |     | <u> </u> |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                       |      |     |          |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II                                 | 21   | 000 | X        |
| 132003 | 12-09-21                                                                                                                          | Form | 990 | (2021)   |

Form **990** (2021)

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2021.05030 DARE TO CARE, INC.

| Form | 990 | (2021) |
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 Form 990 (2021)
 DARE
 TO
 CARE,
 INC.

 Part IV
 Checklist of Required Schedules (continued)

|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Yes | No         |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|------------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |     |            |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 22         | Х   |            |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |     |            |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |     |            |
|        | Schedule J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 23         | Х   |            |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |     |            |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |     |            |
|        | Schedule K. If "No," go to line 25a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 24a        |     | X          |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 24b        |     |            |
| с      | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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-EZ? If "Yes," complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |     |            |
|        | Schedule L, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 25b        |     | X          |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |     |            |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |     |            |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 26         |     | x          |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |     |            |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |     |            |
|        | entity (including an employee thereof) 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 the Schedule L, Part IV,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |     |            |
|        | instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |     |            |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |     |            |
|        | "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 28a        |     | x          |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28b        |     | x          |
|        | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |     |            |
| •      | "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         | Х   |            |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |     |            |
| 00     | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |     | <u> </u>   |
| 02     | Schedule N, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 32         |     | x          |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 02         |     |            |
| 55     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 33         | х   |            |
| 34     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 33         | 23  |            |
| 34     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 34         |     | x          |
| 25.0   | Part V, line 1<br>Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 35a        |     | X          |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>35a</u> |     | - 23       |
| D      | 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 eaction 512/b)(12)2. (Fill on the second of the D. Berk M. Frank and S. Berk M. Berk M. Berk M. Frank and S. Berk M. B | 35b        |     |            |
| 26     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 350        |     |            |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 26         |     | x          |
| 07     | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 36         |     |            |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 07         |     | x          |
| 20     | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 37         |     |            |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | х   |            |
| Par    | Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 38         | Λ   |            |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |     |            |
|        | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | V   |            |
|        | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Yes | No         |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |     |            |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |     |            |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | х   |            |
|        | (gambling) winnings to prize winners?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1c         |     | <br>(2021) |
| 132004 | <sup>1</sup> 12-09-21<br>5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ⊢orm       | 990 | (2021)     |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |     |            |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |     | Yes | No |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----|-----|----|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |     |     |    |
|     | filed for the calendar year ending with or within the year covered by this return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2a 78                        |     |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s?                           | 2b  | Х   |    |
|     | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |     |     |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | 3a  |     | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | 3b  |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | uthority over, a             |     |     |    |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | count)?                      | 4a  |     | X  |
| b   | If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |     |     |    |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | counts (FBAR).               |     |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | 5a  |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tion?                        | 5b  |     | X  |
| с   | 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 the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | organization solicit         |     |     |    |
|     | any contributions that were not tax deductible as charitable contributions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | 6a  |     | X  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ons or gifts                 |     |     |    |
|     | were not tax deductible?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | 6b  |     |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |     |     |    |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi | rices provided to the payor? | 7a  | Х   |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | 7b  | Х   |    |
| с   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s required                   |     |     |    |
|     | to file Form 8282?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | 7c  |     | X  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7d                           |     |     |    |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ntract?                      | 7e  |     | X  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ct?                          | 7f  |     | X  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | m 8899 as required?          | 7g  |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ion file a Form 1098-C?      | 7h  |     |    |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |     |     |    |
|     | sponsoring organization have excess business holdings at any time during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                            | 8   |     |    |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |     |     |    |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | 9a  |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | 9b  |     |    |
| 0   | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |     |     |    |
| а   | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10a                          |     |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10b                          |     |     |    |
| 1   | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |     |     |    |
| а   | Gross income from members or shareholders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11a                          |     |     |    |
| b   | Gross income from other sources. (Do not net amounts due or paid to other sources against                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |     |     |    |
|     | amounts due or received from them.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11b                          |     |     |    |
| l2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1041?                        | 12a |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12b                          |     |     |    |
| 3   | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |     |     |    |
| а   | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | 13a |     |    |
|     | Note: See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |     |     |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |     |     |    |
|     | organization is licensed to issue qualified health plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13b                          |     |     |    |
| с   | Enter the amount of reserves on hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13c                          |     |     |    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | 14a |     | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e O                          | 14b |     |    |
|     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |     |     |    |
|     | excess parachute payment(s) during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | 15  |     | X  |
|     | If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |     |     |    |
| 6   | Is the organization an educational institution subject to the section 4968 excise tax on net investment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | income?                      | 16  |     | X  |
|     | If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |     |     |    |
| 17  | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | any                          |     |     |    |
|     | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | 17  |     |    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |     |     |    |

| Form 990 | (2021) |
|----------|--------|
|----------|--------|

DARE TO CARE, INC.

X

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 on Schedule O. See instructions.

| Check if Schedule O contains a response or note to any line in this Part VI |  |
|-----------------------------------------------------------------------------|--|
| Section A. Governing Body and Management                                    |  |

|     |                                                                                                                                                                                                                   |                                       |                |            | Yes     | No  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------|------------|---------|-----|
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                               | 1a                                    | 21             |            |         |     |
|     | 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 on Schedule O. |                                       |                |            |         |     |
|     | Enter the number of voting members included on line 1a, above, who are independent                                                                                                                                | 1b                                    | 21             |            |         |     |
|     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship                                                                                                         | · · · · · · · · · · · · · · · · · · · |                |            |         |     |
|     | officer, director, trustee, or key employee?                                                                                                                                                                      |                                       |                | 2          |         | Х   |
|     | Did the organization delegate control over management duties customarily performed by or under the                                                                                                                |                                       |                |            |         |     |
|     | of officers, directors, trustees, or key employees to a management company or other person?                                                                                                                       |                                       |                | 3          |         | X   |
|     | Did the organization make any significant changes to its governing documents since the prior Form 9                                                                                                               |                                       |                | 4          |         | X   |
|     | Did the organization become aware during the year of a significant diversion of the organization's ass                                                                                                            |                                       |                | 5          |         | X   |
|     | Did the organization have members or stockholders?                                                                                                                                                                |                                       |                | 6          |         | X   |
|     | Did the organization have members, stockholders, or other persons who had the power to elect or ap<br>more members of the governing body?                                                                         | -                                     |                | 7a         |         | x   |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, si                                                                                                              | tockholders, o                        | r              |            |         |     |
|     | persons other than the governing body?                                                                                                                                                                            |                                       |                | 7b         |         | Х   |
|     | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea                                                                                                    |                                       | 0              |            |         |     |
|     | The governing body?                                                                                                                                                                                               |                                       |                | 8a         | X       |     |
| b   | Each committee with authority to act on behalf of the governing body?                                                                                                                                             |                                       |                | 8b         | X       |     |
|     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea                                                                                                         |                                       |                |            |         |     |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                                                                                                           |                                       |                | 9          |         | Х   |
| ect | ion B. Policies (This Section B requests information about policies not required by the Internal Re                                                                                                               | venue Code.)                          |                |            |         |     |
| _   |                                                                                                                                                                                                                   |                                       |                |            | Yes     | No  |
|     | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                |                                       |                | <u>10a</u> |         | X   |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such ch                                                                                                           | •                                     |                |            |         |     |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                                                                   |                                       |                | 10b        | v       |     |
|     | Has the organization provided a complete copy of this Form 990 to all members of its governing body                                                                                                               | y betore filing t                     | the form?      | 11a        | X       |     |
|     | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                     |                                       |                | 40         | v       |     |
|     | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                           |                                       |                | 12a        | X<br>X  |     |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                                                                                             |                                       |                | 12b        |         |     |
|     | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> ")                                                                                                      | ,                                     |                | 10-        | x       |     |
|     | on Schedule O how this was done                                                                                                                                                                                   |                                       |                | 12c<br>13  | ^<br>X  |     |
|     | Did the organization have a written whistleblower policy?                                                                                                                                                         |                                       |                | 13         | X       |     |
|     | Did the organization have a written document retention and destruction policy?<br>Did the process for determining compensation of the following persons include a review and approva                              |                                       |                | 14         | - 23    |     |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                                                 |                                       | GIIL           |            |         |     |
|     | The organization's CEO, Executive Director, or top management official                                                                                                                                            |                                       |                | 15a        | х       |     |
|     | Other officers or key employees of the organization                                                                                                                                                               |                                       |                | 15a        | X       |     |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                |                                       |                | 100        |         |     |
|     | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger                                                                                                       | nent with a                           |                |            |         |     |
|     | taxable entity during the year?                                                                                                                                                                                   |                                       |                | 16a        |         | Х   |
|     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat                                                                                                         |                                       |                |            |         |     |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                                                                                                             | • •                                   |                |            |         |     |
|     | exempt status with respect to such arrangements?                                                                                                                                                                  |                                       |                | 16b        |         |     |
|     | ion C. Disclosure                                                                                                                                                                                                 |                                       |                |            |         |     |
| 7   | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright	ext{KY}$                                                                                                          |                                       |                |            |         |     |
|     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an                                                                                                             | nd 990-T (secti                       | ion 501(c)(3)s | only)      | availat | ole |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                                                                                                               | •                                     |                | .,         |         |     |
|     |                                                                                                                                                                                                                   | n on Schedule                         | O)             |            |         |     |
| 9   | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                                                                                                                 |                                       | ,              | finan      | cial    |     |
|     | statements available to the public during the tax year.                                                                                                                                                           |                                       |                |            |         |     |
| 0   | State the name, address, and telephone number of the person who possesses the organization's boot RAY WILLIAMS $-5029663821$                                                                                      | oks and record                        | ls 🕨           |            |         |     |
|     |                                                                                                                                                                                                                   |                                       |                |            |         |     |
|     | P.O. BOX 35458, LOUISVILLE, KY 40228                                                                                                                                                                              |                                       |                |            |         |     |
|     | P.O. BOX 35458, LOUISVILLE, KY 40228                                                                                                                                                                              |                                       |                | Form       | 990     | (21 |

|                                                                                                                                                            | DARE TO CARE, INC.                                                           | 23-7345952 Page 7 |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------|--|--|--|--|--|
| Part VII Compensation o                                                                                                                                    | of Officers, Directors, Trustees, Key Employees, Higl                        | hest Compensated  |  |  |  |  |  |
| Employees, and Independent Contractors                                                                                                                     |                                                                              |                   |  |  |  |  |  |
| Check if Schedule O c                                                                                                                                      | 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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

| (A)                            | (B)            | l                              | mea                                                       |         |              | ip or                           | louit        | (D)             | (E)             | (F)                    |
|--------------------------------|----------------|--------------------------------|-----------------------------------------------------------|---------|--------------|---------------------------------|--------------|-----------------|-----------------|------------------------|
| Name and title                 | Average        |                                | <b>(C)</b><br>Position                                    |         | Reportable   | Reportable                      | Estimated    |                 |                 |                        |
|                                | hours per      |                                | (do not check more than one box, unless person is both an |         |              | compensation                    | compensation | amount of       |                 |                        |
|                                | week           |                                | officer and a director/trustee)                           |         | from         | from related                    | other        |                 |                 |                        |
|                                | (list any      | ctor                           |                                                           |         |              |                                 |              | the             | organizations   | compensation           |
|                                | hours for      | r dire                         |                                                           |         |              | eq                              |              | organization    | (W-2/1099-MISC/ | from the               |
|                                | related        | tee o                          | ustee                                                     |         |              | ensat                           |              | (W-2/1099-MISC/ | 1099-NEC)       | organization           |
|                                | organizations  | al trus                        | nal tr                                                    |         | loyee        | e omp                           |              | 1099-NEC)       |                 | and related            |
|                                | below<br>line) | Individual trustee or director | Institutional trustee                                     | Officer | Key employee | Highest compensated<br>employee | Former       |                 |                 | organizations          |
| (1) BRIAN RIENDEAU             | 40.00          | -                              | <u> </u>                                                  | 0       | ×            | Ξē                              | Ē            |                 |                 |                        |
| EXECUTIVE DIRECTOR (RETIRED)   |                | 1                              |                                                           | x       |              |                                 |              | 141,873.        | 0.              | 13,077.                |
| (2) JACQUELYN KEATING          | 40.00          |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| CHIEF DEVELOPMENT OFFICER      |                |                                |                                                           |         |              | X                               |              | 110,419.        | 0.              | 24,661.                |
| (3) RAYMOND WILLIAMS           | 40.00          |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| CHIEF FINANCIAL OFFICER        |                |                                |                                                           | Х       |              |                                 |              | 73,146.         | 0.              | 17,491.                |
| (4) VINCENT JAMES SR           | 40.00          |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| PRESIDENT AND CEO              |                |                                |                                                           | Х       |              |                                 |              | 40,531.         | 0.              | 1,869.                 |
| (5) DR. MUHAMMAD BABAR         | 2.00           |                                |                                                           |         |              |                                 |              |                 |                 | -                      |
| BOARD MEMBER                   |                | Х                              |                                                           |         |              |                                 |              | 0.              | 0.              | 0.                     |
| (6) NICK CLIFTON               | 2.00           |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| BOARD MEMBER                   |                | Х                              |                                                           |         |              |                                 |              | 0.              | 0.              | 0.                     |
| (7) AL CORNISH                 | 2.00           |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| BOARD MEMBER                   |                | Х                              |                                                           |         |              |                                 |              | 0.              | 0.              | 0.                     |
| (8) LISA DEJACO CRUTCHER       | 2.00           |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| BOARD MEMBER                   |                | Х                              |                                                           |         |              |                                 |              | 0.              | 0.              | 0.                     |
| (9) VIKI DIAZ                  | 2.00           |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| BOARD MEMBER                   |                | Х                              |                                                           |         |              |                                 |              | 0.              | 0.              | 0.                     |
| (10) JOHN HACKETT              | 2.00           |                                |                                                           |         |              |                                 |              |                 |                 | <u>^</u>               |
| BOARD MEMBER EMERITUS          |                | Х                              |                                                           |         | <u> </u>     |                                 |              | 0.              | 0.              | 0.                     |
| (11) LAUREL HARRIS             | 2.00           |                                |                                                           |         |              |                                 |              |                 | 0               | 0                      |
| BOARD MEMBER (12) CRAIG HAWLEY | 2.00           | X                              |                                                           |         |              |                                 |              | 0.              | 0.              | 0.                     |
| BOARD MEMBER                   | 2.00           | x                              |                                                           |         |              |                                 |              | 0.              | 0.              | 0.                     |
| (13) SUZANNE WRIGHT            | 2.00           | Δ                              |                                                           |         |              |                                 |              |                 | 0.              |                        |
| BOARD MEMBER                   |                | x                              |                                                           |         |              |                                 |              | 0.              | 0.              | 0.                     |
| (14) WILLIAM SUMMERS           | 2.00           |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| BOARD MEMBER                   |                | х                              |                                                           |         |              |                                 |              | 0.              | 0.              | 0.                     |
| (15) MICHAEL LELAND            | 2.00           |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| BOARD MEMBER                   |                | х                              |                                                           |         |              |                                 |              | 0.              | Ο.              | 0.                     |
| (16) JERRY ABRAMSON            | 2.00           |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| BOARD MEMBER                   |                | Х                              |                                                           |         |              |                                 |              | 0.              | Ο.              | 0.                     |
| (17) JOSH BRINKLEY             | 2.00           |                                |                                                           |         |              |                                 |              |                 |                 |                        |
| BOARD MEMBER                   |                | Х                              |                                                           |         |              |                                 |              | 0.              | 0.              | 0.                     |
| 132007 12-09-21                |                |                                |                                                           |         | _            |                                 |              |                 |                 | Form <b>990</b> (2021) |

| Form 990 (2021 |
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DARE TO CARE, INC.

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| Part VII Section A. Officers, Directors, Trust                                                                          |                   | oloy                          | ees,                                    | and     | l Hig        | ghes                            | t C    | ompensated Employee       | s (continued)                    |                     |            |
|-------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|-----------------------------------------|---------|--------------|---------------------------------|--------|---------------------------|----------------------------------|---------------------|------------|
| (A)                                                                                                                     | (B)               | (C)                           |                                         |         |              |                                 | (D)    | (E)                       | (F)                              |                     |            |
| Name and title                                                                                                          |                   |                               | Position<br>(do not check more than one |         |              |                                 |        | Reportable                | Reportable                       | Estimate            |            |
|                                                                                                                         | hours per<br>week | box                           | , unles                                 | ss per  | rson i       | s both                          | an     | compensation              | compensation                     | amount              | of         |
|                                                                                                                         | weeк<br>(list any |                               |                                         |         |              | 1.00                            | ,      | from<br>the               | from related                     | other               | tion       |
|                                                                                                                         | hours for         | directu                       |                                         |         |              | Ę                               |        | tne<br>organization       | organizations<br>(W-2/1099-MISC/ | compensa<br>from th |            |
|                                                                                                                         | related           | ;e or (                       | stee                                    |         |              | nsatec                          |        | (W-2/1099-MISC/           | 1099-NEC)                        | organizat           |            |
|                                                                                                                         | organizations     | truste                        | al tru:                                 |         | iyee         | 1 ad uuc                        |        | 1099-NEC)                 |                                  | and relat           |            |
|                                                                                                                         | below             | ndividual trustee or director | nstitutional trustee                    | ër      | Key employee | Highest compensated<br>employee | ner    | ·                         |                                  | organizati          | ons        |
|                                                                                                                         | line)             | Indiv                         | Instit                                  | Officer | Key é        | High                            | Former |                           |                                  |                     |            |
| (18) ERIN FRAZIER                                                                                                       | 2.00              |                               |                                         |         |              |                                 |        |                           |                                  |                     |            |
| BOARD MEMBER                                                                                                            |                   | Х                             |                                         |         |              |                                 |        | 0.                        | 0.                               |                     | 0.         |
| (19) LORI LEE                                                                                                           | 2.00              |                               |                                         |         |              |                                 |        |                           | •                                |                     | ^          |
| BOARD MEMBER                                                                                                            | 2 00              | Х                             |                                         |         |              |                                 |        | 0.                        | 0.                               |                     | 0.         |
| (20) DAVE RUSSELL                                                                                                       | 2.00              | v                             |                                         |         |              |                                 |        |                           | 0                                |                     | 0          |
| BOARD MEMBER<br>(21) MICHAEL SADOFSKY                                                                                   | 2.00              | Х                             |                                         |         |              | -                               |        | 0.                        | 0.                               |                     | 0.         |
| (21) MICHAEL SADOFSKY<br>BOARD MEMBER EMERITUS                                                                          | ⊿.00              | х                             |                                         |         |              |                                 |        | 0.                        | 0.                               |                     | 0.         |
| (22) NEMISH SHAH                                                                                                        | 2.00              | Δ                             |                                         |         |              |                                 |        | U•                        | υ.                               |                     | 0.         |
| BOARD MEMBER                                                                                                            | 4.00              | х                             |                                         |         |              |                                 |        | 0.                        | 0.                               |                     | 0.         |
| (23) VAL SLAYTON, MD                                                                                                    | 2.00              | - 23                          |                                         |         |              |                                 |        |                           | 0.                               |                     | ••         |
| BOARD MEMBER                                                                                                            |                   | х                             |                                         |         |              |                                 |        | 0.                        | 0.                               |                     | 0.         |
| (24) ANGELA SMITH                                                                                                       | 2.00              |                               |                                         |         |              |                                 |        |                           |                                  |                     |            |
| BOARD MEMBER                                                                                                            |                   | Х                             |                                         |         |              |                                 |        | 0.                        | 0.                               |                     | 0.         |
| (25) MATTEW SMYZER                                                                                                      | 2.00              |                               |                                         |         |              |                                 |        |                           |                                  |                     |            |
| BOARD MEMBER                                                                                                            |                   | Х                             |                                         |         |              |                                 |        | 0.                        | 0.                               |                     | 0.         |
| (26) CARLY LAUNIUS                                                                                                      | 2.00              |                               |                                         |         |              |                                 |        |                           | -                                |                     | •          |
| CHAIR                                                                                                                   |                   | Х                             |                                         | Х       |              |                                 |        | 0.                        | 0.                               |                     | 0.         |
| 1b Subtotal                                                                                                             |                   |                               |                                         |         |              |                                 |        | 365,969.                  | 0.                               | 57,0                |            |
| c Total from continuation sheets to Part VII                                                                            |                   |                               |                                         |         |              |                                 |        | 0.                        | 0.                               |                     | 0.         |
| d Total (add lines 1b and 1c)                                                                                           |                   |                               |                                         |         |              |                                 |        | 365,969.                  | 0.                               | 57,0                | 98.        |
| 2 Total number of individuals (including but no                                                                         | ot limited to th  | ose                           | liste                                   | d ab    | ove          | ) wh                            | o re   | eceived more than \$100,  | 000 of reportable                |                     | n          |
| compensation from the organization                                                                                      |                   |                               |                                         |         |              |                                 |        |                           |                                  | Yes                 | 2<br>No    |
| 2 Did the organization list on former officer                                                                           | diractor truct    |                               | ·                                       | me      | 0.10         | 0 0                             | hir    | hast companyated area     |                                  |                     |            |
| 3 Did the organization list any <b>former</b> officer,                                                                  |                   |                               | -                                       | •       | •            |                                 | Ŭ      | • •                       | •                                | 3                   | х          |
| <ul><li>line 1a? If "Yes," complete Schedule J for su</li><li>For any individual listed on line 1a, is the su</li></ul> |                   |                               |                                         |         |              |                                 |        |                           |                                  | 3                   | 43         |
| and related organizations greater than \$150                                                                            |                   |                               |                                         |         |              |                                 |        |                           |                                  | 4 X                 |            |
| 5 Did any person listed on line 1a receive or a                                                                         |                   |                               |                                         |         |              |                                 |        |                           |                                  |                     |            |
| rendered to the organization? If "Yes." com                                                                             |                   |                               |                                         |         |              |                                 |        |                           |                                  | 5                   | х          |
| Section B. Independent Contractors                                                                                      |                   |                               | <u>, su</u>                             |         | 5005         |                                 |        |                           |                                  | 1                   |            |
| 1 Complete this table for your five highest cor                                                                         | npensated ind     | epe                           | nder                                    | nt co   | ontra        | actor                           | s th   | nat received more than \$ | 100,000 of compensa              | tion from           |            |
| the organization. Report compensation for t                                                                             |                   |                               |                                         |         |              |                                 |        |                           |                                  |                     |            |
| (A)                                                                                                                     |                   |                               |                                         |         |              |                                 | T      | (B)                       |                                  | (C)                 |            |
| Name and business                                                                                                       |                   |                               |                                         |         |              |                                 |        | Description of s          | ervices C                        | Compensatio         | n          |
| ONE & ALL, 2 NORTH LAKE A                                                                                               | VENUE #           | 60                            | Ο,                                      |         |              |                                 |        | DIRECT MAIL               |                                  | <b>.</b>            |            |
| PASADENA, CA 91101                                                                                                      |                   |                               |                                         |         |              |                                 | -      | SOLICITATION              |                                  | 634,9               | 85.        |
| FEEDING AMERICA                                                                                                         |                   |                               | _                                       | • -     |              |                                 |        | FOOD/FREIGHT              | AND                              |                     | <b>~</b> ~ |
| · · ·                                                                                                                   |                   |                               |                                         |         | DUES         |                                 | 299,1  | 66.                       |                                  |                     |            |
| RYDER TRANSPORTATION SERVICES                                                                                           |                   |                               |                                         |         |              |                                 |        | 101 1                     | 0.0                              |                     |            |
|                                                                                                                         |                   |                               |                                         |         | FREIGHT      |                                 | 181,1  | 00.                       |                                  |                     |            |
| RALLY68                                                                                                                 | UGD17777          | r                             | v                                       | v       | ۸ ۸          | ດວ                              | 2      | ᠕᠋᠋᠋᠋ᡙᢧᢑᠣᡣ᠇᠙᠇᠉ᡊ           |                                  | 176 0               | 31         |
| 2423 IRISH BEND CT., FIS                                                                                                |                   | <u>с,</u>                     | r                                       | T       | ΨU           | 04                              |        | PNTCTIVUA                 |                                  | 176,8               | 54.        |
|                                                                                                                         |                   |                               |                                         |         |              |                                 |        |                           |                                  |                     |            |
| 2 Total number of independent contractors (ir                                                                           | ncludina but na   | ot lin                        | nited                                   | to to   | thos         | se lis                          | ted    | above) who received mo    | ore than                         |                     |            |
| \$100,000 of compensation from the organiz                                                                              | -                 |                               |                                         | _       | 4            | 1                               |        | ,                         |                                  |                     |            |
| SEE PART VII, SECTION                                                                                                   |                   | IN                            | UΑ                                      | ΤI      | ON           | S                               | ΗE     | ETS                       |                                  | Form 990 (          | 2021)      |

