Department δi the Treasury Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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

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

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

Open to Public

A F	or the		UL 1, 2017 and		EC 31, 2017	
Bc	heck if	C Name of organization	<u>, </u>		D Employer ident	ification number
 	⊓Addres					
<u> </u>	_change ¬Name	Dare 2 Share Ministries				
<u>}</u>	_change	_ Doing business as			04202	
누	return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite		
L	Final return/ termin-	P.O. Box 745323		L	303-4	125-1606
_	ated Amend	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	2,085,762
<u> </u>	⊒return ∏Applica	AIVAGA, CO 00000-3323			H(a) Is this a group	
Ц	⊒tion pendin	F Name and address of principal officer: Debb	ie Bresina		for subordinat	
-			(mont no.) 4047(n)(4)	or() 527	H(b) Are all subordinate	
		mpt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or527	-	a list. (see instructions)
			ssociation Other	I Vee	H(c) Group exempt of formation: 1952	
		Summary	SSOCIATION OTHER	L Year	oriormadon, 1992	M State of legal domicile: CO
\Box		Briefly describe the organization's mission or mos	t orangioent estination. Evange	liem ue	ing conferences	to.
Governance		rain teenagers to share their faith			- Ing conferences	
Паг	-	Check this box If the organization disco			o than 25% of its not	annota
Ş.		Number of voting members of the governing body	•)S	inan 25% of its het	. 1
တိ		Number of independent voting members of the go	•		. 3	
8		Total number of individuals employed in calendar			. -	
Activities &		Total number of individuals employed in calendar Total number of volunteers (estimate if necessary)	• • • •		· · ·	182
Ę		otal unrelated business revenue from Part VIII, c			7	CEIVED 0
Ă		Net unrelated business taxable income from Form	• •		7	1(3)0
		tot amolated basilioss taxable meetine menti em	1000 1, 1110 0-1	 '	Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)			2 3 2 60 , 04 9	
Revenue		Program service revenue (Part VIII, line 2g)	•		1 264 856	
e e		nvestment income (Part VIII, column (A), lines 3, 4	I. and 7d)			COEN, UT 219
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8d	•		< 181 ,226	
		otal revenue - add lines 8 through 11 (must equa			3,346,405	
		Grants and similar amounts paid (Part IX, column				0.
		Benefits paid to or for members (Part IX, column (• • •			0.
eg		Salaries, other compensation, employee benefits	•		1,314,738	613,560
Expenses	16a F	Professional fundraising fees (Part IX, column (A),	line 11e)		196,110	0.
စ္ခံ		otal fundraising expenses (Part IX, column (D), lir		,321.		
ű	17 (Other expenses (Part IX, column (A), lines 11a-11c	i, 11f-24e)		2,013,220	986,006
	18 1	otal expenses. Add lines 13-17 (must equal Part	IX, column (A), line 25)		3,524,068	1,599,566
	19 F	Revenue less expenses. Subtract line 18 from line	•	. —	<177,663	291,308
es Ses				Be	ginning of Current Yea	r End of Year
agets	20 1	otal assets (Part X, line 16)			1,360,007	1,229,401
t AB	21 7	otal liabilities (Part X, line 26)			720,237	303,215
Net Assets or Fund Balances	22 1	let assets or fund balances. Subtract line 21 fron	n line 20		639,770	926,186
Pa	rt II	Signature Block				
		ties of perjury, I declare that I have examined this return				my knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than offic	er) is based on all information of w	hich preparei	has any knowledge.	
	ŀ	Lamas 12				
Sign	1	Signature of officer			Date	117 12 111
Here	e	Debbie Bresina, President			4/	17/2018
		Type or print name and title			, ·	, , , , , , , , , , , , , , , , , , ,
		Print/Type preparer's name	Preparer's signature	[]	Date Check	PTIN
Paid -		rancis K. Brown, II	T_ K"}_=		4/17/2018 self-emp	
Prep		Firm's name Capin Crouse LLP			Firm's EIN	36-3990892
Use	Only	Firm's address 2435 Research Pkwy, Ste				
		Colorado Springs, CO 809			Phone no.71	9-528-6225
Мау	the IR	S discuss this return with the preparer shown about	ove? (see instructions)			X Yes No
73200	11-28	-17 LHA For Paperwork Reduction Act Noti	ce. see the separate instructi	ons.		Form 990 (2017)

