

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,418	22 2,591
23 Land and buildings		23
24 Other assets (describe in Schedule O)	405	24 7,999
25 Total assets	10,823	25 10,590
26 Total liabilities (describe in Schedule O)	4,371	26 3,660
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,452	27 6,930

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 SUPPORT LOCAL RESTAURANTS THROUGH LOCAL CULINARY EVENTS		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BEN SPRUELL PRESIDENT	Hr/WK 2 00			
KATHRYN WEIH-LONG VICE-PRESIDENT	Hr/WK 2 00			
JASON WHITLEY TREASURER	Hr/WK 4 00			
AUDREY WEBSTER SECRETARY	Hr/WK 2 00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of JASON WHITLEY Telephone no 252-475-1972
Located at PO BOX City MANTEO ST NC ZIP + 4 27954
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42 c At any time during the calendar year, did the organization maintain an office outside the U S?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes and No. Rows 33-40e. 33: No. 34: No. 35a: No. 35b: No. 35c: No. 36: No. 37a: No. 37b: No. 38a: No. 38b: No. 39a: No. 39b: No. 40a: No. 40b: No. 40c: No. 40d: No. 40e: Yes.

Table with columns Yes and No. Rows 42b, 42c. 42b: No. 42c: Yes.

Table with columns Yes and No. Rows 44a-45b. 44a: No. 44b: No. 44c: No. 44d: No. 45a: No. 45b: Yes.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here: Signature of officer: *Daniel Lewis*, President Date: 5/31/18
Type or print name and title

Paid Preparer Use Only
 Preparer's name: Robert W Verbanik
 Preparer's signature: *Robert W Verbanik*
 Date: 5/16/2018
 Check if self-employed
 PTIN: P00549754
 Firm's name: Robert W Verbanik CPA, P C
 Firm's EIN: 46-1495817
 Firm's address: PO Box 789/204 Budleigh St, Manteo, NC 27954
 Phone no: 252-473-3270

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

DARE COUNTY RESTAURANT ASSOCIATION

Employer identification number

56-1848717

Form 990-EZ, Part I, Line 8, Other Revenue MEMBER SERVICES INCOME 467

Form 990-EZ, Part I, Line 8, Other Revenue GIFT CERTIFICATE INCOME 3,022

Form 990-EZ, Part I, Line 16, Other Expenses ADVERTISING AND PROMOTION 28,917

Form 990-EZ, Part I, Line 16, Other Expenses BANK/CREDIT CARD CHARGES 3,290

Form 990-EZ, Part I, Line 16, Other Expenses CONTRACTED SERVICES 78,596

Form 990-EZ, Part I, Line 16, Other Expenses DUES AND SUBSCRIPTIONS 1,540

Form 990-EZ, Part I, Line 16, Other Expenses EQUIPMENT RENTAL 4,083

Form 990-EZ, Part I, Line 16, Other Expenses EVENT SUPPLIES 5,292

Form 990-EZ, Part I, Line 16, Other Expenses GIFT CERTIFICATE REIMBURSEMENT 1,900

Form 990-EZ, Part I, Line 16, Other Expenses COMPUTER AND INTERNET EXPENSE 3,104

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE EXPENSE 348

Form 990-EZ, Part I, Line 16, Other Expenses INTEREST EXPENSE 99

Form 990-EZ, Part I, Line 16, Other Expenses SCHOLARSHIP EXPENSE 2,103

Form 990-EZ, Part I, Line 16, Other Expenses PRIZE PAYOUT 750

Form 990-EZ, Part I, Line 16, Other Expenses OFFICE EXPENSE 95

Form 990-EZ, Part II, Line 24, Other Assets ACCOUNTS RECEIVABLE Beginning of year 405, End

of year 7,357

Form 990-EZ, Part II, Line 24, Other Assets other asset Beginning of year 0, End of year

642

Form 990-EZ, Part II, Line 26, Liabilities ACCOUNTS PAYABLE Beginning of year 4,371, End of

year 3,660

Form 990-EZ, Part III, Section ONE, Line 1 THE ORGANIZATION REPRESENTS AND SUPPORTS LOCAL

CULINARY ARTS AND CREATIVITY THROUGH HOSTING A SERIES OF EVENTS THROUGHOUT THE YEAR, ALONG

WITH OFFERING MEMBERSHIP TO LOCAL RESTAURANTS AND HOSTING A CULINARY EDUCATION SCHOLARSHIP

FUND