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| Form 990 DARE TO (                           |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                | 23-734                                                           | 5952                                                                                           |
|----------------------------------------------|----------------------------------------------------------------------------------------------|------------------|-----------------------|-----------------|--------------------------|--------------------------------|-------------------------|----------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Part VII Section A. Officers, Directors, Tru |                                                                                              | nplo             | yee                   |                 |                          | lighe                          | est (                   |                                                                | . ,                                                              |                                                                                                |
| (A)<br>Name and title                        | (B)<br>Average                                                                               | (C)<br>Position  |                       |                 | <b>(D)</b><br>Reportable | <b>(E)</b><br>Reportable       | <b>(F)</b><br>Estimated |                                                                |                                                                  |                                                                                                |
|                                              | hours<br>per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | stee or director | Institutional trustee | Officer Officer | Key employee             | Highest compensated employee d | Former (KI              | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (27) ANN REED<br>VICE CHAIR                  | 2.00                                                                                         | x                |                       | x               |                          |                                |                         | 0.                                                             | 0.                                                               | 0.                                                                                             |
| (28) SHARELL SANDVOSS                        | 2.00                                                                                         |                  |                       | <u>^</u>        |                          |                                |                         | 0.                                                             | 0.                                                               | 0.                                                                                             |
| TREASURER                                    |                                                                                              | x                |                       | x               |                          |                                |                         | 0.                                                             | Ο.                                                               | 0.                                                                                             |
| (29) ASHLEY BUTLER                           | 2.00                                                                                         |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
| FORMER CHAIR                                 |                                                                                              | Х                |                       | х               |                          |                                |                         | 0.                                                             | 0.                                                               | 0.                                                                                             |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              | •                |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              | -                |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              | -                |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              |                  |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
|                                              |                                                                                              | ]                |                       |                 |                          |                                |                         |                                                                |                                                                  |                                                                                                |
| Total to Part VII, Section A, line 1c        |                                                                                              |                  |                       |                 |                          | <u></u>                        |                         |                                                                |                                                                  |                                                                                                |

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|                                          |       |      |                                        | TO CA          | RE,       | INC.               |                     |                                    | 23-7345                       | 952 Page 9              |
|------------------------------------------|-------|------|----------------------------------------|----------------|-----------|--------------------|---------------------|------------------------------------|-------------------------------|-------------------------|
| Pa                                       | rt V  | /111 | Statement of Reve                      | enue           |           |                    |                     |                                    |                               |                         |
|                                          |       |      | Check if Schedule O cor                | ntains a res   | oonse     | or note to any lin | e in this Part VIII |                                    |                               |                         |
|                                          |       |      |                                        |                |           |                    | (A)                 | (B)                                | (C)                           | (D)<br>Revenue excluded |
|                                          |       |      |                                        |                |           |                    | Total revenue       | Related or exempt function revenue | Unrelated<br>business revenue | from tax under          |
|                                          |       |      |                                        |                |           |                    |                     | lanetion revenue                   |                               | sections 512 - 51       |
| ς<br>Ω                                   | 1     | а    | Federated campaigns                    | 1a             |           |                    |                     |                                    |                               |                         |
| Gifts, Grants<br>ilar Amounts            | -     |      | Membership dues                        |                |           |                    |                     |                                    |                               |                         |
| ວັ ຊີ                                    |       |      | Fundraising events                     |                |           | 48,890.            |                     |                                    |                               |                         |
| Ę,                                       |       |      |                                        |                |           |                    |                     |                                    |                               |                         |
| Contributions, Gift<br>and Other Similar |       |      | Related organizations                  |                | 1         | 11 050 702         |                     |                                    |                               |                         |
| ns,                                      |       |      | Government grants (contribu            |                |           | 11,959,723.        |                     |                                    |                               |                         |
| er G                                     |       | f    | All other contributions, gifts, gra    |                |           |                    |                     |                                    |                               |                         |
| jā ģ                                     |       |      | similar amounts not included ab        |                |           | 32,561,057.        |                     |                                    |                               |                         |
| d t                                      |       | -    | Noncash contributions included in line |                |           | 35,015,321.        |                     |                                    |                               |                         |
| a S                                      |       | h    | Total. Add lines 1a-1f                 |                |           | ►                  | 44,569,670.         |                                    |                               |                         |
|                                          |       |      |                                        |                |           | Business Code      |                     |                                    |                               |                         |
| Ð                                        | 2     | а    |                                        |                |           |                    |                     |                                    |                               |                         |
| ŝ                                        |       | b    |                                        |                |           |                    |                     |                                    |                               |                         |
| Program Service<br><u>Revenue</u>        |       | с    |                                        |                |           |                    |                     |                                    |                               |                         |
| am Ser<br>evenue                         |       | d    |                                        |                |           |                    |                     |                                    |                               |                         |
| gra<br>Re                                |       |      |                                        |                |           |                    |                     |                                    |                               |                         |
| Š                                        |       | e    |                                        |                |           |                    |                     |                                    |                               |                         |
| -                                        |       |      | All other program service rev          |                |           |                    |                     |                                    |                               |                         |
|                                          |       | g    | Total. Add lines 2a-2f                 |                |           |                    |                     |                                    |                               |                         |
|                                          | 3     |      | Investment income (including           | -              |           |                    |                     |                                    |                               |                         |
|                                          |       |      | other similar amounts)                 |                |           |                    | 199,807.            |                                    |                               | 199,807                 |
|                                          | 4     |      | Income from investment of ta           | ax-exempt l    | oond p    | roceeds 🕨 🕨        |                     |                                    |                               |                         |
|                                          | 5     |      | Royalties                              |                | <u></u>   |                    |                     |                                    |                               |                         |
|                                          |       |      |                                        | (i) Re         | eal       | (ii) Personal      |                     |                                    |                               |                         |
|                                          | 6     | а    | Gross rents 6                          | ba 🛛           |           |                    |                     |                                    |                               |                         |
|                                          |       | b    | Less: rental expenses 6                | 6b             |           |                    |                     |                                    |                               |                         |
|                                          |       | с    | Rental income or (loss) 6              | ic             |           |                    |                     |                                    |                               |                         |
|                                          |       | d    | Net rental income or (loss)            |                |           |                    |                     |                                    |                               |                         |
|                                          | 7     |      | Gross amount from sales of             | (i) Secu       |           | (ii) Other         |                     |                                    |                               |                         |
|                                          |       | -    |                                        | a 6,445        |           |                    |                     |                                    |                               |                         |
|                                          |       | h    | Less: cost or other basis              | <u>u /</u>     | ,         | , -                |                     |                                    |                               |                         |
| ø                                        |       | D    |                                        | <b>b</b> 6,345 | 181       | 0.                 |                     |                                    |                               |                         |
| venue                                    |       |      |                                        |                | ,598.     |                    |                     |                                    |                               |                         |
| e a                                      |       |      | · · · · · · · · ·                      |                | -         |                    | 111,998.            |                                    |                               | 111 009                 |
| Ř                                        |       |      | Net gain or (loss)                     |                |           | ▶                  | 111,998.            |                                    |                               | 111,998                 |
| Other R                                  | 8     | а    | Gross income from fundraising          | -              |           |                    |                     |                                    |                               |                         |
| ō                                        |       |      | including \$4                          |                |           |                    |                     |                                    |                               |                         |
|                                          |       |      | contributions reported on lin          | ,              |           |                    |                     |                                    |                               |                         |
|                                          |       |      | Part IV, line 18                       |                | . 8a      | 460,839.           |                     |                                    |                               |                         |
|                                          |       | b    | Less: direct expenses                  |                | . 8b      | 159,985.           |                     |                                    |                               |                         |
|                                          |       | с    | Net income or (loss) from fur          | ndraising ev   | ents      |                    | 300,854.            |                                    |                               | 300,854                 |
|                                          | 9     |      | Gross income from gaming a             |                |           |                    |                     |                                    |                               |                         |
|                                          |       |      | Part IV, line 19                       |                |           |                    |                     |                                    |                               |                         |
|                                          |       | b    | Less: direct expenses                  |                |           |                    |                     |                                    |                               |                         |
|                                          |       |      | Net income or (loss) from ga           |                | · •       |                    |                     |                                    |                               |                         |
|                                          | 10    |      | Gross sales of inventory, less         |                |           |                    |                     |                                    |                               |                         |
|                                          | .0    | u    |                                        |                | 10a       |                    |                     |                                    |                               |                         |
|                                          |       | h    | and allowances                         |                |           |                    |                     |                                    |                               |                         |
|                                          |       |      | Less: cost of goods sold               |                | · · · · · |                    |                     |                                    |                               |                         |
|                                          |       | С    | Net income or (loss) from sal          | ies of invent  | ory       |                    |                     |                                    |                               |                         |
| ŝ                                        | _     |      | NT 4401 1 1 1000                       |                |           | Business Code      | 045 000             |                                    |                               | 015 005                 |
| eor                                      | 11    | а    | MISCELLANEOUS INCOME                   |                |           | 900099             | 217,238.            |                                    |                               | 217,238                 |
| ane                                      |       | b    |                                        |                |           | ļ                  |                     |                                    |                               |                         |
| evi<br>evi                               |       | с    |                                        |                |           | ļ                  |                     |                                    |                               |                         |
| Miscellaneous<br>Revenue                 |       | d    | All other revenue                      |                |           |                    |                     |                                    |                               |                         |
| <                                        |       |      | Total. Add lines 11a-11d               |                |           |                    | 217,238.            |                                    |                               |                         |
|                                          | 12    |      | Total revenue. See instructions        |                |           |                    | 45,399,567.         | 0.                                 | 0.                            | 829,897                 |
| 132009                                   | 9 12- | -09- | 21                                     |                |           |                    |                     |                                    |                               | Form <b>990</b> (202    |

2021.05030 DARE TO CARE, INC.

10000091

16,658.

18,728.

3,601.

1,723,555.

| Par    | t IX Statement of Functional Expense                                         | es                                |                                           |                                    |                         |
|--------|------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------|------------------------------------|-------------------------|
| ectio  | on 501(c)(3) and 501(c)(4) organizations must comp                           |                                   |                                           | plete column (A).                  |                         |
|        | Check if Schedule O contains a respon                                        | ise or note to any line in<br>(A) | this Part IX                              | (C)                                | (D)                     |
|        | ot include amounts reported on lines 6b,<br>3b, 9b, and 10b of Part VIII.    | (A)<br>Total expenses             | <b>(B)</b><br>Program service<br>expenses | Management and<br>general expenses | Fundraising<br>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                                            | 38,130,985.                       | 38,130,985.                               |                                    |                         |
| 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,                                 |                                   | 200 400                                   | c1 00c                             | 47 00                   |
| _      | trustees, and key employees                                                  | 309,609.                          | 200,498.                                  | 61,206.                            | 47,90                   |
| 6      | Compensation not included above to disqualified                              |                                   |                                           |                                    |                         |
|        | persons (as defined under section $4958(f)(1)$ ) and                         |                                   |                                           |                                    |                         |
| -      | persons described in section 4958(c)(3)(B)                                   | 3,283,832.                        | 2,126,557.                                | 649,173.                           | 508,10                  |
|        | Other salaries and wages                                                     | 5,205,052.                        | 2,120,337.                                | 049,173.                           |                         |
| 8      | Pension plan accruals and contributions (include                             |                                   |                                           |                                    |                         |
| 9      | section 401(k) and 403(b) employer contributions)<br>Other employee benefits | 659,357.                          | 426,988.                                  | 130,346.                           | 102,02                  |
| 9<br>0 | Payroll taxes                                                                | 246,105.                          | 161,157.                                  | 48,204.                            | 36,74                   |
| 1      | Fees for services (nonemployees):                                            | 240,1050                          | 101,157.                                  | 40,2040                            |                         |
|        | Management                                                                   |                                   |                                           |                                    |                         |
|        | Legal                                                                        |                                   |                                           |                                    |                         |
|        | Accounting                                                                   | 32,531.                           |                                           | 32,531.                            |                         |
|        | Lobbying                                                                     |                                   |                                           | ,                                  |                         |
|        | Professional fundraising services. See Part IV, line 17                      |                                   |                                           |                                    |                         |
| f      | Investment management fees                                                   | 43,854.                           |                                           | 43,854.                            |                         |
| g      | Other. (If line 11g amount exceeds 10% of line 25,                           |                                   |                                           |                                    |                         |
|        | column (A), amount, list line 11g expenses on Sch 0.)                        | 146,797.                          | 75,130.                                   | 39,088.                            | 32,57                   |
| 2      | Advertising and promotion                                                    | 946,683.                          | 4,999.                                    | 292.                               | 941,39                  |
| 3      | Office expenses                                                              | 1,037,042.                        | 945,434.                                  | 75,785.                            | 15,82                   |
| 4      | Information technology                                                       |                                   |                                           |                                    |                         |
| 5      | Royalties                                                                    |                                   |                                           |                                    |                         |
|        |                                                                              |                                   |                                           |                                    |                         |
| 6      | Occupancy                                                                    | 869,831.                          | 769,799.                                  | 100,032.                           |                         |

132010 12-09-21

All other expenses

#### 14240126 758005 1000009846.TAX

for any federal, state, or local public officials

Conferences, conventions, and meetings .....

Interest Payments to affiliates

Depreciation, depletion, and amortization .....

Other expenses. Itemize expenses not covered

MISCELLANEOUS EXPENSE

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

19 20

21

22

23

24

а b С d е

25

26

Insurance

12

48,450.

688,018.

145,199.

392,796.

46,981,089.

2021.05030 DARE TO CARE, INC.

24,330.

620,431.

110,572.

361,777.

43,958,657.

7,462.

67,587.

15,899.

27,418.

1,298,877.

Part X Balance Sheet

| (2021) DARE TO CARE, INC.                                                  | 23                              | 3-7345952 Page <b>11</b>  |
|----------------------------------------------------------------------------|---------------------------------|---------------------------|
| Balance Sheet                                                              |                                 |                           |
| Check if Schedule O contains a response or note to any line in this Part X |                                 |                           |
|                                                                            | <b>(A)</b><br>Beginning of year | <b>(B)</b><br>End of year |
| Cash - non-interest-bearing                                                |                                 | 1                         |
| Savings and temporary cash investments                                     |                                 | 2 7,814,877.              |
| Pledges and grants receivable, net                                         | 3,102,359.                      | 3 2,315,528.              |
| Accounts receivable, net                                                   | 14,784.                         | 4 23,192.                 |
| Loans and other receivables from any current or former officer, director,  |                                 |                           |
| trustee, key employee, creator or founder, substantial contributor, or 35% |                                 |                           |

5

|     | , , , , , , , , , , , , , , , , , , , ,                                      |             |     |                           |
|-----|------------------------------------------------------------------------------|-------------|-----|---------------------------|
| 6   | Loans and other receivables from other disqualified persons (as defined      |             |     |                           |
|     | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)    |             | 6   |                           |
| 7   | Notes and loans receivable, net                                              |             | 7   | 4 04 6 00 7               |
| 8   | Inventories for sale or use                                                  | 5,813,908.  | 8   | 4,016,397.                |
| 9   | Prepaid expenses and deferred charges                                        | 10,843.     | 9   | 54,988.                   |
| 10a | Land, buildings, and equipment: cost or other                                |             |     |                           |
|     | basis. Complete Part VI of Schedule D 10a 11,261,526.                        |             |     |                           |
| b   | Less: accumulated depreciation                                               | 7,102,894.  | 10c | 6,629,006.                |
| 11  | Investments - publicly traded securities                                     | 5,509,911.  | 11  | 6,643,072.                |
| 12  | Investments - other securities. See Part IV, line 11                         | 1,979,551.  | 12  | 2,746,263.                |
| 13  | Investments - program-related. See Part IV, line 11                          |             | 13  |                           |
| 14  | Intangible assets                                                            |             | 14  |                           |
| 15  | Other assets. See Part IV, line 11                                           |             | 15  |                           |
| 16  | Total assets. Add lines 1 through 15 (must equal line 33)                    | 33,283,933. | 16  | 30,243,323.               |
| 17  | Accounts payable and accrued expenses                                        | 264,254.    | 17  | 722,049.                  |
| 18  | Grants payable                                                               |             | 18  |                           |
| 19  | Deferred revenue                                                             |             | 19  |                           |
| 20  | Tax-exempt bond liabilities                                                  |             | 20  |                           |
| 21  | Escrow or custodial account liability. Complete Part IV of Schedule D        |             | 21  |                           |
| 22  | Loans and other payables to any current or former officer, director,         |             |     |                           |
|     | trustee, key employee, creator or founder, substantial contributor, or 35%   |             |     |                           |
|     | controlled entity or family member of any of these persons                   |             | 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                                   | 264,254.    | 26  | 722,049.                  |
|     | Organizations that follow FASB ASC 958, check here 🕨 🔀                       |             |     |                           |
|     | and complete lines 27, 28, 32, and 33.                                       |             |     |                           |
| 27  | Net assets without donor restrictions                                        | 30,277,849. | 27  | 27,590,935.<br>1,930,339. |
| 28  | Net assets with donor restrictions                                           | 2,741,830.  | 28  | 1,930,339.                |
|     | Organizations that do not follow FASB ASC 958, check here 🕨 🗌                |             |     |                           |
|     | and complete lines 29 through 33.                                            |             |     |                           |
| 29  | Capital stock or trust principal, or current funds                           |             | 29  |                           |
| 30  | Paid-in or capital surplus, or land, building, or equipment fund             |             | 30  |                           |
| 31  | Retained earnings, endowment, accumulated income, or other funds             |             | 31  |                           |
| 32  | Total net assets or fund balances                                            | 33,019,679. | 32  | 29,521,274.               |
| 33  | Total liabilities and net assets/fund balances                               | 33,283,933. | 33  | 30,243,323.               |
|     |                                                                              |             |     | Form <b>990</b> (2021)    |

controlled entity or family member of any of these persons

Form 990 (2021)