Form	1990 (2017) Dare 2 Share Ministries	84-0504202	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	To evangelize the unsaved using conferences to train Christian		
	teenagers to share their faith and impact their culture with the love		
	of Jesus Christ.	-	
	or deads chirist.		
_			
2	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.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ı	Yes 🗓 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by	expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total ex	penses, and
	revenue, if any, for each program service reported.		
4a		ше \$	499,276.)
	Developing and holding conferences and rallies as well as providing		
	materials and publications that mobilize teenagers to relationally and		
	relentlesly reach their generation for Christ.		
			
		-	
4b	(Code) (Expenses \$	ue \$)
			
		-	
4c	(Code) (Expenses \$	ue \$)
			
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 1 448 826.		

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BDMO

Pa	rt IV Checklist of Required Schedules		<u> </u>	age s
	t		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	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	i		
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	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	١.	i	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
•	similar amounts as defined in Revenue Procedure 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	<u> </u>	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	Х	
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	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?		l	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		-	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes." complete Schedule G. Part II	4Ω		x

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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complete Schedule G, Part III

Form 990 (2017) Dare 2 Share Ministries Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	l -		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Ì]	
	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		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c		 -
d osa	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	\vdash	
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	25-		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	 	
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ļ.		
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	-		
-	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		1
	complete Schedule L, Part II	26	l	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ł		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ł		
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	 -	
•	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?		_	
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and]		1
	Part V, line 1	34		X
	, , , , , , , , , , , , , , , , , , , ,	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization.	36	\vdash	
J1	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	2017)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	;[
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		•
	(gambling) winnings to prize winners?	1c	х	
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 29	<u>'</u>]	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	l		•
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	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	1		
	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 contributions or gifts	ļ	ŀ	l
	were not tax deductible?	6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	├─	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	├	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d	- ₋		l _x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of our boats simplened as other values of did the organization file a Form 1008 C2	7g 7h		-
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- '''		
	sponsoring organizations maintaining defice advised funds. Did a deficit advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	├		
a	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		{
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1	[[
а	Gross income from members or shareholders]		ŀ
b	Gross income from other sources (Do not net amounts due or paid to other sources against]		1
	amounts due or received from them.)	_		
12a	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	1		l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
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	1		1
	Enter the amount of reserves on hand	<u> </u>	ļ	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	├	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(22 :=:
		Form	1 990	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent										
2											
	officer, director, trustee, or key employee?										
3											
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_ X _							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		-X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		x_							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х							
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,]									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe]									
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>							
b	Other officers or key employees of the organization	15b	_ X								
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1									
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			x							
	taxable entity during the year?	16a									
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	405									
500	exempt status with respect to such arrangements?	16b	نب								
	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CT, DC, FL, GA, HI, IL, KS										
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ما								
10	for public inspection. Indicate how you made these available. Check all that apply.	avalidu	10								
	Own website Another's website Upon request Other (explain in Schedule O)										
10		d finan	cial								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	ı ıman	udi								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
20	Joseph Shehata - 303-425-1606										
	PO Box 745323, Arvada, CO 80006										

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Section A.

