** 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) 2021		
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 ⊐Nam		TO CARE, INC.		22 72450	F 0		
	_ chan ∣Initia	ge Doing bi	usiness as		23-73459			
	_returi Final		and street (or P.O. box if mail is not delivered to street address) Ro BOX 35458	oom/suite	E Telephone numbe			
	⊥returi termi 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 _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:	X 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 1130		
Activities &	6		of volunteers (estimate if necessary)			0.		
Ac			business revenue from Part VIII, column (C), line 12 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) undraising fees (Part IX, column (A), line 11e) 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> 46,981,089.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>45,608,591.</u> 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 Fund Balances	20	Total assets (F	Part X line 16)		33,283,933.	30,243,323.		
Asse Bali	20		2art X, line 16) (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 Here	Signature of officer VINCENT JAMES SR., PRE Type or print name and title	SIDENT & CEO	Date				
Paid	Print/Type preparer's name ANNAMARIE REILLY, CPA	Preparer's signature	Date Check PTIN 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)						

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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: LEADING THE COMMUNITY TO FEED THE HUNGRY AND CONQUER THE CYCLE OF 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. 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 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 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)
 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
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 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 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		 (2021)
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				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)
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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 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 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 13	^ X	
	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy? 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		(C) 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 line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated 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 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 (do not check more than one					Reportable	Reportable	Estimate	
	hours per week	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount	of
	weeк (list any					1.00	,	from the	from related	other	tion
	hours for	directu				Ę		tne organization	organizations (W-2/1099-MISC/	compensa 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 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 (21) MICHAEL SADOFSKY	2.00	Х				-		0.	0.		0.
(21) MICHAEL SADOFSKY 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 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 former officer,			-	•	•		Ŭ	• •	•	3	х
line 1a? If "Yes," complete Schedule J for suFor any individual listed on line 1a, is the su										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		.	
PASADENA, CA 91101							-	SOLICITATION		634,9	85.
FEEDING AMERICA			_	• -				FOOD/FREIGHT	AND		~ ~
· · ·					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)

14240126 758005 1000009846.TAX

132008 12-09-21

Form 990 DARE TO (23-734	5952
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (. ,	
(A) Name and title	(B) Average	(C) Position			(D) Reportable	(E) Reportable	(F) Estimated			
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated employee d	Former (KI	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) ANN REED 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>				

132201 04-01-21

				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) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
								lanetion revenue		sections 512 - 51
ς Ω	1	а	Federated campaigns	1a						
Gifts, Grants ilar Amounts	-		Membership dues							
ວັ ຊີ			Fundraising events			48,890.				
Ę,										
Contributions, Gift 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 <u>Revenue</u>		с								
am Ser evenue		d								
gra 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 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 evi		с				ļ				
Miscellaneous 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 990 (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 (A)	this Part IX	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	individuals. See Part IV, line 22	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) Other employee benefits	659,357.	426,988.	130,346.	102,02
9 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 11
Balance Sheet		
Check if Schedule O contains a response or note to any line in this Part X		
	(A) Beginning of year	(B) End of year
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. 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 990 (2021)

controlled entity or family member of any of these persons

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1

2 3

4 5

Assets

Liabilities

Net Assets or Fund Balances

	990 (2021) DARE TO CARE, INC.	23-	7345952	Pag	_{ge} 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
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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 Inspection

Name of t	the orgai	nization
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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 sectio	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 section 170(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 section 509(a)(1) 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		Type I. 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		Type II. 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 i) Name of supported	i about the supporte (ii) EIN	d organization(s). (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 Yes	ng document? 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) 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) 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 sto						
	ction C. Computation of Public		-				07 20
	Public support percentage for 2021 (I		•			14	87.39 % 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	33 1/3% support test - 2020. If the organization qual						
170					12 160 or 16b		
178	10% -facts-and-circumstances test 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

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	O	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) 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, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- 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 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 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) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						-
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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

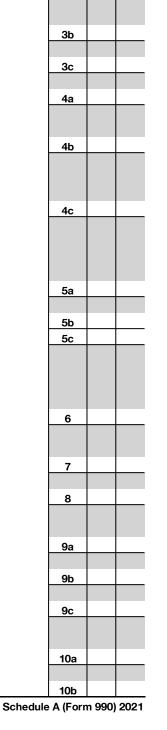
Part IV Supporting Organizations

(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> Part VI <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. 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 Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's	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 Part VI 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 (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 (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