1

2 3

4 5

Assets

Liabilities

Net Assets or Fund Balances

|    | 990 (2021) DARE TO CARE, INC.                                                                                        | 23-      | 7345952 | Pag      | <sub>ge</sub> 12 |  |  |  |
|----|----------------------------------------------------------------------------------------------------------------------|----------|---------|----------|------------------|--|--|--|
| Pa | t XI Reconciliation of Net Assets                                                                                    |          |         |          |                  |  |  |  |
|    | Check if Schedule O contains a response or note to any line in this Part XI                                          |          | <u></u> |          |                  |  |  |  |
|    |                                                                                                                      |          |         |          |                  |  |  |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                            | 1        | 45,39   | 9,5      | <u>67.</u>       |  |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                             | 2        | 46,983  |          |                  |  |  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                                   |          |         |          |                  |  |  |  |
| 4  |                                                                                                                      |          |         |          |                  |  |  |  |
| 5  | Net unrealized gains (losses) on investments                                                                         | 5        | -1,87   |          |                  |  |  |  |
| 6  | Donated services and use of facilities                                                                               | 6        | -38     | 8,8      | 95.              |  |  |  |
| 7  | Investment expenses                                                                                                  | 7        |         |          |                  |  |  |  |
| 8  | Prior period adjustments                                                                                             | 8        |         |          |                  |  |  |  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                                 | 9        |         |          | 0.               |  |  |  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                   |          |         |          |                  |  |  |  |
|    | column (B))                                                                                                          | 10       | 29,52   | 1,2      | 74.              |  |  |  |
| Pa | t XII Financial Statements and Reporting                                                                             |          |         |          |                  |  |  |  |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                         |          | <u></u> |          | X                |  |  |  |
|    |                                                                                                                      |          |         | 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 on Schedule O.    |          |         |          |                  |  |  |  |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                   |          |         |          |                  |  |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed      | on a     |         |          |                  |  |  |  |
|    | separate basis, consolidated basis, or both:                                                                         |          |         |          |                  |  |  |  |
|    | Separate basis Consolidated basis Both consolidated and separate basis                                               |          |         | 37       |                  |  |  |  |
| 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 separate     | e basis, |         |          |                  |  |  |  |
|    | consolidated basis, or both:                                                                                         |          |         |          |                  |  |  |  |
|    | Separate basis X Consolidated basis Both consolidated and separate basis                                             |          |         |          |                  |  |  |  |
| с  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   |          |         | х        |                  |  |  |  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                       |          | 2c      | <u> </u> |                  |  |  |  |
| •  | If the organization changed either its oversight process or selection process during the tax year, explain on Sch    |          |         |          |                  |  |  |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin  | •        |         | v        |                  |  |  |  |
|    | Act and OMB Circular A-133?                                                                                          |          |         | X        |                  |  |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require |          |         | x        |                  |  |  |  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                             | <u></u>  |         |          | (2021)           |  |  |  |

Form **990** (2021)

132012 12-09-21

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

(Form 990)

# 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.

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

| OMB No. 1545-0047            |
|------------------------------|
| 2021                         |
| Open to Public<br>Inspection |

| Name of t | the orgai | nization |
|-----------|-----------|----------|
|-----------|-----------|----------|

| Name   | of t | he organization                                        |                                  |                                                  |                        |                    |                 |               | identification number      |
|--------|------|--------------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------|--------------------|-----------------|---------------|----------------------------|
| David  |      | DARE                                                   |                                  | INC.                                             |                        |                    |                 | 2             | 3-7345952                  |
| Par    |      | Reason for Public (                                    | Sharity Status.                  | (All organizations must c                        | omplete th             | nis part.) S       | ee instruction  | S.            |                            |
| The or | rgan | ization is not a private found                         | ation because it is: (F          | For lines 1 through 12, c                        | heck only              | one box.)          |                 |               |                            |
| 1      |      | A church, convention of chu                            | urches, or associatio            | n of churches described                          | l in <b>sectio</b>     | n 170(b)(1         | l)(A)(i).       |               |                            |
| 2      |      | A school described in section                          | ion 170(b)(1)(A)(ii). (          | Attach Schedule E (Forn                          | า 990).)               |                    |                 |               |                            |
| 3 [    |      | A hospital or a cooperative                            |                                  |                                                  |                        |                    | -               |               |                            |
| 4      |      | A medical research organization                        | ation operated in cor            | njunction with a hospital                        | described              | in sectio          | n 170(b)(1)(A   | )(iii). Enter | the hospital's name,       |
| _      |      | city, and state:                                       |                                  |                                                  |                        |                    |                 |               |                            |
| 5 🗌    |      | An organization operated for                           | or the benefit of a col          | lege or university owned                         | l or operat            | ed by a go         | vernmental u    | nit describe  | ed in                      |
| _      |      | section 170(b)(1)(A)(iv). (C                           | Complete Part II.)               |                                                  |                        |                    |                 |               |                            |
| 6 [    |      | A federal, state, or local gov                         | ernment or governm               | nental unit described in                         | section 17             | ′0(b)(1)(A)        | (v).            |               |                            |
| 7 🗌    | X    | An organization that norma                             | lly receives a substar           | ntial part of its support fr                     | rom a gove             | ernmental          | unit or from th | ne general p  | public described in        |
| _      |      | section 170(b)(1)(A)(vi). (C                           |                                  |                                                  |                        |                    |                 |               |                            |
| 8 [    |      | A community trust describe                             | ed in <b>section 170(b)(</b>     | 1)(A)(vi). (Complete Par                         | t II.)                 |                    |                 |               |                            |
| 9      |      | An agricultural research org                           | anization described              | in section 170(b)(1)(A)(                         | ix) operate            | ed in conju        | nction with a   | land-grant    | college                    |
|        |      | or university or a non-land-g                          | rant college of agric            | ulture (see instructions).                       | Enter the I            | name, city         | , and state of  | the college   | or                         |
| _      |      | university:                                            |                                  |                                                  |                        |                    |                 |               |                            |
| 10     |      | An organization that norma                             | lly receives (1) more            | than 33 1/3% of its supp                         | ort from c             | ontributior        | ns, membersh    | ip fees, and  | d gross receipts from      |
|        |      | activities related to its exem                         | npt functions, subjec            | t to certain exceptions; a                       | and (2) no             | more than          | 33 1/3% of its  | s support f   | rom gross investment       |
|        |      | income and unrelated busir                             | ness taxable income              | (less section 511 tax) fro                       | om busines             | ses acquii         | red by the org  | anization a   | fter June 30, 1975.        |
| _      |      | See section 509(a)(2). (Cor                            | mplete Part III.)                |                                                  |                        |                    |                 |               |                            |
| 11     |      | An organization organized a                            | and operated exclusi             | vely to test for public sa                       | fety. See              | section 50         | )9(a)(4).       |               |                            |
| 12 🗌   |      | An organization organized a                            | and operated exclusi             | vely for the benefit of, to                      | perform t              | ne functior        | ns of, or to ca | rry out the   | purposes of one or         |
|        |      | more publicly supported or                             | ganizations describe             | d in <b>section 509(a)(1)</b> o                  | r section !            | 509(a)(2).         | See section &   | 509(a)(3). (  | Check the box on           |
|        |      | lines 12a through 12d that                             | describes the type of            | f supporting organizatior                        | n and com              | plete lines        | 12e, 12f, and   | 12g.          |                            |
| а      |      | <b>Type I.</b> A supporting orga                       |                                  | -                                                | • • •                  | -                  |                 |               |                            |
|        |      | the supported organization                             | on(s) the power to req           | gularly appoint or elect a                       | majority o             | f the direc        | tors or trustee | es of the su  | ipporting                  |
|        |      | organization. You must c                               | complete Part IV, Se             | ctions A and B.                                  |                        |                    |                 |               |                            |
| b      |      | <b>Type II.</b> A supporting org                       | anization supervised             | or controlled in connect                         | tion with its          | s supporte         | d organizatio   | n(s), by hav  | ring                       |
|        |      | control or management o                                | f the supporting orga            | anization vested in the sa                       | ame perso              | ns that co         | ntrol or manag  | ge the supp   | ported                     |
|        |      | organization(s). You mus                               | -                                |                                                  |                        |                    |                 |               |                            |
| С      |      | Type III functionally inte                             |                                  |                                                  |                        |                    |                 | ly integrate  | d with,                    |
|        |      | its supported organization                             |                                  | -                                                |                        |                    |                 |               |                            |
| d      |      | Type III non-functionally                              |                                  |                                                  |                        |                    |                 | -             |                            |
|        |      | that is not functionally int                           |                                  |                                                  | •                      |                    | -               | an attentiv   | reness                     |
|        |      | requirement (see instructi                             | ,                                | •                                                |                        |                    |                 |               |                            |
| е      |      | Check this box if the orga                             |                                  |                                                  |                        |                    | Туре I, Туре    | II, Type III  |                            |
|        |      | functionally integrated, or                            |                                  | nally integrated supportion                      | ng organiz             | ation.             |                 |               | F                          |
|        |      | er the number of supported o                           | •                                |                                                  |                        |                    |                 |               |                            |
| g      |      | vide the following information<br>i) Name of supported | i about the supporte<br>(ii) EIN | d organization(s).<br>(iii) Type of organization | (iv) Is the orga       | inization listed   | (v) Amount of   | monetary      | (vi) Amount of other       |
|        | ``   | organization                                           | (,                               | (described on lines 1-10                         | in your governi<br>Yes | ng document?<br>No | support (see in | 2             | support (see instructions) |
|        |      | -                                                      |                                  | above (see instructions))                        | 165                    |                    |                 | · ·           |                            |
|        |      |                                                        |                                  |                                                  |                        |                    |                 |               |                            |
|        |      |                                                        |                                  |                                                  |                        |                    |                 |               |                            |
|        |      |                                                        |                                  |                                                  |                        |                    |                 |               |                            |
|        |      |                                                        |                                  |                                                  |                        |                    |                 |               |                            |
|        |      |                                                        |                                  |                                                  |                        |                    |                 |               |                            |
|        |      |                                                        |                                  |                                                  |                        |                    |                 |               |                            |
|        |      |                                                        |                                  |                                                  |                        |                    |                 |               |                            |
|        |      |                                                        |                                  |                                                  |                        |                    |                 |               |                            |
| Total  |      |                                                        |                                  |                                                  |                        |                    |                 |               |                            |
| i utal |      |                                                        |                                  |                                                  |                        |                    | I               |               | 1                          |

DARE TO CARE, INC.

23-7345952 Page 2

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.)

| Sec     | ction A. Public Support                                                        |           |                                         |                        |                     |                    |                                        |
|---------|--------------------------------------------------------------------------------|-----------|-----------------------------------------|------------------------|---------------------|--------------------|----------------------------------------|
| Cale    | ndar year (or fiscal year beginning in) 🕨                                      | (a) 2017  | <b>(b)</b> 2018                         | (c) 2019               | (d) 2020            | (e) 2021           | (f) Total                              |
| 1       | Gifts, grants, contributions, and                                              |           |                                         |                        |                     |                    |                                        |
|         | membership fees received. (Do not                                              |           |                                         |                        |                     |                    |                                        |
|         | include any "unusual grants.")                                                 | 38088573. | 46540186.                               | 54341904.              | 48857205.           | 44530775.          | 232358643                              |
| 2       | Tax revenues levied for the organ-                                             |           |                                         |                        |                     |                    |                                        |
|         | 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 $\dots$                                        |           |                                         | 1127947.               |                     |                    | 1127947.                               |
| 4       | Total. Add lines 1 through 3                                                   | 38088573. | 46540186.                               | 55469851.              | 48857205.           | <u>44530775.</u>   | 233486590                              |
| 5       | The portion of total contributions                                             |           |                                         |                        |                     |                    |                                        |
|         | by each person (other than a                                                   |           |                                         |                        |                     |                    |                                        |
|         | governmental unit or publicly                                                  |           |                                         |                        |                     |                    |                                        |
|         | supported organization) included                                               |           |                                         |                        |                     |                    |                                        |
|         | on line 1 that exceeds 2% of the                                               |           |                                         |                        |                     |                    |                                        |
|         | amount shown on line 11,                                                       |           |                                         |                        |                     |                    |                                        |
|         | column (f)                                                                     |           |                                         |                        |                     |                    | 27431393.                              |
|         | Public support. Subtract line 5 from line 4.                                   |           |                                         |                        |                     |                    | 206055197                              |
| Sec     | ction B. Total Support                                                         | 1         |                                         |                        |                     |                    |                                        |
| Cale    | ndar year (or fiscal year beginning in) 🕨                                      | (a) 2017  | <b>(b)</b> 2018                         | (c) 2019               | (d) 2020            | (e) 2021           | (f) Total                              |
| 7       | Amounts from line 4                                                            | 38088573. | 46540186.                               | 55469851.              | 48857205.           | <u>44530775.</u>   | 233486590                              |
| 8       | Gross income from interest,                                                    |           |                                         |                        |                     |                    |                                        |
|         | dividends, payments received on                                                |           |                                         |                        |                     |                    |                                        |
|         | securities loans, rents, royalties,                                            |           |                                         |                        |                     |                    |                                        |
|         | and income from similar sources $\dots$                                        | 169,439.  | 227,929.                                | 195,942.               | 180,831.            | 199,807.           | 973,948.                               |
| 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.)                                                   | 132,006.  | 117,181.                                | 133,401.               | 740,055.            |                    | 1339881.                               |
| 11      | Total support. Add lines 7 through 10                                          |           |                                         |                        |                     |                    | 235800419                              |
|         | Gross receipts from related activities,                                        | •         | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |                     |                    | ,318,788.                              |
| 13      | First 5 years. If the Form 990 is for the                                      | •         | rst, second, third,                     | fourth, or fifth tax y | year as a section 5 | 01(c)(3)           | . —                                    |
| <u></u> | organization, check this box and <b>sto</b>                                    |           |                                         |                        |                     |                    |                                        |
|         | ction C. Computation of Public                                                 |           | -                                       |                        |                     |                    | 07 20                                  |
|         | Public support percentage for 2021 (I                                          |           | •                                       |                        |                     | 14                 | 87.39 %<br>87.07 %                     |
|         | Public support percentage from 2020                                            |           |                                         |                        |                     | 15                 |                                        |
| 108     | 33 1/3% support test - 2021. If the other have The experimentian multification |           |                                         |                        |                     |                    | N 37                                   |
| h       | stop here. The organization qualifies                                          |           | •                                       |                        | ling 15 is 22 1/20/ |                    | ······································ |
| D       | <b>33 1/3% support test - 2020.</b> If the organization qual                   |           |                                         |                        |                     |                    |                                        |
| 170     |                                                                                |           |                                         |                        | 12 160 or 16b       |                    |                                        |
| 178     | 10% -facts-and-circumstances test<br>and if the organization meets the fact    |           |                                         |                        |                     |                    |                                        |
|         | meets the facts-and-circumstances te                                           |           |                                         | •                      |                     | 0                  |                                        |
| h       | 10% -facts-and-circumstances test                                              | -         |                                         | • • • •                |                     | 17a and line 15 is |                                        |
| N       | more, and if the organization meets the                                        | -         |                                         |                        |                     |                    |                                        |
|         | organization meets the facts-and-circl                                         |           |                                         |                        |                     |                    |                                        |
| 18      | Private foundation. If the organization                                        |           | •                                       |                        |                     |                    |                                        |
|         |                                                                                |           |                                         | .,,,                   |                     |                    | (Form 990) 2021                        |

132022 01-04-22

|            | <b>O</b> | 0               |                |                 | Section 509(a)(2)  |
|------------|----------|-----------------|----------------|-----------------|--------------------|
| Part III   | Sunnor   | Schedulle for ( | Irganizations  | i jascrinari in | Section Suggialize |
| 1 41 1 111 | OUDDOI   |                 | JI GUINZUUUIIJ |                 |                    |
|            |          |                 |                |                 |                    |

(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.)

| Sec   | ction A. Public Support                                                                                                                                                                |                      |                     |                      | 1                   |                                         | -                 |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|----------------------|---------------------|-----------------------------------------|-------------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨                                                                                                                                              | (a) 2017             | <b>(b)</b> 2018     | (c) 2019             | (d) 2020            | (e) 2021                                | (f) Total         |
| 1     | Gifts, grants, contributions, and                                                                                                                                                      |                      |                     |                      |                     |                                         |                   |
|       | membership fees received. (Do not                                                                                                                                                      |                      |                     |                      |                     |                                         |                   |
|       | include any "unusual grants.")                                                                                                                                                         |                      |                     |                      |                     |                                         |                   |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                     |                      |                     |                                         |                   |
| 3     | Gross receipts from activities that                                                                                                                                                    |                      |                     |                      |                     |                                         |                   |
|       | are not an unrelated trade or bus-                                                                                                                                                     |                      |                     |                      |                     |                                         |                   |
|       | iness under section 513                                                                                                                                                                |                      |                     |                      |                     |                                         |                   |
| 4     | Tax revenues levied for the organ-<br>ization's benefit and either paid to                                                                                                             |                      |                     |                      |                     |                                         |                   |
|       | or expended on its behalf                                                                                                                                                              |                      |                     |                      |                     |                                         |                   |
| 5     | The value of services or facilities furnished by a governmental unit to                                                                                                                |                      |                     |                      |                     |                                         |                   |
|       | the organization without charge                                                                                                                                                        |                      |                     |                      |                     |                                         |                   |
| 6     | Total. Add lines 1 through 5                                                                                                                                                           |                      |                     |                      |                     |                                         |                   |
| 7a    | Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                               |                      |                     |                      |                     |                                         |                   |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                      |                     |                      |                     |                                         |                   |
| С     | Add lines 7a and 7b                                                                                                                                                                    |                      |                     |                      |                     |                                         |                   |
|       | Public support. (Subtract line 7c from line 6.)                                                                                                                                        |                      |                     |                      |                     |                                         |                   |
|       | ction B. Total Support                                                                                                                                                                 |                      |                     |                      | -                   |                                         | 1                 |
|       | ndar year (or fiscal year beginning in) 🕨                                                                                                                                              | (a) 2017             | <b>(b)</b> 2018     | (c) 2019             | (d) 2020            | (e) 2021                                | (f) Total         |
|       | Amounts from line 6                                                                                                                                                                    |                      |                     |                      |                     |                                         | -                 |
| 10a   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                               |                      |                     |                      |                     |                                         |                   |
| b     | Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975                                                                          |                      |                     |                      |                     |                                         |                   |
| с     | Add lines 10a and 10b                                                                                                                                                                  |                      |                     |                      |                     |                                         |                   |
|       | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                                                   |                      |                     |                      |                     |                                         |                   |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)                                                                                  |                      |                     |                      |                     |                                         |                   |
| 13    | Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                         |                      |                     |                      |                     |                                         |                   |
| 14    | First 5 years. If the Form 990 is for the                                                                                                                                              | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) organizat                     | ion,              |
|       |                                                                                                                                                                                        |                      |                     |                      |                     |                                         |                   |
| Sec   | ction C. Computation of Publi                                                                                                                                                          | c Support Per        | centage             |                      |                     | , , , , , , , , , , , , , , , , , , , , |                   |
| 15    | Public support percentage for 2021 (I                                                                                                                                                  | ine 8, column (f), d | livided by line 13, | column (f))          |                     | 15                                      | %                 |
|       | Public support percentage from 2020                                                                                                                                                    |                      |                     |                      |                     | 16                                      | %                 |
|       | ction D. Computation of Inves                                                                                                                                                          |                      | •                   |                      |                     | <u> </u>                                |                   |
|       | Investment income percentage for 20                                                                                                                                                    |                      |                     | ine 13, column (f))  |                     | 17                                      | %                 |
|       | Investment income percentage from                                                                                                                                                      |                      |                     |                      |                     | 18                                      | %                 |
| 19a   | 33 1/3% support tests - 2021. If the                                                                                                                                                   |                      |                     |                      |                     |                                         | 17 is not         |
|       | more than 33 1/3%, check this box ar                                                                                                                                                   |                      |                     |                      |                     |                                         | ▶∟                |
| b     | 33 1/3% support tests - 2020. If the                                                                                                                                                   |                      |                     |                      |                     |                                         |                   |
|       | line 18 is not more than 33 1/3%, che                                                                                                                                                  |                      |                     |                      |                     |                                         |                   |
|       | Private foundation. If the organization                                                                                                                                                | n did not check a    | box on line 14, 19  | ia, or 19b, check t  | his box and see ins |                                         |                   |
| 13202 | 23 01-04-22                                                                                                                                                                            |                      | 1 5                 | ,                    |                     | Schedule                                | A (Form 990) 2021 |

DARE TO CARE, INC.