Dare 2 Share Ministries

84-0504202

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization										
(A)	(B)	1)) Pos	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe id a d	person is both an a director/trustee)			compensation	compensation	amount of
	week (list any	┝			1 1		from the	from related organizations	other compensation	
	hours for	a de la composition della comp		1			}	organization	(W-2/1099-MISC)	from the
	related	io aa	ste			Sate	ļ	(W-2/1099-MISC)	(** 2 1000 111120)	organization
	organizations	Individual trustee or director	institutional trustee	i	ge ,	e m	}	} `		and related
	below	lgmp	턡	 =	Key employee	est co	늘			organizations
	line)	텰	Tage	Officer	Key	Highest compensated employee	퉏			
(1) Rick Montera	1.00]		
Board Chairman	.l	x	_	Х				0.	0.	0.
(2) Jim Lindemann	1.00									
Board Treasurer	<u> </u>	x		Х				0.	0.	0.
(3) Lynn Reimer	1.00						ļ			
Secretary	<u> </u>	х	_	Х	_	L		0.	0,	0,
(4) Dave Gipson (Part Year)	1.00						l			
Board Member	<u> </u>	Х				L		0.	0.	0.
(5) Bob Coughlin	1.00									
Board Member		х			_	L	L	0.	0.	0.
(6) Chris Abeyta	1.00					l				
Board Member	<u> </u>	x		L.,		L		0.	0.	0.
(7) Erik Peterson	1.00					l	l			
Board Member	<u> </u>	х						0.	0.	0.
(8) Greg Stier	40.00					i				
CEO / Founder	<u> </u>		_	х		L		58,371.	0.	71,114.
(9) Debbie Bresina	40.00									
President	<u> </u>			Х	_	L_		92,527.	0.	8,555.
(10) Phillip Hildebrand	40.00									
VP Ministry Advancement	<u> </u>			х	L			83,821.	0.	2,580.
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84-0504202

