RETURN EXTENDED TO AUGUST 15, 2020

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2018 calendar year, or tax year beginning OCT 1, 2018 and ending SEP 30, 2019 Check if applicable C Name of organization D Employer identification number DARE FOR MORE MINISTRIES. INC. Name Ichange 20-5648351 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 6803 VILLAGE LAKE CIRCLE 423-400-6105 termin-ated City or town, state or province, country, and ZIP or foreign postal code 252,442. G Gross receipts \$ Amender CHATTANOOGA, TN 37412 H(a) Is this a group return Applica-F Name and address of principal officer REBA BOWMAN Yes X No for subordinates? pending P. O. BOX 15854, CHATTANOOGA, H(b) Are all subordinates included? Tax-exempt status \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (If "No," attach a list (see instructions)) ◀ (insert no) J Website: ► WWW.DAREFORMORE.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Year of formation: 2006 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities DARE FOR MORE MINISTRIES, Governance CONDUCTS A CHRISTIAN MINISTRY TO WOMEN AND CHILDREN AROUND THE ____ if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 8 Activities & 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 75 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column REPER 351. b Net unrelated business taxable income from Form 990-T, line-38-0. OS Prior Year **Current Year** JUL 2 4 2020 151,269 153,182. Contributions and grants (Part VIII, line 1h) 19,751 20,866. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3 4, and DEN. UT 351. 281. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 51,636 58,059. 222,937 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 232,458. 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 129,418. 106,074 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 11,917. b Total fundraising expenses (Part IX, column (D), line 25) 123.169. 108,561. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 229,243 237,979. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <6,306. <5,521.> Revenue less expenses Subtract line 18 from line 12 58 **Beginning of Current Year End of Year** 203,227. 197,210. 20 Total assets (Part X, line 16) 4,720 4,226. 21 Total liabilities (Part X, line 26) 198,507. 22 Net assets or fund balances Subtract line 21 from line 20 192,984. Part II | Signature Block 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 7-14-2021 Sign Here OS Paid EXECUTIVE DIRECTOR BOWMAN Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 7/10/20 P01058634 ARDEN Z. OGLESBY arden self-employed Firm's name DEMOSS ACCT & BOOKKEEPING Preparer Firm's EIN 81-0696595 Use Only Firm's address 1925 ROSSVILLE AVENUE

LHA For Paperwork Reduction Act Notice, see the separate instructions.

CHATTANOOGA, TN 37408

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2018)

No

Yes

Phone no. 423-551-9700

Form 990 (2018) DARE FOR MORE MINISTRIES Part IV Checklist of Required Schedules

	In the expression described in section FO1(a)(2) or 4047(a)(1) (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		-	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
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		<u> </u>
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,		v	
	Part VI	11a	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	446		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		v
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	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	13		
16	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	and the second s	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
83200	3 12-31-18	Form	990	(2018)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ĺ	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			
	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ū	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		Х
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1,,
	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,"			
	complete Schedule L, Part II	26		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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i		
	Schedule N, Part II	32		Х
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			
- •	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 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?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		Λ
38		20	X	
Pa	Note. All Form 990 filers are required to complete Schedule Ort V Statements Regarding Other IRS Filings and Tax Compliance	38_		
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Check is contradict a contained a recipional of flote to diffy line in this fact v		T.,	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 0	1 1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	{		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	l 1c	I	Ì

Form 990 (2018) DARE FOR MORE MINISTRIES 20-5648351 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,

	filed for the calendar year ending with or within the year covered by this return 2a 5					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X			
	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?	За		X		
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		X		
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a_		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b_	ļ			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 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					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7е		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_7g_		ļ		
h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_	<u> </u>			
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					
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
,	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	l I		
	Note. See the instructions for additional information the organization must report on Schedule O		İ			
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					
C	Enter the amount of reserves on hand	4.6	 -	v		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-	 		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v		
	excess parachute payment(s) during the year?	15_		X		
46	If "Yes," see instructions and file Form 4720, Schedule N			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	X		
	If "Yes," complete Form 4720, Schedule O		1	1		

DARE FOR MORE MINISTRIES, INC. 20-5648351 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 $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 8 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b 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 Section 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? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a 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 b 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 exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ TN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

Form 990 (2018)

REBA BOWMAN - 423-400-6105

6803 VILLAGE LAKE CIRCLE, CHATTANOOGA

State the name, address, and telephone number of the person who possesses the organization's books and records 🕨