1

2

3a

Yes No

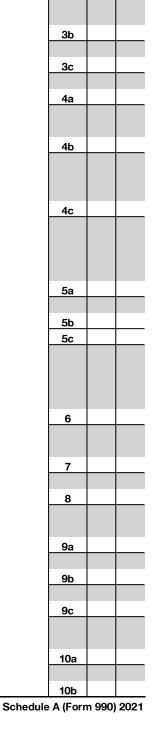
#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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|         | (Form 990) 2021  |            |        | CARE, | INC |
|---------|------------------|------------|--------|-------|-----|
| Part IV | Supporting Organ | izations ( | contir | nued) |     |

2

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | 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 on lines 11b and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |    |
|     | 11c below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11a |     |    |
| b   | A family member of a person described on line 11a above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |    |
|     | detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11c |     |    |
| Sec | tion B. Type I Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the</i> |     |     |    |
| 2   | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.<br>Did the organization operate for the benefit of any supported organization other than the supported                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1   |     |    |

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

|   |                                                                                                                  |   | Yes | No |
|---|------------------------------------------------------------------------------------------------------------------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors |   |     |    |
|   | 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(c)                                                                                    | 1 |     |    |

#### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

| nstructions | S).      |
|-------------|----------|
| 15          | truction |

- a 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 |  | The organization supported a governmental entity. | Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u> |
|---|--|---------------------------------------------------|------------------------------------------------------------------------------------------------|
|---|--|---------------------------------------------------|------------------------------------------------------------------------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

**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.* 

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

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Schedule A (Form 990) 2021

| Sect | ection A - Adjusted Net Income                                              |    | (A) Prior Year | (B) Current Year<br>(optional) |
|------|-----------------------------------------------------------------------------|----|----------------|--------------------------------|
| 1    | Net short-term capital gain                                                 | 1  |                |                                |
| 2    | Recoveries of prior-year distributions                                      | 2  |                |                                |
| 3    | Other gross income (see instructions)                                       | 3  |                |                                |
| 4    | Add lines 1 through 3.                                                      | 4  |                |                                |
| 5    | Depreciation and depletion                                                  | 5  |                |                                |
| 6    | Portion of operating expenses paid or incurred for production or            |    |                |                                |
|      | collection of gross income or for management, conservation, or              |    |                |                                |
|      | maintenance of property held for production of income (see instructions)    | 6  |                |                                |
| 7    | Other expenses (see instructions)                                           | 7  |                |                                |
| 8    | 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<br>(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 |                |                                |
| с    | 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 0.015 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 0.035.                                                   | 6  |                |                                |
| 7    | Recoveries of prior-year distributions                                      | 7  |                |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                 | 8  |                |                                |
| Sect | ion C - Distributable Amount                                                |    |                | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)       | 1  |                |                                |
| 2    | Enter 0.85 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        |    |                |                                |
|      |                                                                             |    |                |                                |

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

Schedule A (Form 990) 2021

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 Schedule A (Form 990) 2021
 DARE TO CARE, INC.

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

DARE TO CARE, INC. Schedule A (Form 990) 2021

23-73<u>45952 Page 7</u>

| Par             | t V Type III Non-Functionally Integrated 509(                         | a)(3) Supporting Orga             | inizations (continued)         |                                  |
|-----------------|-----------------------------------------------------------------------|-----------------------------------|--------------------------------|----------------------------------|
| Secti           | on D - Distributions                                                  |                                   |                                | Current Year                     |
| 1               | Amounts paid to supported organizations to accomplish exer            | mpt purposes                      | 1                              |                                  |
| 2               | Amounts paid to perform activity that directly furthers exemp         | t purposes of supported           |                                |                                  |
|                 | organizations, in excess of income from activity                      | 2                                 |                                |                                  |
| 3               | Administrative expenses paid to accomplish exempt purpose             | s of supported organizations      | s <b>3</b>                     |                                  |
| 4               | Amounts paid to acquire exempt-use assets                             |                                   | 4                              |                                  |
| 5               | Qualified set-aside amounts (prior IRS approval required - pro        | ovide details in <b>Part VI</b> ) | 5                              |                                  |
| 6               | Other distributions ( <i>describe in Part VI</i> ). See instructions. |                                   | 6                              |                                  |
| 7               | Total annual distributions. Add lines 1 through 6.                    |                                   | 7                              |                                  |
| 8               | Distributions to attentive supported organizations to which the       | e organization is responsive      | 1                              |                                  |
|                 | (provide details in Part VI). See instructions.                       |                                   | 8                              |                                  |
| 9               | Distributable amount for 2021 from Section C, line 6                  |                                   | 9                              |                                  |
| 10              | Line 8 amount divided by line 9 amount                                |                                   | 10                             |                                  |
|                 |                                                                       | (i)                               | (ii)                           | (iii)                            |
| Secti           | on E - Distribution Allocations (see instructions)                    | Excess Distributions              | Underdistributions<br>Pre-2021 | Distributable<br>Amount for 2021 |
| _1              | Distributable amount for 2021 from Section C, line 6                  |                                   |                                |                                  |
| 2               | Underdistributions, if any, for years prior to 2021 (reason-          |                                   |                                |                                  |
|                 | able cause required - explain in Part VI). See instructions.          |                                   |                                |                                  |
| 3               | Excess distributions carryover, if any, to 2021                       |                                   |                                |                                  |
| a               | From 2016                                                             |                                   |                                |                                  |
| b               | From 2017                                                             |                                   |                                |                                  |
| C               | From 2018                                                             |                                   |                                |                                  |
| d               | From 2019                                                             |                                   |                                |                                  |
| e               | From 2020                                                             |                                   |                                |                                  |
| f               | Total of lines 3a through 3e                                          |                                   |                                |                                  |
| g               | Applied to underdistributions of prior years                          |                                   |                                |                                  |
| <u>h</u>        | Applied to 2021 distributable amount                                  |                                   |                                |                                  |
| <u>    i   </u> | Carryover from 2016 not applied (see instructions)                    |                                   |                                |                                  |
| <u>    i</u>    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                |                                   |                                |                                  |
| 4               | Distributions for 2021 from Section D,                                |                                   |                                |                                  |
|                 | line 7: \$                                                            |                                   |                                |                                  |
| a               | Applied to underdistributions of prior years                          |                                   |                                |                                  |
| b               | Applied to 2021 distributable amount                                  |                                   |                                |                                  |
| C               | Remainder. Subtract lines 4a and 4b from line 4.                      |                                   |                                |                                  |
| 5               | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h              |                                   |                                |                                  |
|                 | and 4b from line 1. For result greater than zero, explain in          |                                   |                                |                                  |
|                 | Part VI. See instructions.                                            |                                   |                                |                                  |
| 7               | Excess distributions carryover to 2022. Add lines 3j                  |                                   |                                |                                  |
|                 | and 4c.                                                               |                                   |                                |                                  |
| 8               | Breakdown of line 7:                                                  |                                   |                                |                                  |
| <u>a</u>        | Excess from 2017                                                      |                                   |                                |                                  |
| b               | Excess from 2018                                                      |                                   |                                |                                  |
| C               | Excess from 2019                                                      |                                   |                                |                                  |
|                 | Excess from 2020                                                      |                                   |                                |                                  |
| е               | Excess from 2021                                                      |                                   |                                |                                  |

Schedule A (Form 990) 2021

| Schedule A (Form 99                                | 0) 2021                                                                         | DARE                                          | TO C                                | ARE,                               | INC.                                        |                              |                               |                                          | <u>23-73</u> 4                                                                                 | 5952 Page 8                                |
|----------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|------------------------------------|---------------------------------------------|------------------------------|-------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------|
| Part VI Supple<br>Part IV,<br>line 1; P<br>Section | emental Infor<br>Section A, lines 1<br>art IV, Section D,<br>D, lines 5, 6, and | <b>mation.</b><br>, 2, 3b, 3c,<br>lines 2 and | Provide t<br>4b, 4c, 5<br>3; Part N | he expla<br>a, 6, 9a,<br>/, Sectio | anations red<br>9b, 9c, 11<br>on E, lines 1 | a, 11b, and<br>Ic, 2a, 2b, 3 | 11c; Part I\<br>8a, and 3b; I | /, Section B, line<br>Part V, line 1; Pa | a or 17b; Part III, li<br>es 1 and 2; Part IV<br>art V, Section B, lir<br>litional information | ine 12;<br>', Section C,<br>ne 1e; Part V, |
| (See ins                                           | tructions.)                                                                     |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
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|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
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|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
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|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
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|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
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|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
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|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
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|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
|                                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          |                                                                                                |                                            |
| 132028 01-04-22                                    |                                                                                 |                                               |                                     |                                    |                                             |                              |                               |                                          | Schedule A                                                                                     | (Form 990) 202                             |
| 40126 75800                                        | 5 100000                                                                        | 9846.T                                        | AX                                  |                                    | 22<br>2021                                  |                              | DARE                          | TO CARE,                                 |                                                                                                | 10000                                      |

## Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY

### Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

23-7345952

|                                | DARE | то    | CARE, | INC. |  |  |
|--------------------------------|------|-------|-------|------|--|--|
| Organization type (check one): |      |       |       |      |  |  |
| Filers of:                     | Sec  | tion: |       |      |  |  |
|                                |      |       |       |      |  |  |

| 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                                             |

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

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

| Name of o  | rganization                                                                 | Emplo                     | yer identification number |                                                                                                                      |
|------------|-----------------------------------------------------------------------------|---------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------|
| DARE       | TO CARE, INC.                                                               |                           | 23                        | -7345952                                                                                                             |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed.     |                           |                                                                                                                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributio  | ns                        | (d)<br>Type of contribution                                                                                          |
| 1          |                                                                             | \$ <u>8,070,4</u><br>     | <u>30.</u>                | PersonXPayrollNoncashX(Complete Part II for<br>noncash contributions.)                                               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributio  | ns                        | (d)<br>Type of contribution                                                                                          |
| 2          |                                                                             | \$4,387,6                 | <u>30.</u>                | PersonXPayrollNoncashX(Complete Part II for<br>noncash contributions.)                                               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributio  | ns                        | (d)<br>Type of contribution                                                                                          |
| 3          |                                                                             | _ \$ <u>2,003,0</u><br>_  | <u>10.</u>                | PersonXPayrollImage: Complete Part II for<br>noncash contributions.)                                                 |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributio  | ns                        | (d)<br>Type of contribution                                                                                          |
| 4          |                                                                             | _ \$ <u>1,551,6</u><br>_  | <u>21.</u>                | PersonXPayrollNoncashX(Complete Part II for<br>noncash contributions.)                                               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributio  | ns                        | (d)<br>Type of contribution                                                                                          |
| 5          |                                                                             | \$ <u>4,134,8</u>         |                           | Person X<br>Payroll<br>Noncash X<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contribution | ns                        | (d)<br>Type of contribution                                                                                          |
| 6          |                                                                             | \$ <u>2,012,2</u>         | 75.                       | Person X<br>Payroll<br>Noncash X<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2021) |

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Schedule B (Form 990) (2021)

10000091

2021.05030 DARE TO CARE, INC.

14240126 758005 1000009846.TAX

Schedule B (Form 990) (2021)

Page 2

|            | TO CARE, INC.                                                     |                                | 23-7345952                                                                                |
|------------|-------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I i | if additional space is needed. |                                                                                           |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions     | (d)<br>Type of contribution                                                               |
| 7          |                                                                   | \$1,801,57                     | Person     X       Payroll                                                                |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions     | (d)<br>Type of contribution                                                               |
| 8          |                                                                   | \$1,304,83                     | 2.     Person     X       Payroll     Image: Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions     | (d)<br>Type of contribution                                                               |
|            |                                                                   | \$                             | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions     | (d)<br>Type of contribution                                                               |
|            |                                                                   | \$                             | Person Payroll Noncash (Complete Part II for noncash contributions.)                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions     | (d)<br>Type of contribution                                                               |
|            |                                                                   | \$                             | Person Payroll Payroll (Complete Part II for noncash contributions.)                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions     | (d)<br>Type of contribution                                                               |
|            |                                                                   | \$                             | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)          |

10000091

26 2021.05030 DARE TO CARE, INC.

Employer identification number

|                              | B (Form 990) (2021)                                                       |                                              |       | Page 3                       |
|------------------------------|---------------------------------------------------------------------------|----------------------------------------------|-------|------------------------------|
| Name of o                    | organization                                                              |                                              | Emplo | yer identification number    |
| DARE                         | TO CARE, INC.                                                             |                                              | 23    | -7345952                     |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed                    | d.    |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |       | (d)<br>Date received         |
|                              | FOOD                                                                      |                                              |       |                              |
| 1                            |                                                                           |                                              |       |                              |
|                              |                                                                           | \$ 8,070,4                                   | 30.   | 06/30/22                     |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions | -     | (d)<br>Date received         |
|                              | FOOD                                                                      |                                              |       |                              |
| 2                            |                                                                           | \$ 4,387,6                                   | 30.   | 06/30/22                     |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |       | (d)<br>Date received         |
|                              | FOOD                                                                      |                                              |       |                              |
| 3                            |                                                                           |                                              |       |                              |
|                              |                                                                           | \$2,003,0                                    | 10.   | 06/30/22                     |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |       | (d)<br>Date received         |
|                              | FOOD                                                                      |                                              |       |                              |
| 4                            |                                                                           |                                              |       |                              |
|                              |                                                                           | \$ 1,551,6                                   | 21.   | 06/30/22                     |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |       | (d)<br>Date received         |
|                              | FOOD                                                                      |                                              |       |                              |
| 5                            |                                                                           |                                              |       |                              |
|                              |                                                                           | \$ 4,134,8                                   | 17.   | 06/30/22                     |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |       | (d)<br>Date received         |
|                              | FOOD                                                                      |                                              |       |                              |
| 6                            |                                                                           |                                              |       |                              |
|                              |                                                                           | \$ 2,012,2                                   | 75.   | 06/30/22                     |
| 123453 11-1                  | 11-21                                                                     |                                              |       | Schedule B (Form 990) (2021) |

|                              | B (Form 990) (2021)                                                     |                                              |        | Page                        |
|------------------------------|-------------------------------------------------------------------------|----------------------------------------------|--------|-----------------------------|
| Name of o                    | organization                                                            |                                              | Employ | ver identification number   |
| DARE                         | TO CARE, INC.                                                           |                                              | 23     | -7345952                    |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed                   | d.     |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |        | (d)<br>Date received        |
|                              | FOOD                                                                    |                                              |        |                             |
| 7                            |                                                                         |                                              |        |                             |
|                              |                                                                         | \$1,801,5                                    | 75.    | 06/30/22                    |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |        | (d)<br>Date received        |
|                              | FOOD                                                                    |                                              |        |                             |
| 8                            |                                                                         | \$1,304,8                                    | 32.    | 06/30/22                    |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |        | (d)<br>Date received        |
|                              |                                                                         | \$                                           |        |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |        | (d)<br>Date received        |
|                              |                                                                         | \$                                           |        |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |        | (d)<br>Date received        |
|                              |                                                                         | \$                                           |        |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions |        | (d)<br>Date received        |
|                              |                                                                         | \$                                           |        |                             |
| 123453 11-1                  | 11-21                                                                   | · · ·                                        |        | Schedule B (Form 990) (2021 |

| Name of or                | rganization                                                                                                 |                                                                                                   |                                                                | Employer identification number |  |  |  |  |  |
|---------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------|--|--|--|--|--|
| DARE                      | TO CARE, INC.                                                                                               |                                                                                                   |                                                                | 23-7345952                     |  |  |  |  |  |
| Part III                  | Exclusively religious, charitable, etc., contribution                                                       | utions to organizations described in sec                                                          | ction 501(c)(7), (8), or (10) 1                                |                                |  |  |  |  |  |
|                           | from any one contributor. Complete columns<br>completing Part III, enter the total of exclusively religious | (a) through (e) and the following line enti-<br>, charitable, etc., contributions of \$1,000 or I | Y. For organizations<br>ess for the year. (Enter this info. on | nce.) <b>&gt;</b> \$           |  |  |  |  |  |
| (-) N -                   | Use duplicate copies of Part III if additiona                                                               | al space is needed.                                                                               |                                                                |                                |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                         | (c) Use of gift                                                                                   | (d) Des                                                        | cription of how gift is held   |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
| -                         |                                                                                                             | (e) Transfer of gift                                                                              |                                                                |                                |  |  |  |  |  |
|                           | Transferee's name, address,                                                                                 | and ZIP + 4                                                                                       | Relationship of tra                                            | ansferor to transferee         |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   | p = = = = =                                                    |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
| (a) No.<br>from           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift                                                                                         | (c) Use of gift                                                                                   | (d) Des                                                        | cription of how gift is held   |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
| -                         |                                                                                                             | (e) Transfer of gift                                                                              |                                                                |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
| -                         | Transferee's name, address,                                                                                 | and ZIP + 4                                                                                       | Relationship of tra                                            | ansferor to transferee         |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift                                                                                         | (c) Use of gift                                                                                   |                                                                | cription of how gift is hold   |  |  |  |  |  |
| Part I                    | (b) Fulpose of gift                                                                                         |                                                                                                   | (u) Des                                                        | cription of how gift is held   |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
| -                         |                                                                                                             | (e) Transfer of gift                                                                              |                                                                |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
| -                         | Transferee's name, address,                                                                                 | and ZIP + 4                                                                                       | Relationship of transferor to transferee                       |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                         | (c) Use of gift                                                                                   | (d) Des                                                        | cription of how gift is held   |  |  |  |  |  |
| <u>r ur t r</u>           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
|                           | (e) Transfer of gift                                                                                        |                                                                                                   |                                                                |                                |  |  |  |  |  |
|                           | Transferee's name, address,                                                                                 | and ZIP + 4                                                                                       | Relationship of tra                                            | ansferor to transferee         |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
|                           |                                                                                                             |                                                                                                   |                                                                |                                |  |  |  |  |  |
| 123454 11-11              | -21                                                                                                         |                                                                                                   |                                                                | Schedule B (Form 990) (2021    |  |  |  |  |  |
|                           |                                                                                                             | 29                                                                                                |                                                                |                                |  |  |  |  |  |

| (Form 990)                                             | For Ora                                                                                                                                    | anizations Exempt From Income           | Tax Under section 5      | 01(c) and section 5                        | 27         | 2021                                             |  |  |  |  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------------------------|------------|--------------------------------------------------|--|--|--|--|
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service | Open to Public<br>Inspection                                                                                                               |                                         |                          |                                            |            |                                                  |  |  |  |  |
| If the organization ans                                | wered "Yes," on                                                                                                                            | Form 990, Part IV, line 3, or For       | m 990-EZ, Part V, line   | e 46 (Political Camp                       | aign Acti  | vities), then                                    |  |  |  |  |
| <ul> <li>Section 501(c)(3) org</li> </ul>              | ganizations: Com                                                                                                                           | plete Parts I-A and B. Do not com       | plete Part I-C.          |                                            |            |                                                  |  |  |  |  |
| <ul> <li>Section 501(c) (othe</li> </ul>               | <ul> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> </ul> |                                         |                          |                                            |            |                                                  |  |  |  |  |
| <ul> <li>Section 527 organiz</li> </ul>                | ations: Complete                                                                                                                           | Part I-A only.                          |                          |                                            |            |                                                  |  |  |  |  |
| If the organization answ                               | the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then                |                                         |                          |                                            |            |                                                  |  |  |  |  |
| <ul> <li>Section 501(c)(3) org</li> </ul>              | ganizations that h                                                                                                                         | nave filed Form 5768 (election und      | er section 501(h)): Con  | mplete Part II-A. Do n                     | ot comple  | ete Part II-B.                                   |  |  |  |  |
| <ul> <li>Section 501(c)(3) org</li> </ul>              | ganizations that h                                                                                                                         | nave NOT filed Form 5768 (election      | n under section 501(h))  | ): Complete Part II-B.                     | Do not co  | omplete Part II-A.                               |  |  |  |  |
| -                                                      |                                                                                                                                            | Form 990, Part IV, line 5 (Proxy        | Tax) (See separate in    | structions) or Form                        | 990-EZ,    | Part V, line 35c (Proxy                          |  |  |  |  |
| Tax) (See separate inst                                |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        | ), or (6) organizat                                                                                                                        | ions: Complete Part III.                |                          |                                            | <b>F</b>   |                                                  |  |  |  |  |
| Name of organization                                   |                                                                                                                                            |                                         |                          |                                            |            | er identification number                         |  |  |  |  |
| Part I-A Compl                                         |                                                                                                                                            | CARE, INC.<br>anization is exempt under | contion 501(a) o         | r is a sostion 52                          |            | 23-7345952                                       |  |  |  |  |
|                                                        | ete il the org                                                                                                                             |                                         | Section Sur(c) 0         |                                            | a orgai    |                                                  |  |  |  |  |
| 4 Devide a devided                                     |                                                                                                                                            |                                         |                          | Dect IV/                                   |            |                                                  |  |  |  |  |
| •                                                      | •                                                                                                                                          | ation's direct and indirect political   |                          |                                            |            |                                                  |  |  |  |  |
| 2 Political campaign                                   |                                                                                                                                            |                                         |                          |                                            | ▶\$        |                                                  |  |  |  |  |
| <b>3</b> Volunteer hours for                           | political campai                                                                                                                           | gn activities                           |                          |                                            |            |                                                  |  |  |  |  |
| Part I-B Compl                                         | ete if the org                                                                                                                             | anization is exempt under               | section 501(c)(3         | ).                                         |            |                                                  |  |  |  |  |
| -                                                      |                                                                                                                                            | incurred by the organization unde       |                          | •<br>• • • • • • • • • • • • • • • • • • • | ▶\$        |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            | incurred by organization managers       |                          |                                            | -          |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            | n 4955 tax, did it file Form 4720 fo    |                          |                                            |            | Yes No                                           |  |  |  |  |
| 4a Was a correction m                                  |                                                                                                                                            |                                         |                          |                                            |            | Yes No                                           |  |  |  |  |
| <b>b</b> If "Yes," describe ir                         |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            | anization is exempt under               | r section 501(c), e      | except section 5                           | 501(c)(3)  | ).                                               |  |  |  |  |
| 1 Enter the amount d                                   | lirectly expended                                                                                                                          | l by the filing organization for sect   | ion 527 exempt functio   | on activities                              | ▶\$        |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            | ization's funds contributed to othe     |                          |                                            |            |                                                  |  |  |  |  |
| exempt function ac                                     | tivities                                                                                                                                   |                                         | C C                      |                                            | ▶\$        |                                                  |  |  |  |  |
| 3 Total exempt funct                                   |                                                                                                                                            | . Add lines 1 and 2. Enter here and     |                          |                                            |            |                                                  |  |  |  |  |
| line 17b                                               |                                                                                                                                            |                                         |                          |                                            | ▶\$_       |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            | 1120-POL for this year?                 |                          |                                            |            | Yes No                                           |  |  |  |  |
|                                                        |                                                                                                                                            | ployer identification number (EIN)      |                          |                                            |            | e filing organization                            |  |  |  |  |
| made payments. Fo                                      | or each organiza                                                                                                                           | tion listed, enter the amount paid      | from the filing organiza | ition's funds. Also en                     | ter the an | nount of political                               |  |  |  |  |
|                                                        |                                                                                                                                            | omptly and directly delivered to a s    |                          |                                            | eparate se | egregated fund or a                              |  |  |  |  |
| political action com                                   | mittee (PAC). If                                                                                                                           | additional space is needed, provid      | e information in Part IV | /.                                         |            |                                                  |  |  |  |  |
| (a) Name                                               | e                                                                                                                                          | (b) Address                             | (c) EIN                  | (d) Amount paid f                          | from       | (e) Amount of political                          |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          | filing organizatio                         |            | ontributions received and                        |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          | funds. If none, ente                       | er-0       | promptly and directly<br>delivered to a separate |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            | political organization.                          |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            | If none, enter -0                                |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |
|                                                        |                                                                                                                                            |                                         |                          |                                            |            |                                                  |  |  |  |  |