Section A. Officers, Directors, Trus	tees, Key Em	proy	ees	, an	<u>a Hi</u>	gne	ST C	compensated Employe	es (continuea)				
· (A)	(B) (C) Average Position							(D)	(E)	- [(F)	
Name and title	Average		not c	heck	more	than		Reportable	Reportable			imate	
	hours per week					ıs bot or/trus		compensation	compensation from related	ı	-	ount o	of
	(list any	ğ						the	organizations		comp		tion
•	hours for	ale				pa		organization	(W-2/1099-MISC)	•	m the	
	related	stee	ruste(۱.	Beusa		(W-2/1099-MISC)			_	nızatı	
-	organizations below	重	nonal	-	Ploye	t com		- '		- (and orgar	relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			-	orgai	iizatic	<i>7</i> 113
		Ī	<u> </u>	Ť	<u> </u>		Ť			十			
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		1								ı			
1b Sub-total	<u> </u>			<u> </u>		٠	—	234,719.		0.		82,	249.
c Total from continuation sheets to Part V	I, Section A						•	0.		٥.			0.
d Total (add lines 1b and 1c)	<u>.</u>						<u> </u>	234,719.		0.		82,	249.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d al	bov	e) wi	no r	eceived more than \$100	,000 of reportable				
compensation from the organization							_				-1,	 -	<u></u> 0
										г		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			ө, ке	y er	npic	уөө	, or	nighest compensated e	mployee on	ł		I	x
4 For any individual listed on line 1a, is the su			mn	anes	ation	3 200	t ot	har companeation from	the organization	┟	3	- 	
and related organizations greater than \$15									u lo Organization	1	4	ı	х
5 Did any person listed on line 1a receive or a									dual for services	t	十	一	
rendered to the organization? If "Yes," com					-					\perp	5 📗		х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	ont	racto	ors 1	that received more than	\$100,000 of comp	ensa	tion fro	om	
the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ithn		/ear				
(A) Name and business	address							(B) Description of s	envices	Co	(C) mpen:		,
Legacy Sound Productions LLC		_					-	- Bosonphor or a	CI VICCO		Проп	34101	<u> </u>
2459 Valley Park Blvd, Larkspur, CO 8	30118						Į	Sound Services				222	788.
Pixl Designs, LLC, 354 E. Christopher							┪						
San Tan Valley, AZ 85140	,							Web Design Service	8			151,	556.
Westfall Group Inc., 1300 Peachtree													
Industrial Blvd. #3216, Suwanee, GA 3	30024							Fundraising Servic	es			140,	647.
								_					
		_					_						
							Į						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pal	T VII	Check if Schedule O cont		or note to any line	a in this Part V/III			<u></u>
		Original Scriedule O Colli	шнэ а геэронзө	or note to any lift	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
통회	b	Membership dues	1b	-				ł
\$.E	c	Fundraising events	1c					ł
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	d	Related organizations	1d					
	е	Government grants (contribut	tions) 1e					Ì
	f	All other contributions, gifts, gran	nts, and					1
호		sımilar amounts not included abo	ve 1f	1,391,330.				
달	g	Noncash contributions included in lines	s 1a-1f \$	119,077.				
<u>යි ළ</u>	h	Total: Add lines 1a-1f	_:		1,391,330.			
				Business Code				
8	2 a	Conference Revenue		900099	473,920.	473,920.		
اہ کی	b	Honorarium Income		900099	16,250.	16,250.		
ᄶᆲ	c	Misc. Program Revenue		900099	11,868.	11,868.		
le v	d							
<u>8</u>	е							
죠 │	f	All other program service reve	enue					
	9	Total. Add lines 2a-2f			502,038.			
	3	Investment income (including	ı dividends, inter	est, and				
		other similar amounts)		▶	219.			219
	4	Income from investment of ta	x-exempt bond	oroceeds 🕨				
	5	Royalties .		▶	49.			49
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						ļ
	C	Rental income or (loss)						
	d	Net rental income or (loss)		<u> </u>			<u> </u>	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	92,551	<u>. </u>				
	b	Less: cost or other basis		}				
		and sales expenses	92,551					
		Gain or (loss)	0	<u> </u>				
		Net gain or (loss)		>	0.			
e	8 a	Gross income from fundraisin	•					
Other Revenue		including \$						
Re		contributions reported on line		1		i		
her		Part IV, line 18	. а					
5		Less: direct expenses	. b	'				
		Net income or (loss) from fun	-					
	9 а	Gross income from gaming a						
		Part IV, line 19 Less: direct expenses	a					
		•	b			[
		 Net income or (loss) from gan Gross sales of inventory, less 						· · · · · · · · · · · · · · · · · · ·
	IO a			99,575.		J J		J
		and allowances	a					
		Less: cost of goods sold	b oo of myontony	102,337.	<2,762.	<2,762.		}
		Net income or (loss) from sale		Business Code		\2,7\2,		
	11 a	Miscellaneous Revenu		Business Code				
	ii a b		<u>-</u>	 		 		
	_			 	<u></u> . ,	 		
	C	All other revenue		 		 		
	·	Total. Add lines 11a-11d	• •			 		
	42	Total Add lines Tra-Tro	•		1 890 874.	499 276		268

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Program service Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 169,885 144,986 11,673 13,226. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 362,975 318,258 36,382 8,335. Other salaries and wages Pension plan accruals and contributions (include 5,810 5,120 627 section 401(k) and 403(b) employer contributions) 63. 35,789 3,693, 1,051. 40,533 Other employee benefits 34,357. 29,891. 3,092 1,374. 10 Payroll taxes Fees for services (non-employees): a Management Legal 4,204. 4,204 c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 173,974. column (A) amount, list line 11g expenses on Sch O.) 181,771. 7,715. 82. 53,536. 51,660. 933 943. 12 Advertising and promotion 80,361. 62,785. 6,197 11,379. Office expenses 12 157 9.530. 2,030 597. Information technology 14. 15 Royalties 66,029 56,682. 6,491 2,856. 16 Occupancy 138,074 126,713 1,401 9,960. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 363,647 362 167 1.480 19 Conferences, conventions, and meetings 19,098. 504 3,167. 20 Interest 15,427. 21 Payments to affiliates 51,340. 60,051 8,711. 22 Depreciation, depletion, and amortization 7,064 4,490 2,286 288. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) b All other expenses 1,599,566. 1,448,826. 97,419. 53,321. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. ☐ If following SOP 98-2 (ASC 958-720)