132026 01-04-22

14240126 758005 1000009846.TAX

 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

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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 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	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 Pre-2021	Distributable 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 Part IV, line 1; P Section	emental Infor Section A, lines 1 art IV, Section D, D, lines 5, 6, and	mation. , 2, 3b, 3c, lines 2 and	Provide t 4b, 4c, 5 3; Part N	he expla a, 6, 9a, /, Sectio	anations red 9b, 9c, 11 on E, lines 1	a, 11b, and Ic, 2a, 2b, 3	11c; Part I\ 8a, and 3b; I	/, Section B, line Part V, line 1; Pa	a or 17b; Part III, li es 1 and 2; Part IV art V, Section B, lir litional information	ine 12; ', Section C, ne 1e; Part V,
(See ins	tructions.)									
132028 01-04-22									Schedule A	(Form 990) 202
40126 75800	5 100000	9846.T	AX		22 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 not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$ <u>8,070,4</u> 	<u>30.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$4,387,6	<u>30.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		_ \$ <u>2,003,0</u> _	<u>10.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		_ \$ <u>1,551,6</u> _	<u>21.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5		\$ <u>4,134,8</u>		Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
6		\$ <u>2,012,2</u>	75.	Person X Payroll Noncash X (Complete Part II for noncash contributions.) 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,801,57	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,304,83	2. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for 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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD			
1				
		\$ 8,070,4	30.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	-	(d) Date received
	FOOD			
2		\$ 4,387,6	30.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD			
3				
		\$2,003,0	10.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD			
4				
		\$ 1,551,6	21.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD			
5				
		\$ 4,134,8	17.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) 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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD			
7				
		\$1,801,5	75.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD			
8		\$1,304,8	32.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) 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 completing Part III, enter the total of exclusively religious	(a) through (e) and the following line enti- , charitable, etc., contributions of \$1,000 or I	Y. For organizations ess for the year. (Enter this info. on	nce.) > \$					
(-) N -	Use duplicate copies of Part III if additiona	al space is needed.							
(a) No. from 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. from									
from 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. 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. from 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 Internal Revenue Service	Open to Public 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				
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.							
 Section 501(c) (othe 	 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. 									
 Section 527 organiz 	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									
 Section 501(c)(3) org 	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.				
 Section 501(c)(3) org 	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.			F					
Name of organization						er identification number				
Part I-A Compl		CARE, INC. 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					▶\$					
3 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		• • • • • • • • • • • • • • • • • • • •	▶\$					
		incurred by organization managers			-					
		n 4955 tax, did it file Form 4720 fo				Yes No				
4a Was a correction m						Yes No				
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 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 [.]	tures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" mean	s amounts	paid or incurred.		totals	totalo
1.2. Total lobbying expanditures to influ		ninion (gra	araata labbuing)			
1a Total lobbying expenditures to influb Total lobbying expenditures to influ						
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 nes 2a through 2f.)	f the five columns b	elow.
		•				
	LODDYIN		lures During 4- rea	ar Averaging Period		
Calendar year	(a) 2018	3	(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 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
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter 				
or referendum, through the use of:				
a Volunteers?	37	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	v		
c Media advertisements?		X X		
d Mailings to members, legislators, or the public?		X		
Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?g Direct contact with legislators, their staffs, government officials, or a legislative body?	x	<u></u>	2	2,100.
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 		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 If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), 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				• •
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				
 b Carryover from last year c Total 				
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc 				
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. 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.	•										
											Schedule C	(Form 990) 2021
132044 11-	-03-21						33					