Political Campaign and Lobbying Activities

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

Schedule C (Form 990) 2021

OMB No. 1545-0047

132041 11-03-21

LHA

SCHEDULE C

| Schedule C (Form 990) 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DARE TO           | CARE,                  | INC.                  |                                               |                              | 7345952 Page 2                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|-----------------------|-----------------------------------------------|------------------------------|--------------------------------|
| Part II-A Complete if the org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | anization is      | s exemp                | t under section       | n 501(c)(3) and file                          | d Form 5768 (el              | ection under                   |
| section 501(h)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                        |                       |                                               |                              |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |                       | Part IV each affiliated                       | group member's nam           | ne, address, EIN,              |
| expenses, and shar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                        |                       |                                               |                              |                                |
| B Check 🕨 🔄 if the filing organiza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tion checked k    | box A and '            | 'limited control" pro | ovisions apply.                               |                              |                                |
| Limi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ts on Lobbyin     | g Expendi <sup>.</sup> | tures                 |                                               | (a) Filing<br>organization's | (b) Affiliated group<br>totals |
| (The term "expend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ditures" mean     | s amounts              | paid or incurred.     |                                               | totals                       | totalo                         |
| <b>1.2.</b> Total lobbying expanditures to influ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | ninion (gra            | araata labbuing)      |                                               |                              |                                |
| <ul><li>1a Total lobbying expenditures to influ</li><li>b Total lobbying expenditures to influ</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                        |                       |                                               |                              |                                |
| c Total lobbying expenditures (add li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                       |                                               |                              |                                |
| d Other exempt purpose expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                        |                       |                                               |                              |                                |
| e Total exempt purpose expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                        |                       |                                               |                              |                                |
| f_Lobbying nontaxable amount. Enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                        |                       |                                               |                              |                                |
| If the amount on line 1e, column (a) o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        | ng nontaxable am      |                                               |                              |                                |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                        | amount on line 1e.    |                                               |                              |                                |
| Over \$500,000 but not over \$1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                        |                       | ess over \$500,000.                           |                              |                                |
| Over \$1,000,000 but not over \$1,5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <i>.</i>          |                        |                       | ess over \$1,000,000.                         |                              |                                |
| Over \$1,500,000 but not over \$17,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                        |                       | ss over \$1,500,000.                          |                              |                                |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | \$1,000,000            |                       |                                               |                              |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |                       |                                               |                              |                                |
| g Grassroots nontaxable amount (en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ter 25% of line   | 1f)                    |                       |                                               |                              |                                |
| h Subtract line 1g from line 1a. If zer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | o or less, enter  | · -0                   |                       |                                               |                              |                                |
| i Subtract line 1f from line 1c. If zero                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | or less, enter    | -0-                    |                       |                                               |                              |                                |
| j If there is an amount other than ze                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ro on either line | e 1h or line           | 1i, did the organiz   | ation file Form 4720                          |                              |                                |
| reporting section 4911 tax for this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | year?             | <u></u>                |                       |                                               |                              | Yes No                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        | ging Period Under     | . ,                                           |                              | _                              |
| (Some organizations the second s |                   | •                      | •                     | have to complete all o<br>nes 2a through 2f.) | f the five columns b         | elow.                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | •                      |                       |                                               |                              |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LODDYIN           |                        | lures During 4- rea   | ar Averaging Period                           |                              |                                |
| Calendar year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (a) 2018          | 3                      | <b>(b)</b> 2019       | (c) 2020                                      | (d) 2021                     | (e) Total                      |
| (or fiscal year beginning in)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (u) 20 K          |                        | (6) 2010              | (0) 2020                                      | (u) 2021                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |                       |                                               |                              |                                |
| 2a Lobbying nontaxable amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                        |                       |                                               |                              |                                |
| <b>b</b> Lobbying ceiling amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                        |                       |                                               |                              |                                |
| (150% of line 2a, column(e))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                        |                       |                                               |                              |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |                       |                                               |                              |                                |
| c Total lobbying expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                        |                       |                                               |                              |                                |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                        |                       |                                               |                              |                                |
| d Grassroots nontaxable amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                        |                       |                                               |                              |                                |
| e Grassroots ceiling amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                        |                       |                                               |                              |                                |
| (150% of line 2d, column (e))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                        |                       |                                               |                              |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |                       |                                               |                              |                                |
| f Grassroots lobbying expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                        |                       |                                               |                              |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |                       |                                               | Sched                        | lule C (Form 990) 2021         |

C (Form 990) 2

132042 11-03-21

### Schedule C (Form 990) 2021 DARE TO CARE, INC. 23-73459 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description                                                                                                                     | (a)             |              | (b)        |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|------------|------------|
| of the lobbying activity.                                                                                                                                                                                           | Yes             | No           | Amo        | ount       |
| <ol> <li>During the year, did the filing organization attempt to influence foreign, national, state, or<br/>local legislation, including any attempt to influence public opinion on a legislative matter</li> </ol> |                 |              |            |            |
| or referendum, through the use of:                                                                                                                                                                                  |                 |              |            |            |
| a Volunteers?                                                                                                                                                                                                       | 37              | X            |            |            |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                               | X               | v            |            |            |
| c Media advertisements?                                                                                                                                                                                             |                 | X<br>X       |            |            |
| d Mailings to members, legislators, or the public?                                                                                                                                                                  |                 | X            |            |            |
| Publications, or published or broadcast statements?                                                                                                                                                                 |                 | X            |            |            |
| <ul><li>f Grants to other organizations for lobbying purposes?</li><li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li></ul>                                      | x               | <u></u>      | 2          | 2,100.     |
| <ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> </ul>                                                                                                     |                 | x            |            | 1,100.     |
| i Other activities?                                                                                                                                                                                                 |                 | X            |            |            |
| j Total. Add lines 1c through 1i                                                                                                                                                                                    |                 |              | 2          | 2,100.     |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                    |                 | х            | _          | , = • • •  |
| <b>b</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                                                                                                                        |                 |              |            |            |
| <b>d</b> 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), sectio                                                                                                                                   | n 501(c)(       | 5), or sec   | tion       |            |
| 501(c)(6).                                                                                                                                                                                                          |                 |              |            |            |
|                                                                                                                                                                                                                     |                 |              | Yes        | No         |
| 1 Were substantially all (90% or more) dues received nondeductible by members?                                                                                                                                      |                 | 1            |            | ļ          |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                                                                                                                 |                 | 2            | L          | ļ          |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th                                                                                                            |                 |              |            |            |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section                                                                                                                                  |                 |              |            | <b>•</b> • |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."                                                                                                                            | 'No" OR         | (b) Part I   | II-A, line | 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 politic expenses for which the section 527(f) tax was paid).                                                          | ai              |              |            |            |
|                                                                                                                                                                                                                     |                 | 2a           |            |            |
| a Current year                                                                                                                                                                                                      |                 |              |            |            |
| <ul> <li>b Carryover from last year</li> <li>c Total</li> </ul>                                                                                                                                                     |                 |              |            |            |
|                                                                                                                                                                                                                     |                 |              |            |            |
| <ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc</li> </ul>                                                                                          |                 |              |            |            |
| 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                                                                                                                                           |                 |              |            |            |
| 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 II- | A, lines 1 a | nd 2 (See  |            |
| instructions); and Part II-B, line 1. Also, complete this part for any additional information.<br>PART II-B, LINE 1, LOBBYING ACTIVITIES:                                                                           |                 |              |            |            |
| DARE TO CARE STAFF MET WITH KY STATE GOVERNMENT OFFICI                                                                                                                                                              | ALS RI          | EGARDI       | NG THE     | ]          |
| KENTUCKY ASSOCIATION OF FOOD BANK'S FARM TO FOOD BANK                                                                                                                                                               | PROGRA          | M. DA        | RE TO      |            |
| CARE STAFF ALSO HELD MULTIPLE MEETINGS WITH METRO LOUI                                                                                                                                                              | SVILLE          | E COUN       | CIL        |            |
| MEMBERS AND STAFF OF THE MAYOR'S OFFICE REGARDING FUND                                                                                                                                                              | ING II          | I THE        | METRO      |            |
| LOUISVILLE BUDGET. THE \$1,500 EXPENSE RELATED TO THIS                                                                                                                                                              | ACTIVI          |              |            |            |
| 132043 11-03-21                                                                                                                                                                                                     |                 | Schedu       | le C (Form | 990) 2021  |
|                                                                                                                                                                                                                     |                 |              |            |            |

| Part       | v Suppl | eme | ntai in | Tormatio | (continu | Jed)  |            |     |       |    |            |                 |
|------------|---------|-----|---------|----------|----------|-------|------------|-----|-------|----|------------|-----------------|
| COST       | OF MEA  | ALS | AND     | TRAVE    | L FOR    | THESE | ACTIVITIES | AND | \$600 | IS | ESTIMATED  | FOR             |
| PAID       | STAFF.  | •   |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
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|            |         |     |         |          |          |       |            |     |       |    |            |                 |
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|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    |            |                 |
|            |         |     |         |          |          |       |            |     |       |    | Schedule C | (Form 990) 2021 |
| 132044 11- | -03-21  |     |         |          |          |       | 33         |     |       |    |            |                 |