84-0504202 Dare 2 Share Ministries Page 11 Form 990 (2017) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 264,923 212,530. 1 Cash - non-interest-bearing 305,116. 2 239 683. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4,015. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 7 161 272. 94 531. 8 8 Inventories for sale or use 263,977. 213,245. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 940,919 basis. Complete Part VI of Schedule D 10a 579,468. 396,467. 361,451. b Less: accumulated depreciation 10b 10c 42.334. 11 11 Investments - publicly traded securities 12 Investments - other securties. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 10,880. 18,984 15 Other assets. See Part IV, line 11 15 1,360,007. 1,229,401. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 134,156. 258,264, 17 17 Accounts payable and accrued expenses 18 18 Grants payable 318,070 46,490. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 143,903 122,569. 25 Schedule D 303,215. 720,237. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 630,546. 898,291. 27 27 Unrestricted net assets 9,224 27,895.

> 1,229,401. Form 990 (2017)

926,186.

28

29

30

31

32

33

34

639,770.

1,360,007.

28

29

30

31

32

33

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

Form	990 (2017) Dare 2 Share Ministries	84-050420	2_	Pag	ge 12
	rt XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,874</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	<u> </u>	<u>,566.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			,308.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>,770.</u>
5	Net unrealized gains (losses) on investments	5			,892.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		926	,186.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				لخا
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	∍ O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		\ \ \		ļ
b	Were the organization's financial statements audited by an independent accountant?		_2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	redule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	 :	3b		
			Form	990	(2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Dare 2 Share Ministries 84-0504202 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety, See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other <u>our governing document</u> (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) **Total**

Schedule A (Form 990 or 990 EZ) 2017 Dare 2 Share Ministries 84-0504202

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

• •	_			· / · / · / ·
(Complete only if you	u checked the box on line 5, 7, or	8 of Part I or if the organizat	ion failed to qualify unde	r Part III. If the organization
fails to qualify under	the tests listed below, please cor	mplete Part III.)		

<u>Se</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		ľ				
	include any "unusual grants.")	1,766,066.	1,832,305.	2,211,592.	2,260,019.	1,391,330.	9,461,312.
2	Tax revenues levied for the organ-			·		-	
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,766,066.	1,832,305.	2,211,592.	2,260,019.	1,391,330.	9,461,312.
5	The portion of total contributions	Į					
	by each person (other than a			ĺ			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		i	1			
	amount shown on line 11,						
	column (f)						968,345.
	Public support. Subtract line 5 from line 4						8,492,967.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,766,066.	1,832,305.	2,211,592.	2,260,019.	1,391,330.	9,461,312.
8	Gross income from interest,						
	dividends, payments received on			ļ			
	securities loans, rents, royalties,						
	and income from similar sources	3,887.	8,010.	8,089.	8,169.	268.	28,423.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			l.			
	or loss from the sale of capital		!				
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					<u> </u>	9,489,735.
	Gross receipts from related activities,					12	7,304,191.
13	First five years. If the Form 990 is for	-	first, second, third	l, fourth, or fifth tമാ	c year as a section	n 501(c)(3)	. \Box
Sec	organization, check this box and stop ction C. Computation of Publi	here c Support Pei	centage		<u></u> _		. 🕨
14	Public support percentage for 2017 (li	ne 6, column (f) dr	vided by line 11, co	olumn (f))		14	89.50 %
15	Public support percentage from 2016	Schedule A, Part	l, line 14			15	90.30 %
16a	33 1/3% support test - 2017. If the o	rganization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this box	
	stop here. The organization qualifies a	as a publicly supp	orted organization				\mathbf{x}
b	33 1/3% support test - 2016. If the o	rganızatıon did no	t check a box on hi	ne 13 or 16a, and i	ine 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2017. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fact	ts-and-circumstan	es" test, check thi	is box and stop he	e re. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	- 2016. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, ch	eck this box and s	top here. Explain	in Part VI how the	
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18	Private foundation. If the organization			· ·			_ _
						dule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6 Section B. Total Support (b) 2014 Calendar year (or fiscal year beginning in) (a) 2013⁷ (c) 2015 (d) 2016 (e) 20<u>17</u> (f) Total 9 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 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this/box and stop here Section C: Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