(Form 90) 	SCHEDULE D		Supplementa	al Financial Statemen ^a	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
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 and section 170(h)(4)(B)(ii)?	•				0/1-)/ 4)/D)/	.,			
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iv) Assets included in Form 990, Part X (iv) Assets included in Form 990, Part X (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>	8						Vee		
 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under 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 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: (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 \$ Assets included in Form 990, Part X \$ 	0						L Yes		
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 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 	Par			Art, Historical Treasures, or C	Other Si	imilar Ass	sets.		
 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Schedule D (Form 990) 2021 		Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.					
 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: (i) Revenue included on Form 990, Part VIII, line 1 \$ 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 b Assets included in Form 990, Part X c Assets included in Form 990, Part X 	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		
 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: (i) Revenue included on Form 990, Part VIII, line 1 \$ 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 b Assets included in Form 990, Part X c Assets included in Form 990, Part X 		of art, historical tre	easures, or other similar assets held for put	lic exhibition, education, or research in	furtheran	ce of public			
 art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 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 b Assets included in Form 990, Part X c Schedule D (Form 990) 2021 		service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.				
 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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 c Schedule D (Form 990) 2021 	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		
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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 b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Schedule D (Form 990) 2021 		art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in fu	rtherance	of public se	rvice,		
 (ii) Assets included in Form 990, Part X 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 VIII, line 1 b Assets included in Form 990, Part X k LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 		•	0			. .			
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X c Assets included in Form 990, Part X <lic 990,="" assets="" form="" in="" included="" li="" part="" x<=""> c</lic>	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						► ♥ ► ♥			
							dule D (Forr	n 990)	2021
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 2021.05030 DARE TO CARE, INC.
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		CARE, INC					23-73	45952	2 Pa	age 2
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 Did the organization include an amount on Fo							Yes		
	If "Yes," explain the arrangement in Part XIII.					ity?	L			∣No ∣
	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									
- 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 basis (investr	• • •	ost or other sis (other)		ccumulate 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 _{Ра}	_{ge} 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						
(A)		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> 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 [4 3

Schedule D (Form 990) 2021

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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 2e from line 1		
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 4a and 4b		
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 2e from line 1		
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 4a and 4b		
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.

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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. ► Attach to Form 990 or Form 990-EZ.									
Department of the Treasury Internal Revenue Service	► G	o to www.irs	.gov/Form990 for instru				on.		Open to Public 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										
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, F 9 highest paid indi	s or oral agreer Part VII) or en viduals or en	f X Solicitat g X Special ment with any individual tity in connection with pr tities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		X Ye			
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have c or cor contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) 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 10	Other direct expenses 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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add 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 % └── No	└── Yes % └── No	Yes % 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 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	7 from line 1, column (d)		►	
a	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	7 from line 1, column (d) ucts gaming activities: ctivities in each of these :	states?	►	Yes N
a	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	7 from line 1, column (d) ucts gaming activities: ctivities in each of these :	states?	►	Yes N
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	7 from line 1, column (d) ucts gaming activities: ctivities in each of these :	states?	►	Yes N
a b a	8 Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	····· •	
a b a	8 Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	····· •	
a b a	8 Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	7 from line 1, column (d) ucts gaming activities: ctivities in each of these 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
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
 b An outside facility 14 Entry the name and address of the paragraphic propagation is arguing (appendix book) 	
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 If "Yes," enter the amount of gaming revenue received by the organization > \$	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address 🕨	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided	
Director/officer Employee Independent contractor	
- · · · · · · · · · · · · · · · · · · ·	
17 Mandatory distributions:	ta
a Is the organization required under state law to make charitable distributions from the gaming proceeds retain the state gaming license?	
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
132083 10-21-21 40	Schedule G (Form 990) 2021
20	

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

	upplemental inform	ation (continued)		
				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.		2021 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 DARE TO C	ARE, INC.						Employer identification number $23 - 7345952$
Part I General I	nformation on Grants a	nd Assistance						
	ization maintain records t 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 that received more than S					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
	ddress of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_								
3 Enter total numb	ber of section 501(c)(3) a ber of other organizations	s listed in the line 1	table					

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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- cash assistance	(e) Method of valuation (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.

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 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU		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 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? or 6b, describe in Part III.		<u>6b</u>					
	or ob, describe in Part III. 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			
			•		-			

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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) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D) (F) Compensation (E) in column (E)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred 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)								
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	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(i) (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) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported Form 990, Part VIII, lir	on		(d) Method of de 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.									

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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.

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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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Page **2**

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.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled 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 domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(f Dispr tior alloca Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage 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.

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Schedule R (Form 990) 2021