| (Form 90) <ul> <li></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SCHEDULE D |                        | Supplementa                                     | al Financial Statemen <sup>a</sup>                                                                                                                                                                                                        | ts            |                     | OMB No.         | 1545-00 | 047  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|-----------------|---------|------|
| Description         Description         Description         Description         Description           Name of the organization         DARE TO CARE, INC.         Engloyer detections         2.2 – 73.45.95.942           2.2 – 73.45.95.         Complete functions         (a) Control Advised Funds or Other Similar Funds or Accounts.         Complete functions           3. Apgregate value of contributions to (during year)         (a) Control Advised funds         (b) Funds and other accounts           4. Apgregate value of contributions to (during year)         (a) Control Advised funds         (b) Funds and other accounts           5. Did the organization informal ideores and door advisors in writing that the assets held in door advised funds         (b) Funds and other accounts           6. Did the organization informal ideores         (a) Control Advised funds         (b) Funds and other accounts           7. Did the organization informal ideores         (c) Control Advised funds         (c) Rome           8. Did the organization informal ideores         (c) Control Advised funds         (c) Rome           9. Did the organization informal ideores         (c) Control Advised funds         (c) Rome           1. Purposel(c) of consorvation casements held by the organization informal ideores         (c) Rome         (c) Rome           2. Complete lines 2 at thoogh 2 at the organization held a qualified consorvation on asserted thatotic struture         (c) Rome <t< th=""><th>(Forn</th><th>n 990)</th><th></th><th>20</th><th>21</th><th></th></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Forn      | n 990)                 |                                                 | 20                                                                                                                                                                                                                                        | 21            |                     |                 |         |      |
| Name of the organization         Employee identification number           Part1         Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 800, Part IV, Ine 6.         (a) Donor advised funds         (b) Funds and other accounts           1         Total number at end of year         (a) Donor advised funds         (b) Funds and other accounts           2         Aggregate value of contributions to (during year)         (a) Bonor advised funds         (b) Funds and other accounts           3         Aggregate value of contributions to (during year)         (a) Conor advised funds         (b) Funds and other accounts           5         Dd the organization inform all donors and donor advisori in writing that grant funds can be used only for charabactor's protective to dedoor of donor advisori in writing that grant funds can be used only for charabactor's protective to the benefit Of the donor of donor advisor, or for any other purpose contenting importantial national grantes, advisori in writing that grant funds can be used only for charabactoria benefit?           1         Proteoselig of conservation Easements.         Complete if the organization in other benefit Of the donor of donor advisori in writing that grant funds can be used only for charabactoria benefit?           2         Complete if the organization in held a qualified conservation contribution in the form of a cortified historis structure include in (a) acquired fair 72506, and not on a historic structure           2         Complete inte agrantes         conthe tar agr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                        |                                                 | Attach to Form 990.                                                                                                                                                                                                                       |               |                     |                 |         | lic  |
| DARE TO CARE, INC.         23-7345952           Part1         Organizations Advised Funds or Other Similar Funds or Accounds. Complete if the organization answered "Yes" on Form 580, Part IV, line 6.         (a) Donor advised funds         (b) Funds and other accounds.           1         Total number at end of year         (a) Donor advised funds         (b) Funds and other accounds.           2         Aggregate value of contributions to (kuring year)         (a) Donor advised funds         (b) Funds and other accounds.           3         Aggregate value of and thory (kuring year)         (c) Control advised funds         (c) Funds and other accounds.           4         Aggregate value of and thory (kuring year)         (c) Control advised funds         (c) Funds and other accounds.           6         Did the organization inform all partness, donors, and donor advisor in writing that grant funds can be used only for charatable purposes and not for the benefit of the donar advisor, or for any other purpose conferring impermisable private banefit?         (c) Partness(c) for construct assemments held by the organization (held all that apps).           1         Proposed (c) conservation assemments held by the organization (held all that apps).         (c) Preservation of a control assemments include in (c) accound that accound the last advisor donor advisor, or for any other purpose conterving assemution assemments include in (c) accound that accound the last advisor donor advisor donor advisor, or for any app. Persovation of a control accound that accound the last advisor donon advisor donor advisor an form any app. <th></th> <th></th> <th></th> <th>90 for instructions and the latest infor</th> <th>mation.</th> <th>Employer</th> <th></th> <th></th> <th>mhor</th>                                                                                                                                                                                                                                                                                                                                                                             |            |                        |                                                 | 90 for instructions and the latest infor                                                                                                                                                                                                  | mation.       | Employer            |                 |         | mhor |
| Part II       Organizations Maintaining Door Advised Funds or Other Similar Funds or Accounts. Complete if the organization asswered 'Yes' on Form 980, Part IV, line 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Nam        | e of the organizati    |                                                 |                                                                                                                                                                                                                                           |               |                     |                 |         | nbei |
| 1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)       (a) Aggregate value of a grants from (during year)       (b) Aggregate value at end of year         5       Udt the organization inform all donors advisor, in writing that the assets held in donor advised funds       (b) Funds and other accounts         6       Did the organization inform all grantees, donors, and donor advisor, or for any other purposes conferring impermissible private beneff?       (b) Reservation essements held by the organization is exclusive legal control?       (c) Reservation essements held by the organization answered "Yea" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation essements held by the organization answered "Yea" on Form 990, Part IV, line 7.       (c) Preservation of a certified historic structure       (c) Preservation of a certified historic structure         2       Preservation of open space       (c) conservation essements held by the organization is exclusive legal control?       (c) Reservation of a certified historic structure included in (a)         3       Total number of conservation essements modified, iterasfer, receasion contribution in the form of a conservation essement and other account is a distribution of a certified by conservation essements.       2       2         4       Total number of conservation essements modified, transferred, released, estinguished, or terminated by the organization is exclusive legal control?       2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Par        | t I Organiza           |                                                 | d Funds or Other Similar Fund                                                                                                                                                                                                             | s or Ac       |                     |                 |         |      |
| 1 Total number at end of year 2 Aggregate value of combutions to (during year) 3 Aggregate value of combutions to (during year) 4 Aggregate value of anis torm (during year) 3 Aggregate value of anis torm (during year) 4 Aggregate value of anis torm (during year) 6 Did the organization inform all donors and doner advisors in writing that grant funds can be used only for charitable purposes and not to the benefit of the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not to the benefit of the organization inform all grantese, donors, and donor advisor, or form yother purpose conferring impermissible only the benefit of the organization research and the organization assements held by the organization (check all that apply) Perture of conservation Easements. Complete if the organization (check all that apply) Protection of hardia for public use (for example, recreation or education) Protection of natural habitat Protection of conservation easements 2 ad at the End of the Tax Year 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2 ad 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic gonservation easements during the year 4 Number of conservation easements and easements in cluded > 1 Anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements at holds?                                                                                                                                                                                                                                                                                         |            | organizatio            | n answered "Yes" on Form 990, Part IV, lin      | e 6.                                                                                                                                                                                                                                      |               |                     |                 |         |      |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value of cars there (during year) 4 Aggregate value of ans there (during year) 5 Del the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charalable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charalable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charalable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charalable private benefit?  Preservation classements held by the organization answered 'Yes' on Form 930, Part IV, line 7.  Personality of conservation easements held by the organization answered 'Yes' on Form 930, Part IV, line 7.  Personality of conservation easements held by the organization contribution in the form of a conservation easement helds Preservation of a curified historic structure included in (a) Preservation of a curified historic structure included in (a) Register of conservation easements included in (a) acquired after 7/25/08, and not on a historic structure Register of conservation easements included in (c) acquired after 7/25/08, and not on a historic structure Register of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Part  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S  Complete in descreted as permitted under FASB ASC 980, to report in its r                                                                                                                    |            |                        |                                                 | (a) Donor advised funds                                                                                                                                                                                                                   | ()            | <b>b)</b> Funds and | d other acco    | unts    |      |
| a Aggregate value of grants from (during year) Aggregate value at end of year Delt the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all 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 impermiseds private benefit. Conservation Easements: held by the organization in answered "Yes" on Form 990, Part IV, Ine 7. Partill Conservation Easements: held by the organization answered "Yes" on Form 990, Part IV, Ine 7. Perservation of and for public use (for example, recreation or education) Preservation of a historically important land area Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Preservation of and the organization held a qualified conservation contribution in the form of a conservation easements be be true by ease. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements be be true by ease. Complete lines 2a through 2d if the organization held a qualified conservation easements Delta large greateristice by conservation easements included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b Delta the organization have an written policy regarding the periodic monotoring, inspection, handling of violations, and enforcing conservation easements in holds? Anound of states where property subject to conservation easements in thoids? Anound of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements written                                                                                                                      | 1          |                        |                                                 |                                                                                                                                                                                                                                           |               |                     |                 |         |      |
| Aggregate value at and of year     De the organization inform all donors advisors in writing that the assets held in donor advised funds     are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for chartable purposes and to for the benefit of the donor of or any other purpose conferring     mpermissible private benefit?     Ves     No     Det the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for chartable purposes and to for the benefit of the donor of advisor, or for any other purpose conferring     mpermissible private benefit?     Purpose(s) of conservation easements held by the organization clecks all that apply.     Protection of natural habitat     Protection of open space     Complete lines 2 at twoid) 2 at it the organization (clecks all that apply).     Preservation of a for public use (for example, recreation or education)     Preservation of a conservation easements     Zo     Complete lines 2 at twoid) 2 at it the organization held a qualified conservation contribution in the form of a conservation easements     Total number of conservation easements     Zo a     the tax year.     Zo to conservation easements included in (c) acquired after 7/25/06, and not on a historic structure     Ze is     Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure     Ze is     Number of states where property subject to conservation easements included in (c) acquired after 7/25/06, and not on a historic structure     Ze is     Number of states where property subject to conservation easements in located      Number of expenses incurred in twoiting, inspecting, handling of violations, and enforcing conservation easements fuelds     So bose such conservation easements in holds?     Number of expenses incurred in twoiting, inspecting, handling of violations, and enforcing conservation easements fuely public to conservation easements in th                                                                                                                         |            |                        |                                                 |                                                                                                                                                                                                                                           | _             |                     |                 |         |      |
| Did the organization inform all donors and donor advisors in writing that the assets field in donor advised funds are the organization's property, subject to the organization's property. Subject to the property and the organization's archived property and the analysis of the arganization and the purpose conferring impermised private benefit?     Part II Conservation Easements. Complete if the organization answered 'Yee' on Form 980, Part N, line 7.     Purpose(3) of conservation easements he day the organization (check all that apply).     Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat     Protection of natural habitat     Preservation of and for public use (for example, recreation or education)     Preservation of a centified historic structure     Preservation of and for public use (for example, recreation or education)     Preservation of a centified historic structure     Preservation of and the system.     Camplete lines 2a through 2a if the organization held a qualified conservation conservation easements in tax year.     Teal number of conservation easements     Aumber of conservation easements     Aumber of conservation easements     Number of states where property subject to conservation easement is located ▶     Yes     No     Statt and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     Yes     No     In Part XII, describe hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     Yes     No     In Part XII, describe hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements the describes the organization fuences in the serve statement and balance sheet works o                                                                                                                         |            |                        |                                                 |                                                                                                                                                                                                                                           |               |                     |                 |         |      |
| are the organization's property, subject to the organization's exclusive legal control?       Image: the organization inform all grantese, donors, and donor advisor, or for any other purpose conferring importantiable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring importantiable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring importantiable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring important benefit?         1       Purpose(s) of conservation Easements. Complete if the organization (check all that apply).       Preservation of an orpoint public use (for example, recreation or education) important tand area important tand area important organization habitat       Preservation of an orpoint public use (for example, recreation or education) important tand area important tand area important organization assements on a certified historic structure included in (a) accurited by oronservation easements in a certified historic structure included in (a) and the tax year.         2       Complete lines 2a through 2d if the organization field example, recreation contribution in the form of a conservation easements in a certified historic structure included in (a) acquired after 7/25/06, and not on a historic structure is and in the last tax year is included in (a) acquired after 7/25/06, and not on a historic structure is and or for conservation easements in monitoring, inspection, handling of violations, and enforcing conservation easements during the year is an enforcing conservation easements during the year is an enforcing conservation easements in during the year is an enforcing conservation easements during the year is an enforcing conservation easements in the organization feasophile preserited in the formoting, inspecting, handlin                                                                                                                                                                                                                                                   |            |                        |                                                 |                                                                                                                                                                                                                                           |               | -                   |                 |         |      |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable private benefit? Part U Conservation Easements. Complete if the organization answered "Yes" on Form 380, Part N, Ine 7. Part U Conservation Easements. Net by the organization (Ceck all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a land for public use (for example, recreation or education) Preservation of a land for public use (for example, recreation or education) Preservation of a contribution in habitat Preservation of a contribution in the last tar year. 2 Complete lines 2a through 22 if the organization held a qualified conservation contribution in the form of a content data of the last Year 2a 2 Complete lines 2a through 22 if the organization held a qualified conservation contribution in the form of a conservation easements in black at the find of the Tax Year 2a 3 Number of conservation easements in cluded in (c) acquired after 7/25/06, and not on a historic structure included in (a) 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure included in (a) 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure included in (b) 4 Number of states where property subject to conservation easement is located \[ \begin{bmatrix} vservector, servector, and servec                                                                                                                                                                                                                  | 5          | -                      |                                                 | -                                                                                                                                                                                                                                         |               |                     |                 |         |      |
| to charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6          |                        |                                                 |                                                                                                                                                                                                                                           |               |                     |                 |         |      |
| Importuisable private benefit?       Yes       No         Part II       Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, Ine 7.       Importuisation casements held by the organization (check all that apply).       Importuisation casements held by the organization cells on education)       Preservation of a historically important land area         Importuisation of the organization beld a qualified conservation contribution in the form of a conservation assement on the last day of the tax year.       Importuisation the tax year.       Importuisation the last day of the tax year.         a Total number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure last in the National Register.       Zo       Zo         a Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure last in the National Register.       Zo       Zo         a Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure last in the National Register.       Zo       Zo       Zo         b Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure last in the National Register.       So we can be assements an actified historic structure included in (a)       Yes       No         c Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure last in the National Register.       So we can be assements and controling, inspecting, handling of violations, and enforenting on seconal conservation easements in thoids?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ŭ          | •                      |                                                 | • •                                                                                                                                                                                                                                       |               | •                   |                 |         |      |
| Part III Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         □       Preservation of a lard for public use for example, recreation or education □         □       Preservation of a lard for public use for example, recreation or education □         □       Preservation of a structure         □       Preservation of a conservation easement on the last         □       day of the tax year.         □       Total number of conservation easements         □       2         0       Number of conservation easements included in (a)         0       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure         □       2         1       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure         □       2         1       Number of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure         2       2         1       Number of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure         2       2         2       1         3       Number of conservation easements included to incload (c) acquired after 7/25/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                        |                                                 | , <b>,</b> , , , , , , , , , , , , , , , , ,                                                                                                                                                                                              |               | 0                   | Yes             |         | No   |
| Preservation of land for public use (for example, recreation or education)       Preservation of a catrified historic structure         Preservation of a natural habitat       Preservation of a catrified historic structure         2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         3 Total anceage restricted by conservation easements       2a         2 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2a         3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2a         3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic againziation during the tax         year ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Par        | t II Conserv           | ation Easements. Complete if the or             | ganization answered "Yes" on Form 990                                                                                                                                                                                                     | ), Part IV,   | line 7.             |                 |         |      |
| □       Protection of natural habitat       □       Preservation of a certified historic structure         □       Preservation of open space         2       Complete lines 2a through 2 if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a)       1         a       Total number of conservation easements       2a         b       Total arceage restricted by conservation easements       2a         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2a         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         4       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year / sa         4       Number of states where property subject to conservation easement is located >         5       Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements to the set of the footnote to the organization resonant on the last the set of the footnote to the organization structure in the organization reports conservation easements in fits revenue and expense 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 flow organiza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1          | Purpose(s) of cons     | servation easements held by the organization    | on (check all that apply).                                                                                                                                                                                                                |               |                     |                 |         |      |
| □       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements day of the tax year.       Iteld at the End of the Tax Year         a       Total acreage restricted by conservation easements       2a         b       Total acreage restricted by conservation easements on a certified historic structure included in (a)       2a         c       Number of conservation easements on a certified historic structure included in (a)       2a         d       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         A       Number of states where property subject to conservation easements is located ▶         2       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         F ≤                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Preservation           | n of land for public use (for example, recrea   | tion or education)                                                                                                                                                                                                                        | of a histo    | rically impor       | tant land are   | ea      |      |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last dry of the tax year. a Total number of conservation easements 2 Total acreage restricted by conservation easements 2 Aumber of conservation easements on a certified historic structure included in (a) 2 Aumber of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year /> 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year /> 2d 4 Number of states where property subject to conservation easement is located />                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Protection o           | of natural habitat                              | Preservation                                                                                                                                                                                                                              | of a certif   | fied historic s     | structure       |         |      |
| day of the tax year.       Held at the End of the Tax Year         a Total number of conservation easements       2a         2b       2b         2c       2b         2c       2c         2d       2c         2d       2c         2d       2c         2d       2c         2d       2d         2d <th></th> <th>Preservation</th> <th>n of open space</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Preservation           | n of open space                                 |                                                                                                                                                                                                                                           |               |                     |                 |         |      |
| a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located >   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   > A mount of expenses incurred in 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   > \$ \$    9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization second the footnote to the footnote to the organization's accounting for conservation easements.   Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.   Complete if the organization elected, as permitted under FASB 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 XIIII the score of the footnote to its financial statements and                                                                                                                                                                                                                                                                                                                                                   | 2          | •                      | <b>o o</b> .                                    | ied conservation contribution in the forr                                                                                                                                                                                                 | n of a cor    |                     |                 |         |      |
| b       Total acreage restricted by conservation easements       2a         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                        |                                                 |                                                                                                                                                                                                                                           |               |                     | at the End of t | the lax | Year |
| c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (a) equired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                        |                                                 |                                                                                                                                                                                                                                           |               |                     |                 |         |      |
| d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        |                                                 |                                                                                                                                                                                                                                           |               |                     |                 |         |      |
| listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶         4       Number of states where property subject to conservation easement is located ▶         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _          |                        |                                                 |                                                                                                                                                                                                                                           |               | 20                  |                 |         |      |
| <ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | u          |                        |                                                 | ,                                                                                                                                                                                                                                         |               | 24                  |                 |         |      |
| <ul> <li>year ▶</li> <li>A Number of states where property subject to conservation easement is located ▶</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ≤</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization saccounting for conservation easements.</li> <li>Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB 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.</li> <li>b If the organization sected, as permitted under FASB 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:</li> <li>c) Revenue included on Form 990, Part XIII, line 1</li> <li>§</li></ul>                                                                                                                | 3          |                        |                                                 |                                                                                                                                                                                                                                           |               |                     | the tax         |         |      |
| <ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                        | ·                                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _,, _ |               | 3                   | ,               |         |      |
| <ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Yes No</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4          | Number of states       | where property subject to conservation eas      | sement is located                                                                                                                                                                                                                         | _             |                     |                 |         |      |
| <ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year <ul> <li>▲</li> <li>▲</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year <ul> <li>▲ \$</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> </ul> </li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part IIII Organization saccounting for conservation easements.</li> <li>Part III Organization elected, as permitted under FASB 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.</li> <li>b If the organization elected, as permitted under FASB 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 in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets for financial gain, provide the following amounts relating to these items:</li> <li>(i) Revenue included in Form 990, Part X</li> <li>§</li> <li>(ii) Assets included on Form 990, Part X</li> <li>§</li></ul></li></ul>                                                                                                     | 5          | Does the organiza      | tion have a written policy regarding the per    | iodic monitoring, inspection, handling o                                                                                                                                                                                                  | f             |                     |                 |         |      |
| <ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li> ★ \$ </li> <li> Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No </li> <li> 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 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 FASB 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 FASB ASC 958, not poport 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 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 FASB ASC 958 relating to these items: a Revenue included on 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 requ</li></ul>                                                                                                                                                                                                                          |            | violations, and enf    | forcement of the conservation easements it      | holds?                                                                                                                                                                                                                                    |               |                     | Yes             |         | No   |
| <ul> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year </li> <li> \$</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6          | Staff and voluntee     | r hours devoted to monitoring, inspecting,      | handling of violations, and enforcing co                                                                                                                                                                                                  | nservatior    | n easements         | during the      | year    |      |
| <ul> <li>\$</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                        |                                                 |                                                                                                                                                                                                                                           |               |                     |                 |         |      |
| <ul> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7          | × .                    | ses incurred in monitoring, inspecting, hanc    | lling of violations, and enforcing conserv                                                                                                                                                                                                | ation eas     | ements duri         | ng the year     |         |      |
| <ul> <li>and section 170(h)(4)(B)(ii)?</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •          |                        |                                                 |                                                                                                                                                                                                                                           | 0/1-)/ 4)/D)/ | .,                  |                 |         |      |
| <ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB 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.</li> <li>b If the organization elected, as permitted under FASB 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: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included on Form 990, Part X</li> <li>(iii) Assets included on Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iv) Assets included in Form 990, Part X</li> <li>(iv) Assets included in Form 990, Part X</li> <li>(v) Assets included in Form 990, Part X<!--</th--><th>8</th><th></th><th></th><th></th><th></th><th></th><th>Vee</th><th></th><th></th></li></ul></li></ul> | 8          |                        |                                                 |                                                                                                                                                                                                                                           |               |                     | Vee             |         |      |
| <ul> <li>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.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB 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.</li> <li>b If the organization elected, as permitted under FASB 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 in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB 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: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> </ul> </li> <li>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 FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> <li>Assets included in Form 990, Part X</li> <li>\$</li> <li></li></ul></li></ul>                                                                                         | 0          |                        |                                                 |                                                                                                                                                                                                                                           |               |                     | L Yes           |         |      |
| 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 FASB 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 FASB 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: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> <li>\$</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5          |                        | •                                               |                                                                                                                                                                                                                                           |               |                     | the             |         |      |
| 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 FASB 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 FASB 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: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included on Form 990, Part X</li> <li>(iii) Assets included on Form 990, Part X</li> <li>(iv) Assets included on Form 990, Part X</li> <li>(v) Assets included in Form 9</li></ul>                                                                                                                                                                                                                                                                                                                                                                   |            |                        |                                                 |                                                                                                                                                                                                                                           |               |                     |                 |         |      |
| <ul> <li>1a If the organization elected, as permitted under FASB 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.</li> <li>b If the organization elected, as permitted under FASB 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: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>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 FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Assets included in Form 990, Part X</li> </ul> </li> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Par        |                        |                                                 | Art, Historical Treasures, or C                                                                                                                                                                                                           | Other Si      | imilar Ass          | sets.           |         |      |
| <ul> <li>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.</li> <li>b If the organization elected, as permitted under FASB 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: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>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 FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Schedule D (Form 990) 2021</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Complete i             | f the organization answered "Yes" on Form       | 990, Part IV, line 8.                                                                                                                                                                                                                     |               |                     |                 |         |      |
| <ul> <li>service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB 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: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>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 FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Assets included in Form 990, Part X</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1a         | If the organization    | elected, as permitted under FASB ASC 95         | 8, not to report in its revenue statement                                                                                                                                                                                                 | and bala      | nce sheet w         | orks            |         |      |
| <ul> <li>b If the organization elected, as permitted under FASB 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: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>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 FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Assets included in Form 990, Part X</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | of art, historical tre | easures, or other similar assets held for put   | lic exhibition, education, or research in                                                                                                                                                                                                 | furtheran     | ce of public        |                 |         |      |
| <ul> <li>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: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>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 FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Schedule D (Form 990) 2021</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | service, provide in    | Part XIII the text of the footnote to its finar | ncial statements that describes these ite                                                                                                                                                                                                 | ems.          |                     |                 |         |      |
| <ul> <li>provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>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 FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>c Schedule D (Form 990) 2021</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | b          | If the organization    | elected, as permitted under FASB ASC 95         | 8, to report in its revenue statement and                                                                                                                                                                                                 | d balance     | sheet works         | s of            |         |      |
| <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>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 FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Schedule D (Form 990) 2021</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | art, historical treas  | sures, or other similar assets held for public  | exhibition, education, or research in fu                                                                                                                                                                                                  | rtherance     | of public se        | rvice,          |         |      |
| <ul> <li>(ii) Assets included in Form 990, Part X</li> <li>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 FASB ASC 958 relating to these items:         <ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>k</li> </ul> </li> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | •                      | 0                                               |                                                                                                                                                                                                                                           |               | <b>.</b> .          |                 |         |      |
| <ul> <li>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 FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.</li> <li>Schedule D (Form 990) 2021</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                        |                                                 |                                                                                                                                                                                                                                           |               | ► \$                |                 |         |      |
| the following amounts required to be reported under FASB ASC 958 relating to these items:   a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ~          |                        |                                                 |                                                                                                                                                                                                                                           |               | · ·                 |                 |         |      |
| a Revenue included on Form 990, Part VIII, line 1 <ul> <li>b Assets included in Form 990, Part X</li> <li>c Assets included in Form 990, Part X</li> <lic 990,="" assets="" form="" in="" included="" li="" part="" x<=""> <li>c</li></lic></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2          | -                      |                                                 |                                                                                                                                                                                                                                           | ial gain, p   | provide             |                 |         |      |
| b       Assets included in Form 990, Part X         LHA       For Paperwork Reduction Act Notice, see the Instructions for Form 990.         Schedule D (Form 990) 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ~          | -                      |                                                 | -                                                                                                                                                                                                                                         |               | ► ¢                 |                 |         |      |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                        |                                                 |                                                                                                                                                                                                                                           |               | ► ♥<br>► ♥          |                 |         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                        |                                                 |                                                                                                                                                                                                                                           |               |                     | dule D (Forr    | n 990)  | 2021 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                        |                                                 |                                                                                                                                                                                                                                           |               | 300                 |                 |         |      |

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|             |                                                                                                                                      | CARE, INC                       |                     |                             |           |                         | 23-73      | 45952     | 2 Pa    | age <b>2</b>    |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------|-----------------------------|-----------|-------------------------|------------|-----------|---------|-----------------|
| Pa          | rt III Organizations Maintaining C                                                                                                   | ollections of Ar                | t, Historical T     | reasures, o                 | r Othe    | r Similaı               | r Assets   | contin    | ued)    |                 |
| 3           | Using the organization's acquisition, accession                                                                                      | on, and other record            | s, check any of th  | e following that            | : make si | ignificant ι            | use of its |           |         |                 |
|             | collection items (check all that apply):                                                                                             |                                 |                     |                             |           |                         |            |           |         |                 |
| а           | Public exhibition                                                                                                                    | d                               |                     | exchange progra             |           |                         |            |           |         |                 |
| b           | Scholarly research                                                                                                                   | e                               | e 🔄 Other           |                             |           |                         |            |           |         |                 |
| С           | Preservation for future generations                                                                                                  |                                 |                     |                             |           |                         |            |           |         |                 |
| 4           | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. |                                 |                     |                             |           |                         |            |           |         |                 |
| 5           | 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets           |                                 |                     |                             |           |                         |            |           |         | -               |
|             | to be sold to raise funds rather than to be ma                                                                                       |                                 |                     |                             |           |                         |            | Yes       |         | No              |
| Ра          | rt IV Escrow and Custodial Arrang                                                                                                    |                                 | ete if the organiza | tion answered '             | 'Yes" on  | Form 990                | , Part IV, | ine 9, or |         |                 |
|             | reported an amount on Form 990, Par                                                                                                  |                                 |                     |                             |           |                         |            |           |         |                 |
| 1a          | Is the organization an agent, trustee, custodi                                                                                       |                                 |                     |                             |           |                         |            | -         |         | 7               |
|             | on Form 990, Part X?                                                                                                                 |                                 |                     |                             |           |                         | L          | Yes       |         | No              |
| b           | If "Yes," explain the arrangement in Part XIII                                                                                       | and complete the fol            | lowing table:       |                             |           |                         |            |           |         |                 |
|             |                                                                                                                                      |                                 |                     |                             |           |                         |            | Amount    |         |                 |
|             | Beginning balance                                                                                                                    |                                 |                     |                             |           |                         |            |           |         |                 |
|             | Additions during the year                                                                                                            |                                 |                     |                             |           |                         |            |           |         |                 |
|             | Distributions during the year                                                                                                        |                                 |                     |                             |           |                         |            |           |         |                 |
|             | Ending balance<br>Did the organization include an amount on Fo                                                                       |                                 |                     |                             |           |                         |            | Yes       |         |                 |
|             | If "Yes," explain the arrangement in Part XIII.                                                                                      |                                 |                     |                             |           | ity?                    | L          |           |         | <b>∣No</b><br>∣ |
|             | rt V Endowment Funds. Complete i                                                                                                     |                                 |                     |                             |           | 10                      |            | <u></u>   |         |                 |
|             |                                                                                                                                      | (a) Current year                | (b) Prior year      | (c) Two year                |           | (d) Three y             | ears back  | (e) Four  | vears   | back            |
| 1a          | Beginning of year balance                                                                                                            | (-,,                            | (,                  | (-,                         |           | ()                      |            | (-,       | <i></i> |                 |
|             | Contributions                                                                                                                        |                                 |                     |                             |           |                         |            |           |         |                 |
| -<br>C      | Net investment earnings, gains, and losses                                                                                           |                                 |                     |                             |           |                         |            |           |         |                 |
| d           | Grants or scholarships                                                                                                               |                                 |                     |                             |           |                         |            |           |         |                 |
|             | Other expenditures for facilities                                                                                                    |                                 |                     |                             |           |                         |            |           |         |                 |
| _           | and programs                                                                                                                         |                                 |                     |                             |           |                         |            |           |         |                 |
| f           | Administrative expenses                                                                                                              |                                 |                     |                             |           |                         |            |           |         |                 |
| g           | End of year balance                                                                                                                  |                                 |                     |                             |           |                         |            |           |         |                 |
| 2           | Provide the estimated percentage of the curr                                                                                         | ent year end balance            | e (line 1g, column  | (a)) held as:               |           |                         |            |           |         |                 |
| а           | Board designated or quasi-endowment                                                                                                  |                                 | %                   |                             |           |                         |            |           |         |                 |
| b           | Permanent endowment                                                                                                                  | %                               | —                   |                             |           |                         |            |           |         |                 |
| с           | Term endowment                                                                                                                       | %                               |                     |                             |           |                         |            |           |         |                 |
|             | The percentages on lines 2a, 2b, and 2c sho                                                                                          | uld equal 100%.                 |                     |                             |           |                         |            |           |         |                 |
| 3a          | Are there endowment funds not in the posse                                                                                           | ssion of the organiza           | ation that are held | and administer              | ed for th | ie organiza             | ation      | -         |         |                 |
|             | by:                                                                                                                                  |                                 |                     |                             |           |                         |            |           | Yes     | No              |
|             | (i) Unrelated organizations                                                                                                          |                                 |                     |                             |           |                         |            | 3a(i)     |         |                 |
|             | (ii) Related organizations                                                                                                           |                                 |                     |                             |           |                         |            | 3a(ii)    |         |                 |
| b           | If "Yes" on line 3a(ii), are the related organiza                                                                                    | tions listed as requir          | ed on Schedule F    | ?                           |           |                         |            | 3b        |         |                 |
| 4           | Describe in Part XIII the intended uses of the                                                                                       |                                 | wment funds.        |                             |           |                         |            |           |         |                 |
| Ра          | t VI Land, Buildings, and Equipm                                                                                                     |                                 |                     |                             |           |                         |            |           |         |                 |
|             | Complete if the organization answered                                                                                                |                                 |                     |                             |           |                         |            |           |         |                 |
|             | Description of property                                                                                                              | (a) Cost or o<br>basis (investr | • • •               | ost or other<br>sis (other) |           | ccumulate<br>preciation | d          | (d) Bool  | < value | ə               |
| 1a          | Land                                                                                                                                 |                                 |                     | 94,241.                     |           |                         |            |           | 1,24    |                 |
|             | Buildings                                                                                                                            |                                 |                     | .98,888.                    |           | 179,28                  |            | 5,019     | 9,60    | 02.             |
| с           | Leasehold improvements                                                                                                               |                                 |                     | 51,006.                     |           | 151,00                  |            |           |         | 0.              |
| d           | Equipment                                                                                                                            |                                 |                     | 83,938.                     |           | 411,52                  |            | 1,072     |         |                 |
|             | Other                                                                                                                                |                                 |                     | 33,453.                     |           | 890,70                  |            |           | 2,75    |                 |
| <u>Tota</u> | I. Add lines 1a through 1e. <i>(Column (d) must e</i>                                                                                | qual Form 990, Part             | X, column (B), line | <u>e 10c.)</u>              | <u></u>   |                         |            | 6,629     | 9,00    | 16.             |