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

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Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions). 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. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in these activities but 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 (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		, ,	
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					I
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3.2		Ì
	b		- Ju		
	_	• • • • •	3b		ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain ın	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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	\top		
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		<u> </u>
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) Pnor 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)	j		
a	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		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recovenes 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 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		Ţ
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	_6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting org	anization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2017

	1 Type in Non-1 unotionally integrated 303	tayto, cupporting orga	(continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Ð	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			<u> </u>
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
<u>d</u>	From 2015			
<u>e</u>	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u> i </u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	·		
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		' 	<u> </u>
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990 EZ) 2017 Dare 2 Share Ministries	84-0504202	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 11. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2, Part IV, Sec Part V, Section B, line 1e;	tion C,
Part II, Columns (a)-(e)		-
Per the instructions public support is measured using a 5-year		
computation period that includes the current and four prior tax years		
(including short years). The organization had a short year in 2017.		
The below chart clarifies the information represented in Schedule A,		-
Part II:		_
Column (a) - Fiscal year ending 6/30/14		
Column (b) - Fiscal year ending 6/30/15		
Column (c) - Fiscal year ending 6/30/16		
Column (d) - Fiscal year ending 6/30/17		
Column (e) - 6 month period ending 12/31/17		
	· · · · · · · · · · · · · · · · · · ·	
	 :	
		
		_
		

SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Dare 2 Share Ministries

Employer identification number 84-0504202

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds			
_	are the organization's property, subject to the organization's	•	Yes No			
6	Did the organization inform all grantees, donors, and donor a		·			
_	for chantable purposes and not for the benefit of the donor of		_			
	impermissible private benefit?		Yes No			
Pa		ganization answered "Yes" on Form 990,				
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (e.g., recreation or e		toncally important land area			
	Protection of natural habitat	· 🖂	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax			
	year ▶	-				
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements if	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for			
	conservation easements					
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1 a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,			
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ance of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic 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 treatment	asures, or other similar assets for financia	al gain, provide			
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		. \$			
b	Assets included in Form 990, Part X		▶ \$			