Schedule D (Form 990) 2021

132052 10-28-21

|              | ule D (Form 990) 2021 DARE TO CARE                                                                                            | E, INC.                      |                            | 23-                                     | -7345952 <sub>Ра</sub> | <sub>ge</sub> 3 |
|--------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------|-----------------------------------------|------------------------|-----------------|
| Part         |                                                                                                                               |                              |                            |                                         |                        |                 |
|              | Complete if the organization answered "Yes" of                                                                                | n Form 990, Part IV, line 1  | 1b. See Form 990, Part X,  | line 12.                                |                        |                 |
| (a) D        | escription of security or category (including name of security)                                                               | (b) Book value               | (c) Method of valuatio     | n: Cost or end-                         | of-year market value   |                 |
| (1) Fir      | nancial derivatives                                                                                                           |                              |                            |                                         |                        |                 |
| (2) CI       | osely held equity interests                                                                                                   |                              |                            |                                         |                        |                 |
| (3) Ot       |                                                                                                                               |                              |                            |                                         |                        |                 |
| ( <b>A</b> ) |                                                                                                                               | 2,579,373.                   | END-OF-YEAR                | MARKET                                  | VALUE                  |                 |
| (B)          | FUNDS HELD IN TRUST BY                                                                                                        | 270707070                    |                            |                                         |                        |                 |
| (C)          | OTHERS                                                                                                                        | 166,890.                     | END-OF-YEAR                | MARKET                                  | VALUE                  |                 |
| (D)          | o minto                                                                                                                       | 100,0501                     |                            | 111111111111111111111111111111111111111 | 1111011                |                 |
|              |                                                                                                                               |                              |                            |                                         |                        |                 |
| <u>(E)</u>   |                                                                                                                               |                              |                            |                                         |                        |                 |
| (F)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (G)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (H)          |                                                                                                                               | 0 746 060                    |                            |                                         |                        |                 |
|              | Col. (b) must equal Form 990, Part X, col. (B) line 12.)                                                                      | 2,746,263.                   |                            |                                         |                        |                 |
| Part         | VIII Investments - Program Related.                                                                                           |                              |                            |                                         |                        |                 |
|              | Complete if the organization answered "Yes" of                                                                                |                              |                            |                                         |                        |                 |
|              | (a) Description of investment                                                                                                 | (b) Book value               | (c) Method of valuatio     | n: Cost or end                          | of-year market value   |                 |
| (1)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (2)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (3)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (4)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (5)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (6)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (7)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (8)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (9)          |                                                                                                                               |                              |                            |                                         |                        |                 |
|              | Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨                                                                    |                              |                            |                                         |                        |                 |
| Part         |                                                                                                                               |                              |                            |                                         |                        |                 |
|              | Complete if the organization answered "Yes" of                                                                                | n Form 990. Part IV. line 1  | 1d. See Form 990. Part X.  | line 15.                                |                        |                 |
|              |                                                                                                                               | Description                  | , ,                        |                                         | (b) Book value         |                 |
| (1)          |                                                                                                                               |                              |                            |                                         | ( )                    |                 |
| (2)          |                                                                                                                               |                              |                            |                                         |                        |                 |
|              |                                                                                                                               |                              |                            |                                         |                        |                 |
| (3)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (4)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (5)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (6)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (7)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (8)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (9)          |                                                                                                                               |                              |                            |                                         |                        |                 |
|              | (Column (b) must equal Form 990, Part X, col. (B) line                                                                        | 15.)                         |                            | 🕨                                       |                        |                 |
| Part         |                                                                                                                               |                              |                            |                                         |                        |                 |
|              | Complete if the organization answered "Yes" of                                                                                | on Form 990, Part IV, line 1 | 1e or 11f. See Form 990, I | Part X, line 25.                        |                        |                 |
| 1.           | (a) Description of liability                                                                                                  |                              |                            |                                         | (b) Book value         |                 |
| (1)          | Federal income taxes                                                                                                          |                              |                            |                                         |                        |                 |
| (2)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (3)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (4)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (5)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (6)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (7)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (8)          |                                                                                                                               |                              |                            |                                         |                        |                 |
| (9)          |                                                                                                                               |                              |                            |                                         |                        |                 |
|              | (Column (b) must actual Form 000 Dent V and (D) "                                                                             | 25.)                         |                            |                                         |                        |                 |
|              | <u>(Column (b) must equal Form 990, Part X, col. (B) line</u><br>ability for uncertain tax positions. In Part XIII, provide t |                              |                            |                                         | at reports the         |                 |
|              |                                                                                                                               |                              |                            |                                         |                        | X               |
| org          | ganization's liability for uncertain tax positions under I                                                                    | ASD ASU 140. CRECK NEI       |                            | e nas been pro                          | viueu in Part XIII [   | <b>4</b> 3      |

Schedule D (Form 990) 2021

132053 10-28-21

| Sche | edule D (Form 990) 2021 DARE TO CARE, INC.                                      |                   | 23-7345952 Page 4 |
|------|---------------------------------------------------------------------------------|-------------------|-------------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Stat                      | ements With Reven | ue per Return.    |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, lin           | e 12a.            |                   |
| 1    | Total revenue, gains, and other support per audited financial statements        |                   |                   |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |                   |                   |
| а    | Net unrealized gains (losses) on investments                                    | 2a                |                   |
| b    | Donated services and use of facilities                                          | 2b                |                   |
| С    | Recoveries of prior year grants                                                 | 2c                |                   |
| d    | Other (Describe in Part XIII.)                                                  | 2d                |                   |
| е    | Add lines 2a through 2d                                                         |                   |                   |
| 3    | Subtract line <b>2e</b> from line <b>1</b>                                      |                   |                   |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |                   |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a                |                   |
| b    | Other (Describe in Part XIII.)                                                  | 4b                |                   |
| С    | Add lines <b>4a</b> and <b>4b</b>                                               |                   |                   |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |                   |                   |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Sta                     |                   | nses per Return.  |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, lin           |                   |                   |
| 1    | Total expenses and losses per audited financial statements                      |                   | 1                 |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:               | 1 1               |                   |
| а    | Donated services and use of facilities                                          | 2a                |                   |
| b    |                                                                                 |                   |                   |
| С    | Other losses                                                                    | 2c                |                   |
| d    | , , , , , , , , , , , , , , , , , , , ,                                         |                   |                   |
| е    |                                                                                 |                   |                   |
| 3    | Subtract line <b>2e</b> from line <b>1</b>                                      |                   |                   |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:              |                   |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                |                   |                   |
|      | Other (Describe in Part XIII.)                                                  | 4b                |                   |
| с    | Add lines <b>4a</b> and <b>4b</b>                                               |                   |                   |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  | <u>}_)</u>        |                   |
| Pa   | rt XIII Supplemental Information.                                               |                   |                   |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN GRANTED EXEMPT STATUS BY THE INTERNAL REVENUE

SERVICE UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AS A NON-PROFIT

ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION

OR LIABILITY FOR FEDERAL INCOME TAXES HAS BEEN INCLUDED IN THE

ACCOMPANYING FINANCIAL STATEMENTS.

132054 10-28-21

14240126 758005 1000009846.TAX

Schedule D (Form 990) 2021

| SCHEDULE G                                                                                                                                                                         | Supplemental Information Regarding Fundraising or Gaming Activities                                                       |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        | OMB No. 1545-0047                                              |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------|----------------------------------------------------------------|--|--|
| (Form 990)                                                                                                                                                                         | Complete if th                                                                                                            | or if the                                                                                                | 2021                                                                                                                 |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
| Deserves of the Terror                                                                                                                                                             |                                                                                                                           | organization entered more than \$15,000 on Form 990-EZ, line 6a.<br>► Attach to Form 990 or Form 990-EZ. |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
| Department of the Treasury<br>Internal Revenue Service                                                                                                                             | ► G                                                                                                                       | o to www.irs                                                                                             | .gov/Form990 for instru                                                                                              |                                                    |                                                |                                                                                                | on.     |                                                                        | Open to Public<br>Inspection                                   |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         | Employer id                                                            | r identification number                                        |  |  |
|                                                                                                                                                                                    | ing Activities                                                                                                            | Complete i                                                                                               | f the organization answe                                                                                             | ered "Y                                            | es" or                                         | n Form 990, Part IV, li                                                                        | ine 1   |                                                                        |                                                                |  |  |
| · · · · ·                                                                                                                                                                          | complete this par                                                                                                         |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
| <ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solici</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> | tions<br>email solicitations<br>tations<br>licitations<br>on have a written o<br>ed in Form 990, F<br>9 highest paid indi | s<br>or oral agreer<br>Part VII) or en<br>viduals or en                                                  | f X Solicitat<br>g X Special<br>ment with any individual<br>tity in connection with pr<br>tities (fundraisers) pursu | tion of<br>tion of<br>fundra<br>(incluc<br>rofessi | non-g<br>gover<br>aising<br>ling of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trust<br>undraising services? |         | X Ye                                                                   |                                                                |  |  |
| (i) Name and addres<br>or entity (fund                                                                                                                                             |                                                                                                                           |                                                                                                          | (ii) Activity                                                                                                        | (iii)<br>fundr<br>have c<br>or cor<br>contribu     | ustody<br>itrol of                             | (iv) Gross receipts from activity                                                              | tò (o   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. <b>(i)</b> | <b>(vi)</b> Amount paid<br>to (or retained by)<br>organization |  |  |
| ONE & ALL - 2 N LAC                                                                                                                                                                | CK AVE,                                                                                                                   |                                                                                                          |                                                                                                                      | Yes                                                | No                                             |                                                                                                |         |                                                                        |                                                                |  |  |
| #600, PASADENA, CA                                                                                                                                                                 | 91101                                                                                                                     | DIRECT MA                                                                                                | ILING                                                                                                                |                                                    | x                                              | 2,082,359.                                                                                     |         | 648,201.                                                               | 1,434,157.                                                     |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
| Total                                                                                                                                                                              |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                | 2,082,359.                                                                                     |         | 648,201,                                                               | 1,434,157.                                                     |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          | ed or licensed to solicit o                                                                                          | ontrib                                             | utions                                         |                                                                                                | it is ( | exempt from re                                                         |                                                                |  |  |
| or licensing.                                                                                                                                                                      | _                                                                                                                         |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        | -                                                              |  |  |
| KY                                                                                                                                                                                 |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
|                                                                                                                                                                                    |                                                                                                                           |                                                                                                          |                                                                                                                      |                                                    |                                                |                                                                                                |         |                                                                        |                                                                |  |  |
| LHA For Paperwork Re                                                                                                                                                               | eduction Act Not                                                                                                          | ice, see the                                                                                             | Instructions for Form 9                                                                                              | 990 or                                             | 990-E                                          | Ζ.                                                                                             |         | Schedul                                                                | e G (Form 990) 2021                                            |  |  |

132081 10-21-21

DARE TO CARE, INC.

23-7345952 Page 2

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

|                   |                          | of fundraising event contributions and gr                                                                                                                         |                                                                                                                |                                                  |                  |                                                   |
|-------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------|---------------------------------------------------|
|                   |                          |                                                                                                                                                                   | (a) Event #1                                                                                                   | (b) Event #2                                     | (c) Other events | (d) Total events                                  |
|                   |                          |                                                                                                                                                                   |                                                                                                                | TASTE OF                                         | NONE             | (add col. (a) through                             |
|                   |                          |                                                                                                                                                                   | BOURBON AUCT                                                                                                   |                                                  |                  | col. (c))                                         |
| ש                 |                          |                                                                                                                                                                   | (event type)                                                                                                   | (event type)                                     | (total number)   |                                                   |
| שמעםוחם           | 1                        | Gross receipts                                                                                                                                                    | 370,614.                                                                                                       | 139,115.                                         |                  | 509,729                                           |
| -                 | 2                        | Less: Contributions                                                                                                                                               | 48,890.                                                                                                        |                                                  |                  | 48,890                                            |
|                   | 3                        | Gross income (line 1 minus line 2)                                                                                                                                | 321,724.                                                                                                       | 139,115.                                         |                  | 460,839                                           |
|                   | 4                        | Cash prizes                                                                                                                                                       |                                                                                                                |                                                  |                  |                                                   |
|                   | 5                        | Noncash prizes                                                                                                                                                    |                                                                                                                |                                                  |                  |                                                   |
| 111200            | 6                        | Rent/facility costs                                                                                                                                               |                                                                                                                |                                                  |                  |                                                   |
| DILECT EXPENSES   | 7                        | Food and beverages                                                                                                                                                |                                                                                                                | 29,600.                                          |                  | 29,600                                            |
| 5                 | •                        | Entortainment                                                                                                                                                     |                                                                                                                |                                                  |                  |                                                   |
|                   | -                        | Entertainment                                                                                                                                                     |                                                                                                                | 36,092.                                          |                  | 130,385                                           |
|                   | 9<br>10                  | Other direct expenses<br>Direct expense summary. Add lines 4 through                                                                                              |                                                                                                                |                                                  | •                | 159,985                                           |
|                   |                          | Net income summary. Subtract line 10 from I                                                                                                                       |                                                                                                                |                                                  | •                | 300,854                                           |
|                   | rt I                     |                                                                                                                                                                   |                                                                                                                |                                                  |                  |                                                   |
|                   |                          | \$15,000 on Form 990-EZ, line 6a.                                                                                                                                 |                                                                                                                | , , ,                                            |                  |                                                   |
|                   |                          |                                                                                                                                                                   | (a) Bingo                                                                                                      | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add<br>col. (a) through col. (d |
| Revenue           |                          |                                                                                                                                                                   |                                                                                                                |                                                  |                  |                                                   |
| ┥                 | -                        | Gross revenue                                                                                                                                                     |                                                                                                                |                                                  |                  |                                                   |
| 200               | 2                        | Cash prizes                                                                                                                                                       |                                                                                                                |                                                  |                  |                                                   |
| nii eur Experises | 3                        | Noncash prizes                                                                                                                                                    |                                                                                                                |                                                  |                  |                                                   |
|                   | 4                        | Rent/facility costs                                                                                                                                               |                                                                                                                |                                                  |                  |                                                   |
|                   | 5                        | Other direct expenses                                                                                                                                             |                                                                                                                |                                                  |                  |                                                   |
|                   | 6                        | Volunteer labor                                                                                                                                                   | └── Yes %<br>└── No                                                                                            | └── Yes %<br>└── No                              | Yes %<br>No      |                                                   |
|                   |                          |                                                                                                                                                                   |                                                                                                                |                                                  |                  |                                                   |
|                   | 7                        | Direct expense summary. Add lines 2 through                                                                                                                       | h 5 in column (d)                                                                                              |                                                  | ►                |                                                   |
|                   |                          |                                                                                                                                                                   |                                                                                                                |                                                  |                  |                                                   |
|                   | 8                        | Net gaming income summary. Subtract line 7                                                                                                                        | 7 from line 1, column (d)                                                                                      |                                                  | ►                |                                                   |
|                   | 8<br>Ent                 | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu                                                                    | 7 from line 1, column (d)                                                                                      |                                                  | ►                |                                                   |
| a                 | 8<br>Ent                 | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu-<br>he organization licensed to conduct gaming a                   | 7 from line 1, column (d)<br>ucts gaming activities:<br>ctivities in each of these :                           | states?                                          | ►                | Yes N                                             |
| a                 | 8<br>Ent                 | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu                                                                    | 7 from line 1, column (d)<br>ucts gaming activities:<br>ctivities in each of these :                           | states?                                          | ►                | Yes N                                             |
| а                 | 8<br>Ent                 | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu-<br>he organization licensed to conduct gaming a                   | 7 from line 1, column (d)<br>ucts gaming activities:<br>ctivities in each of these :                           | states?                                          | ►                | Yes N                                             |
| a<br>b<br>a       | 8<br>Ent<br>Is t<br>If " | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu-<br>he organization licensed to conduct gaming a                   | 7 from line 1, column (d)<br>ucts gaming activities:<br>ctivities in each of these<br>evoked, suspended, or te | states?                                          | ····· •          |                                                   |
| a<br>b<br>a       | 8<br>Ent<br>Is t<br>If " | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu-<br>the organization licensed to conduct gaming a<br>No," explain: | 7 from line 1, column (d)<br>ucts gaming activities:<br>ctivities in each of these<br>evoked, suspended, or te | states?                                          | ····· •          |                                                   |
| a<br>b<br>a       | 8<br>Ent<br>Is t<br>If " | Net gaming income summary. Subtract line 7<br>ter the state(s) in which the organization condu-<br>the organization licensed to conduct gaming a<br>No," explain: | 7 from line 1, column (d)<br>ucts gaming activities:<br>ctivities in each of these<br>evoked, suspended, or te | states?                                          | ····· •          |                                                   |

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| Schedule G (Form 990) 2021 DARE TO CARE, INC.                                                                                                | 23-7345952 Page 3          |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 11 Does the organization conduct gaming activities with nonmembers?                                                                          |                            |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit                             |                            |
| to administer charitable gaming?                                                                                                             | Yes No                     |
| <b>13</b> Indicate the percentage of gaming activity conducted in:                                                                           | 1 1                        |
| a The organization's facility                                                                                                                |                            |
| <ul> <li>b An outside facility</li> <li>14 Entry the name and address of the paragraphic propagation is arguing (appendix book)</li> </ul>   |                            |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events book                                       | ks and records.            |
| Name                                                                                                                                         |                            |
| Address ►                                                                                                                                    |                            |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming re                                   | evenue? Yes No             |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$                                            | and the amount             |
| of gaming revenue retained by the third party  \$                                                                                            |                            |
| c If "Yes," enter name and address of the third party:                                                                                       |                            |
|                                                                                                                                              |                            |
| Name                                                                                                                                         |                            |
| Address 🕨                                                                                                                                    |                            |
|                                                                                                                                              |                            |
| 16 Gaming manager information:                                                                                                               |                            |
| Name                                                                                                                                         |                            |
|                                                                                                                                              |                            |
| Gaming manager compensation 🕨 💲                                                                                                              |                            |
|                                                                                                                                              |                            |
| Description of services provided                                                                                                             |                            |
|                                                                                                                                              |                            |
|                                                                                                                                              |                            |
| Director/officer Employee Independent contractor                                                                                             |                            |
| - · · · · · · · · · · · · · · · · · · ·                                                                                                      |                            |
| 17 Mandatory distributions:                                                                                                                  | ta                         |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds<br>retain the state gaming license? |                            |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizatio                            |                            |
| organization's own exempt activities during the tax year 🕨 \$                                                                                |                            |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column                                               |                            |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                                             |                            |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID                                                                                        | FUNDRAISERS:               |
| ,,,,,                                                                                                                                        |                            |
|                                                                                                                                              |                            |
| (I) NAME OF FUNDRAISER: ONE & ALL                                                                                                            |                            |
|                                                                                                                                              |                            |
| (I) ADDRESS OF FUNDRAISER: 2 N LACK AVE, #600, PASADENA                                                                                      | A, CA 91101                |
|                                                                                                                                              |                            |
|                                                                                                                                              |                            |
|                                                                                                                                              |                            |
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| 132083 10-21-21 <b>40</b>                                                                                                                    | Schedule G (Form 990) 2021 |
| 20                                                                                                                                           |                            |

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|         | G (Form 990) |             | CARE, | INC. |
|---------|--------------|-------------|-------|------|
| Dart IV | Supplemental | Information |       |      |

|                 | upplemental inform | ation (continued) |      |                       |
|-----------------|--------------------|-------------------|------|-----------------------|
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|                 |                    |                   |      | Schedule G (Form 990) |
| 132084 11-18-21 |                    |                   |      |                       |

| SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |                                                          |                        |                                           |                          |                                               |                                                                       |                                       |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------|-------------------------------------------|--------------------------|-----------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|
| Department of the Treasury                                                                                                                                                                                                         |                                                          | Comple                 | ete ir the organization                   | Attach to For            |                                               | rt iv, line 2 i or 22.                                                |                                       | <b>2021</b><br>Open to Public                 |
| Internal Revenue Service                                                                                                                                                                                                           |                                                          |                        | Go to www.ir                              | s.gov/Form990 fo         | r the latest inform                           | nation.                                                               |                                       | Inspection                                    |
| Name of the organizat                                                                                                                                                                                                              | tion<br>DARE TO C                                        | ARE, INC.              |                                           |                          |                                               |                                                                       |                                       | Employer identification number $23 - 7345952$ |
| Part I General I                                                                                                                                                                                                                   | nformation on Grants a                                   | nd Assistance          |                                           |                          |                                               |                                                                       |                                       |                                               |
|                                                                                                                                                                                                                                    | ization maintain records t<br>award the grants or assis  |                        |                                           |                          |                                               |                                                                       |                                       |                                               |
| 2 Describe in Part                                                                                                                                                                                                                 | t IV the organization's pro                              | ocedures for monite    | oring the use of grant t                  | funds in the United      | l States.                                     |                                                                       |                                       |                                               |
|                                                                                                                                                                                                                                    | nd Other Assistance to I<br>that received more than S    |                        |                                           |                          |                                               | anization answered "Y                                                 | es" on Form 990, Par                  | t IV, line 21, for any                        |
|                                                                                                                                                                                                                                    | ddress of organization<br>overnment                      | <b>(b)</b> EIN         | <b>(c)</b> IRC section<br>(if applicable) | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance         |
|                                                                                                                                                                                                                                    |                                                          |                        |                                           |                          |                                               |                                                                       |                                       |                                               |
|                                                                                                                                                                                                                                    |                                                          |                        |                                           |                          |                                               |                                                                       |                                       |                                               |
|                                                                                                                                                                                                                                    |                                                          |                        |                                           |                          |                                               |                                                                       |                                       |                                               |
| _                                                                                                                                                                                                                                  |                                                          |                        |                                           |                          |                                               |                                                                       |                                       |                                               |
|                                                                                                                                                                                                                                    |                                                          |                        |                                           |                          |                                               |                                                                       |                                       |                                               |
|                                                                                                                                                                                                                                    |                                                          |                        |                                           |                          |                                               |                                                                       |                                       |                                               |
| 3 Enter total numb                                                                                                                                                                                                                 | ber of section 501(c)(3) a<br>ber of other organizations | s listed in the line 1 | table                                     |                          |                                               |                                                                       |                                       |                                               |

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

Schedule I (Form 990) 2021

DARE TO CARE, INC.

23-7345952 Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|---------------------------------------|----------------------------------------------------------|---------------------------------------|
|                                 |                          |                          |                                       | DONATED FOOD: \$1.49/LB                                  |                                       |
|                                 |                          |                          |                                       | BASED ON INDEPENDENT                                     |                                       |
|                                 |                          |                          |                                       | STUDY. COMMODITIES:                                      | PROVIDING FOOD TO THE NEEDY,          |
| FOOD DISTRIBUTION               | 236571                   | 0.                       | 38,130,985.                           | FMV.                                                     | ILL AND INFANTS.                      |
|                                 |                          |                          |                                       |                                                          |                                       |
|                                 |                          |                          |                                       |                                                          |                                       |
|                                 |                          |                          |                                       |                                                          |                                       |
|                                 |                          |                          |                                       |                                                          |                                       |
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|                                 |                          |                          |                                       |                                                          |                                       |
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|                                 |                          |                          |                                       |                                                          |                                       |
|                                 |                          |                          |                                       |                                                          |                                       |

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

PART I, LINE 2:

THE ORGANIZATION PROVIDES FOOD TO THE NEEDY, ILL AND INFANTS. FOOD IS

PROVIDED TO PEOPLE IN NEED THROUGH THE ORGANIZATION'S 271 PARTNER FOOD

PANTRIES, EMERGENCY KITCHENS, AND SHELTERS AND OTHER SPECIAL PROGRAMS.

| SCHEDULE J                    | Compensation Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | OMB No. 1      | 545-004 | 17       |  |  |  |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|---------|----------|--|--|--|
| (Form 990)                    | For certain Officers, Directors, Trustees, Key Employees, and Highest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | 2021           |         |          |  |  |  |
|                               | Compensated Employees<br>► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | <b>ZU</b>      |         | l        |  |  |  |
| Department of the Treasury    | Complete if the organization answered "res" on Form 990, Part IV, line 23. Attach to Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | Open to Public |         |          |  |  |  |
| Internal Revenue Service      | Go to www.irs.gov/Form990 for instructions and the latest information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | Inspection     |         |          |  |  |  |
| Name of the organization      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | identificatio  |         | nber     |  |  |  |
|                               | DARE TO CARE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 23-'      | 734595         | 2       |          |  |  |  |
| Part I Question               | s Regarding Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                |         |          |  |  |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                | Yes     | No       |  |  |  |
|                               | iate box(es) if the organization provided any of the following to or for a person listed on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 990,      |                |         |          |  |  |  |
|                               | line 1a. Complete Part III to provide any relevant information regarding these items.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                |         |          |  |  |  |
| First-class or                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                |         |          |  |  |  |
| Travel for cor                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                |         |          |  |  |  |
|                               | cation and gross-up payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                |         |          |  |  |  |
| Discretionary                 | spending account Personal services (such as maid, chauffe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ur, chef) |                |         |          |  |  |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                |         |          |  |  |  |
| •                             | on line 1a are checked, did the organization follow a written policy regarding payment or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | 4              |         |          |  |  |  |
|                               | provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | <u>1b</u>      |         | <u> </u> |  |  |  |
|                               | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | 2              |         |          |  |  |  |
| trustees, and onic            | ers, including the CEO/Executive Director, regarding the items checked on line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                |         |          |  |  |  |
| 3 Indicate which, if a        | ny, of the following the organization used to establish the compensation of the organization's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2         |                |         |          |  |  |  |
| ,                             | ector. Check all that apply. Do not check any boxes for methods used by a related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                |         |          |  |  |  |
|                               | ation of the CEO/Executive Director, but explain in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                |         |          |  |  |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                |         |          |  |  |  |
| ·                             | compensation consultant X Compensation survey or study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                |         |          |  |  |  |
|                               | other organizations IX Approval by the board or compensation of the second seco | committee |                |         |          |  |  |  |
|                               | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                |         |          |  |  |  |
| 4 During the year, di         | d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                |         |          |  |  |  |
| organization or a r           | elated organization:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                |         |          |  |  |  |
| a Receive a severan           | ce payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | 4a             |         | X        |  |  |  |
| <b>b</b> Participate in or re | ceive payment from a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | 4b             |         | X        |  |  |  |
| c Participate in or re        | ceive payment from an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | 4c             |         | X        |  |  |  |
| If "Yes" to any of li         | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                |         |          |  |  |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                |         |          |  |  |  |
|                               | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on        |                |         |          |  |  |  |
| contingent on the             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                |         |          |  |  |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                |         | X        |  |  |  |
|                               | zation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | <u>5</u> b     |         | X        |  |  |  |
|                               | or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                |         |          |  |  |  |
| •                             | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n         |                |         |          |  |  |  |
| contingent on the             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | 0.             |         | X        |  |  |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                |         | X        |  |  |  |
|                               | zation?<br>or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | <u>6b</u>      |         |          |  |  |  |
|                               | or ob, describe in Part III.<br>on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -         |                |         |          |  |  |  |
|                               | nes 5 and 6? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           | 7              |         | x        |  |  |  |
|                               | Vere any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                |         |          |  |  |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | 8              |         | x        |  |  |  |
|                               | did the organization also follow the rebuttable presumption procedure described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                |         |          |  |  |  |
|                               | n 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | 9              |         |          |  |  |  |
|                               | eduction Act Notice, see the Instructions for Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | dule J (Forn   | n 990)  | 2021     |  |  |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | •              |         | -        |  |  |  |

132111 11-02-21

23-7345952

Page **2** 

## 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)(i)-(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           |             | ( <b>B)</b> Breakdown of W | /-2 and/or 1099-MIS0<br>compensation      | C and/or 1099-NEC                         |              | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) (F) Compensation (E)<br>in column (E) |                                           |  |
|------------------------------|-------------|----------------------------|-------------------------------------------|-------------------------------------------|--------------|-------------------------|--------------------------------------------------------------------------|-------------------------------------------|--|
|                              |             | (i) Base<br>compensation   | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation |                         |                                                                          | reported as deferred<br>on prior Form 990 |  |
| (1) BRIAN RIENDEAU           | (i)         | 141,873.                   | 0.                                        | 0.                                        | 7,192.       | 5,885.                  | 154,950.                                                                 | 0.                                        |  |
| EXECUTIVE DIRECTOR (RETIRED) | (ii)        | 0.                         | 0.                                        | 0.                                        | 0.           | 0.                      | 0.                                                                       | 0.                                        |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)<br>(ii) |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)<br>(ii) |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)<br>(ii) |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (i)         |                            |                                           |                                           |              |                         |                                                                          |                                           |  |
|                              | (ii)        |                            |                                           |                                           |              |                         |                                                                          |                                           |  |

Schedule J (Form 990) 2021

## 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 additional information.

Schedule J (Form 990) 2021

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attack to C 000 Þ

1 ZUZ **Open to Public** . Inspection

►

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

| ization |      |    |       |      |  |
|---------|------|----|-------|------|--|
|         | DARE | то | CARE. | INC. |  |

| Employer | identification | number |
|----------|----------------|--------|

ſ

| _   | DARE TO CARE                                     | , INC.                        |                                                           |                                                                                  |          |           | 23-1                                 | 343 | 954 |    |
|-----|--------------------------------------------------|-------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------|----------|-----------|--------------------------------------|-----|-----|----|
| Pa  | t I Types of Property                            |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
|     |                                                  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | <b>(c)</b><br>Noncash contributi<br>amounts reported<br>Form 990, Part VIII, lir | on       |           | (d)<br>Method of de<br>cash contribu |     |     | s  |
| 1   | Art - Works of art                               |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 2   | Art - Historical treasures                       |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 3   | Art - Fractional interests                       |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 4   | Books and publications                           |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 5   | Clothing and household goods                     |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 6   | Cars and other vehicles                          |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 7   | Boats and planes                                 |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 8   | Intellectual property                            |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 9   | Securities - Publicly traded                     | X                             | 1                                                         | 210,0                                                                            | 18.      | 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                                   | Х                             |                                                           | 34,756,4                                                                         | 13.      | FAIR      | MARKET                               | VA  | LUE |    |
| 20  | Drugs and medical supplies                       |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 21  | Taxidermy                                        |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 22  | Historical artifacts                             |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 23  | Scientific specimens                             |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 24  | Archeological artifacts                          |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 25  | Other ► ( <u>TASTE OF DERB</u> )                 | Х                             | 0                                                         |                                                                                  |          |           | MARKET                               |     |     |    |
| 26  | Other  ( GIFTS CARDS )                           | Х                             | 0                                                         |                                                                                  |          |           | MARKET                               |     |     |    |
| 27  | Other ( ACCOUSTICAL C )                          | Х                             | 0                                                         | 2,5                                                                              | 00.      | FAIR      | MARKET                               | VA  | LUE |    |
| 28  | Other 🕨 (                                        |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 29  | Number of Forms 8283 received by the organiz     | zation during                 | g the tax year for co                                     | ontributions                                                                     |          |           |                                      |     |     |    |
|     | for which the organization completed Form 82     | 83, Part V, D                 | onee Acknowledg                                           | ement 29                                                                         | •        |           |                                      |     | 0   |    |
|     |                                                  |                               |                                                           |                                                                                  |          |           |                                      |     | Yes | No |
| 30a | During the year, did the organization receive by | y contributio                 | n any property rep                                        | orted in Part I, lines 1 t                                                       | throug   | h 28, tha | t it                                 |     |     |    |
|     | must hold for at least three years from the date | e of the initia               | I contribution, and                                       | which isn't required to                                                          | be us    | ed for    |                                      |     |     |    |
|     | exempt purposes for the entire holding period?   | ?                             |                                                           |                                                                                  |          |           |                                      | 30a |     | X  |
| b   | If "Yes," describe the arrangement in Part II.   |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 31  | Does the organization have a gift acceptance p   | policy that re                | equires the review o                                      | of any nonstandard cor                                                           | ntributi | ions?     |                                      | 31  | Х   |    |
| 32a | Does the organization hire or use third parties  | or related or                 | ganizations to solid                                      | cit, process, or sell non                                                        | icash    |           |                                      |     |     |    |
|     | contributions?                                   |                               |                                                           |                                                                                  |          |           |                                      | 32a |     | X  |
| b   | If "Yes," describe in Part II.                   |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |
| 33  | If the organization didn't report an amount in c | olumn (c) fo                  | r a type of property                                      | v for which column (a) i                                                         | s chec   | ked,      |                                      |     |     |    |
|     | describe in Part II.                             |                               |                                                           |                                                                                  |          |           |                                      |     |     |    |

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

Schedule M (Form 990) 2021

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**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.

| 132142 11-17-21             |                         | Schedule M (Form 990) 2021 |
|-----------------------------|-------------------------|----------------------------|
|                             | 48                      |                            |
| 40126 758005 1000009846.TAX | 2021.05030 DARE TO CARE | , INC. 10000               |

SCHEDULE O

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 23 - 7345952

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

DARE TO CARE,

A DRAFT OF THE RETURN IS REVIEWED FIRST BY INTERNAL MANAGEMENT. AFTER

INC.

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.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION REVIEWED COMPARATIVE SALARY INFORMATION PROVIDED BY FEEDING AMERICA FOR THE REGION DURING THE FILING YEAR. THE EXECUTIVE COMMITTEE CONSIDERS THE EXECUTIVE DIRECTOR'S AND OTHER OFFICER'S EXPERIENCE AND YEARLY EVALUATIONS. THE SALARIES ARE APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS.

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

| Name of the organization DARE TO CARE, INC.                | Employer identification number 23-7345952 |
|------------------------------------------------------------|-------------------------------------------|
| AUDITED FINANCIALS AND THE CONFLICT OF INTEREST POLICY ARE | AVAILABLE UPON                            |
| REQUEST. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT | THE CORPORATE                             |
| LOCATION.                                                  |                                           |
|                                                            |                                           |
| PART XII, LINE 2C:                                         |                                           |
| THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.              |                                           |
|                                                            |                                           |
|                                                            |                                           |
|                                                            |                                           |
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|                                                            |                                           |
| 132212 11-11-21<br>50                                      | Schedule O (Form 990) 202                 |
| 40126 758005 1000009846.TAX 2021.05030 DARE TO CARE        | , INC. 10000                              |

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Schedule O (Form 990) 2021

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Name of the organization

Department of the Treasury Internal Revenue Service

DARE TO CARE, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
|-------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------|----------------------------|----------------------------------|--------------------------------------------|
| DARE TO CARE TRANSPORTATION LLC - 86-3611632                                  |                                |                                                            |                            |                                  |                                            |
| 5803 FERN VALLEY RD                                                           |                                |                                                            |                            |                                  |                                            |
| LOUISVILLE, KY 40228                                                          |                                | KENTUCKY                                                   | ٥.                         | 1,003,874.                       |                                            |
| DARE TO CARE COMMUNITY KITCHEN LLC -                                          |                                |                                                            |                            |                                  |                                            |
| 86-3645080, 5803 FERN VALLEY RD, LOUISVILLE,                                  |                                |                                                            |                            |                                  |                                            |
| KY 40228                                                                      |                                | KENTUCKY                                                   | 1,172,157.                 | 1,425,672.                       |                                            |
|                                                                               |                                |                                                            |                            |                                  |                                            |
|                                                                               |                                |                                                            |                            |                                  |                                            |

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year

|                                                          | -                              | -                                                   |                               |                                                    |                                            |      |                                            |
|----------------------------------------------------------|--------------------------------|-----------------------------------------------------|-------------------------------|----------------------------------------------------|--------------------------------------------|------|--------------------------------------------|
| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | <b>(f)</b><br>Direct controlling<br>entity | cont | <b>g)</b><br>512(b)(13)<br>rolled<br>tity? |
|                                                          |                                | 501(c)(3))                                          |                               | Yes                                                | No                                         |      |                                            |
|                                                          | -                              |                                                     |                               |                                                    |                                            |      |                                            |
|                                                          | -                              |                                                     |                               |                                                    |                                            |      |                                            |
|                                                          | -                              |                                                     |                               |                                                    |                                            |      |                                            |
|                                                          | -                              |                                                     |                               |                                                    |                                            |      |                                            |

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

Schedule R (Form 990) 2021

OMB No. 1545-0047



Employer identification number 23-7345952

## Schedule R (Form 990) 2021 DARE TO CARE, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)                                            | (b)              | (c)                                       | (d)                          | (e)                                                                   | (f)                   | (g)                               | (1  | h)                  | (i)             | (j) | (k)                        |
|------------------------------------------------|------------------|-------------------------------------------|------------------------------|-----------------------------------------------------------------------|-----------------------|-----------------------------------|-----|---------------------|-----------------|-----|----------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under | Share of total income | Share of<br>end-of-year<br>assets |     | ortionate<br>tions? |                 |     | or Percentage<br>ownership |
|                                                |                  | country)                                  |                              | sections 512-514)                                                     |                       | 400010                            | Yes | No                  | K-1 (Form 1065) | Yes | 0                          |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                | -                |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                | -                |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                | -                |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                | -                |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                | 4                |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                | 4                |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |
|                                                |                  |                                           |                              |                                                                       |                       |                                   |     |                     |                 |     |                            |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (C)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | Sec<br>512(l<br>contr<br>ent | (i)<br>ction<br>(b)(13)<br>trolled<br>tity? |
|-----------------------------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------|--------------------------------|------------------------------|---------------------------------------------|
|                                                                 |                                | country)                                      |                                            | 0                                                      |                                        |                                                 |                                | Yes                          |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              | $\square$                                   |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |                              |                                             |

## Schedule R (Form 990) 2021 DARE TO CARE, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                                                                                         |    | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1   | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          |    |     |    |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                                                                              | 1a |     |    |
| b   | Gift, grant, or capital contribution to related organization(s)                                                                                                              | 1b |     |    |
|     | Gift, grant, or capital contribution from related organization(s)                                                                                                            | 1c |     |    |
|     | Loans or loan guarantees to or for related organization(s)                                                                                                                   | 1d |     |    |
|     | Loans or loan guarantees by related organization(s)                                                                                                                          | 1e |     |    |
|     |                                                                                                                                                                              |    |     |    |
| f   | Dividends from related organization(s)                                                                                                                                       | 1f |     |    |
| g   |                                                                                                                                                                              | 1g |     |    |
| h   | Purchase of assets from related organization(s)                                                                                                                              | 1h |     |    |
| i   | Exchange of assets with related organization(s)                                                                                                                              | 1i |     |    |
| j   | Lease of facilities, equipment, or other assets to related organization(s)                                                                                                   | 1j |     |    |
|     |                                                                                                                                                                              |    |     |    |
| k   | Lease of facilities, equipment, or other assets from related organization(s)                                                                                                 | 1k |     |    |
| - 1 | Performance of services or membership or fundraising solicitations for related organization(s)                                                                               | 11 |     |    |
|     | Performance of services or membership or fundraising solicitations by related organization(s)                                                                                | 1m |     |    |
| n   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                                                                                | 1n |     |    |
| o   | Sharing of paid employees with related organization(s)                                                                                                                       | 10 |     |    |
|     |                                                                                                                                                                              |    |     |    |
| р   | Reimbursement paid to related organization(s) for expenses                                                                                                                   | 1p |     |    |
| q   | Reimbursement paid by related organization(s) for expenses                                                                                                                   | 1q |     |    |
|     |                                                                                                                                                                              |    |     |    |
| r   | Other transfer of cash or property to related organization(s)                                                                                                                | 1r |     |    |
| s   | Other transfer of cash or property from related organization(s)                                                                                                              | 1s |     |    |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |    |     |    |

|             | (a)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining amount involved |
|-------------|-------------------------------------|-----------------------------------------|-------------------------------|-----------------------------------------------------|
| (1)         |                                     |                                         |                               |                                                     |
| <u>(</u> 2) |                                     |                                         |                               |                                                     |
| <u>(3)</u>  |                                     |                                         |                               |                                                     |
| (4)         |                                     |                                         |                               |                                                     |
| <u>(5)</u>  |                                     |                                         |                               |                                                     |
| (6)         |                                     |                                         |                               |                                                     |

## Schedule R (Form 990) 2021 DARE TO CARE, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a)<br>Name, address, and EIN<br>of entity | <b>(b)</b><br>Primary activity | (c) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are all<br>partners s<br>501(c)(3<br>orgs.?<br>Yes N | <b>(g)</b><br>Share of<br>end-of-year<br>assets | ( <b>f</b><br>Dispr<br>tior<br>alloca<br><b>Yes</b> | n)<br>opor-<br>late<br>tions?<br><b>No</b> | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General o<br>managin<br>partner?<br>Yes No | (k)<br>r Percentage<br>ownership |
|--------------------------------------------|--------------------------------|-----|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|----------------------------------|
|                                            |                                |     |                                                                                                   |                                                             |                                                 |                                                     |                                            |                                                                         |                                                   |                                  |
|                                            |                                |     |                                                                                                   |                                                             |                                                 |                                                     |                                            |                                                                         |                                                   |                                  |
|                                            |                                |     |                                                                                                   |                                                             |                                                 |                                                     |                                            |                                                                         |                                                   |                                  |
|                                            |                                |     |                                                                                                   |                                                             |                                                 |                                                     |                                            |                                                                         |                                                   |                                  |
|                                            |                                |     |                                                                                                   |                                                             |                                                 |                                                     |                                            |                                                                         |                                                   |                                  |
|                                            |                                |     |                                                                                                   |                                                             |                                                 |                                                     |                                            |                                                                         |                                                   |                                  |
|                                            |                                |     |                                                                                                   |                                                             |                                                 |                                                     |                                            |                                                                         |                                                   |                                  |
|                                            |                                |     |                                                                                                   |                                                             |                                                 |                                                     |                                            |                                                                         |                                                   |                                  |

Schedule R (Form 990) 2021

DARE TO CARE, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

| 132165 11-17-21                | Sch                                 |
|--------------------------------|-------------------------------------|
| 14240126 758005 1000009846.TAX | 55<br>2021.05030 DARE TO CARE, INC. |
|                                |                                     |

Schedule R (Form 990) 2021