	dale B (Comit Coo) ECT	e Ministries					8-	4-0504	202	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Oth	er Simila	r Asse	ts(contin	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	t are a s	ignificant u	se of its	collection	ntems
	(check all that apply):									
а	Public exhibition	d	· 🔲	Loan or exc	hange progra	ıms				
þ	Scholarly research	•	, 🗀	Other						_
C	Preservation for future generations									_
4	Provide a description of the organization's co	llections and explai	in how ti	hey further tl	he organizatio	on's exe	mpt purpos	se in Pai	t XIII	
5	During the year, did the organization solicit or	r receive donations	of art, h	istorical trea	sures, or othe	er sımila	r assets		_	
	to be sold to raise funds rather than to be ma					<u> </u>			_ Yes	No.
Par	t IV Escrow and Custodial Arrang		ete if the	organızatio	n answered "	'Yes" or	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.				_				
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not	included	r	_	
	on Form 990, Part X?								_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
							1		Amount	
	Beginning balance			•	•		1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance			•					1	7 1
	Did the organization include an amount on Fo						•	L	」 Yes	⊢ No
<u> </u>	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete if									_ <u>-</u>
- ai	Litaowine it Parias. Complete ii		_		(c) Two year		(d) Three ye	are back	(a) Four	years back
4	Boguning of veer belones	(a) Current year	(6) F	Prior year	(C) I WU YEAR	S Dack	(a) Three ye	ais back	(e) rour	years back
ıa	Beginning of year balance		-	-					 	
0	Contributions					-				
ن	Net investment earnings, gains, and losses Grants or scholarships				- -		·_		 	·
•	Other expenditures for facilities								 	
•	and programs		i		ì	ì			ľ	
•	Administrative expenses		-							
	End of year balance								 	
9 2	Provide the estimated percentage of the curr	ent year end haland	L. ce (line 1	a column (s	// hold as:				L	
~ a	Board designated or quasi-endowment	ont your one balant	%	g, column (c	4)) 110id as.					
b	Permanent endowment	%	_′°							
	Temporarily restricted endowment									
•	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses	•	ation the	at are held a	nd administe	red for t	he organiza	ation		
	by.	J					Ü		Γ	Yes No
	(i) unrelated organizations						_	_	3a(i)	
	(ii) related organizations	•					•	•	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizar	tions listed as requi	ired on S	Schedule R?	•		•		3b	
4	Describe in Part XIII the intended uses of the	organization's ende	owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	l "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	, Part X	, line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulated	1	(d) Book	value
		basıs (investi	ment)	basis	(other)	de	preciation			
1a	Land									
b	Buildings .									
C	Leasehold improvements									
d	Equipment .				81,287.		.68,7	85.		12,502.
е	Other				859,632.		510,6	83.		348,949.
otal	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colur	nn (B), line 1	0c.)					361,451.

Complete if the organization answered "Yes"				4 - 4 - 4 - 4 - 4
(a) Description of Security or Category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or en	d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(5</u>				
<u>(F)</u>				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related.	5 555 5			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			d of year market yelve
— ————————————————————————————————————	(u) DOOK VAIUB	(c) Method of Va	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)	-			
(4)				
(5)				
(6)				. ,
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	F 000 D-4 N/		B. 4V I 46	
Complete if the organization answered "Yes"		line 11d. See Form 990,	Part X, line 15.	(h) Back value
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
				
(8)				ļ
(9)				ļ
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u></u>	<u> </u>
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV,		n 990, Part X, line 2	<u>5</u>
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Capital Lease Obligations		122,569.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8)	e 25.) >	122,569.		
(8) (9)			nancial statements	that reports the

	dule D (Form 990) 2017 Dare 2 Share Ministries			84-0504202	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With I	Revenue per R	eturn.	
	* Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ea		, — , — , — , — , — , — , — , — , — , —	
1	Total revenue, gains, and other support per audited financial statements		•	1	2,146,519.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		1 1	
а	Net unrealized gains (losses) on investments	2a	<4,892.	}	
b	Donated services and use of facilities	2b	158,200.		
C	Recoveries of prior year grants	2c	100 222	}	
d	Other (Describe in Part XIII.)	2d	102,337.		055 645
e	Add lines 2a through 2d		•	2e	255,645.
3	Subtract line 2e from line 1		•	3	1,890,874.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1]	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		{ }	
b	Other (Describe in Part XIII.)	4b		∤ 	٥
_C	Add lines 4a and 4b		•	46	1,890,874.
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	monto With	Evnences nor	5 Potum	1,890,874.
<u> </u>			Expenses per	neturn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<u>a. </u>			1 960 103
1	Total expenses and losses per audited financial statements	•		1	1,860,103.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ایا	150 200) }	
a	Donated services and use of facilities	2a	158,200.	{ {	
b	Pnor year adjustments .	2b		{	
C	Other losses .	2c	100 227	}	
d	Other (Describe in Part XIII.)	2d	102,337.	}	060 535
е	Add lines 2a through 2d		÷	2e	260,537.
3	Subtract line 2e from line 1		•	3	1,599,566.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1) ì	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII.)	4b		l l	_
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	_ 		5	1,599,566.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			4; Paπ X, IIne 2;	Part XI,
ınes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	danional intorma	ation.		
					
Dari	: XI Line 2d - Other Adjustments:				
-	AI, Bine at - Other Adjustments:				
Cost	of Goods Sold	102 337			
	. 01 00008 5010	102,337.			
					
D	. WIT vine Od Other Bainstone				
Par	: XII, Line 2d - Other Adjustments:				
700	of Coods Gold	102 227			
COB	of Goods Sold	102,337.			
					
	-				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection **Employer identification number**

Dare 2 Share Ministries 84-0504202

Pa	rt I Types of Property							_
		(a)	(b)	(c)	(d)	_		
	-	Check if	Number of	Noncash contribution	- Method of de			
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1	noncash contribi	ution a	mount	ts
1	Art - Works of art		Romo Commedica	Tomi oso, ruit viii, iino i	' 			_
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	<u> </u>		05.564	20.4. 20.3. 20.3			
9	Securities - Publicly traded	X	4	85,564	.Fair Market Valu	<u>e</u>		
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				<u></u>			
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	30,446	33,513	.Fair Market Valu	e		
20	Drugs and medical supplies							
21	Taxidermy .							
<u>22</u>	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts					-		
25	Other ()					_		
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organia	zation dunn	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	orted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't required to be	used 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 policy that requires the review of any nonstandard contributions?						х	
	-							
=	contributions?		J	,	•	32a		х
ь			•	•	•			
		olumn (c) fo	r a type of properh	v for which column (a) is ch	ecked			
			, po o i proport	, which column tay is or				
33 	If "Yes," describe in Part II. If the organization didn't report an amount in c describe in Part II.	olumn (c) fo	r a type of property	y for which column (a) is ch	ecked,			

Schedule M (f	Form 990) 2017 Dare 2 Share Ministries	84-0504202	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 reporting in Part I, column (b), the number of contributions, the number of items received, or a column and additional information.	33, and whether the organismbination of both. Also c	nization
Schedule M	, Part I, Column (b):		
The number	of contributions reported is the number of contributions		
made, not	the number of items contributed.		
<u> </u>			
			···
			<u> </u>

	1		

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-ΕΖ.

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

2017
Open to Public Inspection

Name of the organization **Employer identification number** Dare 2 Share Ministries 84-0504202 Form 990, Part VI, Section B, line 11b: The Form 990 was prepared by an independent CPA firm, reviewed in detail by the Director of Finance, and then emailed to the board for review before being filed with the IRS. Form 990, Part VI, Section B. Line 12c: Dare 2 Share requires its board of directors and officers to complete conflict of interest disclosure statements on an annual basis. The signed disclosure statements are then reviewed by the board. There is close monitoring of incoming contracts and invoices by multiple staff members serving bookkeeper, serving accounting manager, and both Vice Presidents. If a conflict is identified it is brought to the board's attention and the member with a conflict excuses his or her self from the decision making process. The board then votes to determine if the transaction is in the best interest of the organization. Form 990, Part VI, Section B, Line 15: Compensation offered to the organization's CEO, corporate officers, and key employees is subject to approval by the independent members of the board of The board references comparability when determining salary and benefits to offer each position, including ECFA Ministry and Church Compensation Surveys as well as information obtained through informal networking with similar ministries. All compensation related decisions are contemporaneously documented in the board minutes.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2		
Name of the organization Dare 2 Share Ministries	Employer identification number 84-0504202		
AK,AL,AR,AZ,CA,CT,DC,FL,GA,HI,IL,KS,KY,MD,MI,MN,MS,MO,NH,NJ,NM,NY,NC,OH,OK			
OR, PA, RI, SC, TN, UT, VA, WV, WI			
·			
Form 990, Part VI, Section C, Line 19:			
The governing documents, conflict of interest policy and financial			
statements are available upon request			
Form 990 Part XII, Line 2c - Committee Responsible for Audit:			
The organization has a committee that assumes responsibility for			
oversight of the audit of its financial statements and selection of the			
independent accounting firm used. This process has not changed since			
the prior year.			
			

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)