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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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 n	1	orga	anıza			mper	nsat	ted any current officer, director, or trustee				
(A)	(B)				2)			(D)	(E)	(F)		
Name and Title	Average	(do	not c	Pos heck	ITIOF more	l ≀than :	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	ıs bot or/trus	h an	compensation	compensation	amount of		
	week		Cei ai	lu a u	II BOLO	Titus	lee)	from	from related	other		
	(list any	rect				L		the	organizations	compensation		
	hours for related	e or d	aj E			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	ınste	l trus		92	臣		(44-2/1099-141130)		and related		
	below	dualt	utona	_	l de	s st Co	_			organizations		
	line)	Individual trustee or director	Institutional frustee	Officer	Кеу ег	Highest compensated employee	Forme			organizations		
(1) MARGARET RAMSEY	1.00								_	_		
DIRECTOR		X						0.	0.	0.		
(2) GINNY HALL	1.00							_	_	_		
<u>DIRECTOR</u> _		X				<u> </u>		0.	0.	0.		
(3) BETH BAXTER	1.00											
DIRECTOR		X						0.	0.	0.		
(4) JASON SNEED	2.00							_	_	_		
DIRECTOR		X						0.	0.	0.		
(5) DWIGHT MARTIN	1.00	ļ	Ì						_	_		
DIRECTOR		X						0.	0.	0.		
(6) ZACH BOWMAN	3.00	-							_	_		
PRESIDENT				X		<u> </u>		0.	0.	0.		
(7) PENNY DIRAGO	2.00								_	_		
TREASURER		1		X		<u> </u>		0.	0.	0.		
(8) JOY HARDEE	2.00	ł							_	_		
SECRETARY		ļ		X		├		0.	0.	0.		
(9) REBA BOWMAN	50.00							4.5 - 4.5				
EXECUTIVE DIRECTOR	-	ļ			X	-		46,517.	0.	0.		
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000007 10 01 19										Form 990 (2018)		

<u>(• </u>	T VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	Average hours per week P				than	one n an	(D) Reportable compensation from	(E) Reportable compensation from related organizations		am	(F) timate nount o	of
	•	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the ' organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensa om the anizati d relate inizatio	e on ed
										- .				
			<u> -</u> -				ļ							•
														
									-					
	<u>:</u>								46 518		_			
С	Sub-total Total from continuation sheets to Part V	II, Section A						>	46,517. 0. 46,517.		0. 0.			0. 0.
a_	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	d at	oove	e) wł	io r		,000 of reportable				0.
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	olqn	vee.	or	highest compensated ei	mployee on	[Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual			-		-		-	•		3		<u>X</u>
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									dual for services		4		<u>X</u>
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors											5		X
1	Complete this table for your five highest co the organization Report compensation for										pensa			
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	(C omper		1
	<u> </u>													
									•			-	_	
2	Total number of independent contractors (-	ot III	mite	d to		se lis	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	ZaliUII					<u></u>		<u> </u>			Form 9	990 (2019\

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
		· ·	ans a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
흔		Membership dues	1b					
اع ق		Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations	1d					
2,2		Government grants (contributi						
Sis		All other contributions, gifts, grant						
토	•	similar amounts not included above		153,182.				
를	_			133,102.				
등림	-	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$		153,182.			
<u> </u>		Total. Add lines Ta-11		Business Code	133,102.			
, l	0 -	HONORARIUMS		999999	10,579.	10,579.		
8	∠a b		TNCOME	999999	10,287.	10,287.		
Ser					10,207.	10,207.		
ΕÀ	C							, ,
Re	d		_					
Program Service Revenue	e f		nue					
		Total. Add lines 2a-2f	ilue	•	20,866.			
\rightarrow	y	Investment income (including	dividends intere		20,000			
	Ū	other similar amounts)	G,714G174G, 1111G11	>	351.		351.	
	4	Income from investment of tax	exempt bond o	proceeds				
	5	Royalties	(0,10p. 20a p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	•	, to yang g	(ı) Real	(II) Personal				-
	6 a	Gross rents	()()	(.)				
	b							
	c	5						
		Net rental income or (loss)		•		}		
		Gross amount from sales of	(i) Securities	(II) Other				-
		assets other than inventory						
	b	Less cost or other basis				`		
	_	and sales expenses		1				
	С	Gain or (loss)						
	d							
a	8 a	Gross income from fundraising	g events (not					
		including \$	of					
e e		contributions reported on line	1c) See					
تا ا تا		Part IV, line 18	а					
Other Revenu	b	Less direct expenses	b		-]
,	С	Net income or (loss) from fund	Iraising events					
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b					
ļ	С	Net income or (loss) from gam	ing activities	>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b	19,984.				
	<u>c</u>	Net income or (loss) from sales		<u> </u>	11,974.	11,974.		
		Miscellaneous Revenue	e	Business Code	44	40 4-4	-	
	11 a	INT'L OUTREACH		999999	41,454.	41,454.		
	b		EMENTS	999999	4,567.			<u> </u>
	C	MISC INCOME		999999	64.	64.		
	d	All other revenue			46.005			
	е	Total. Add lines 11a-11d			46,085.		251	
	12_	Total revenue. See instructions		•	232,458.	78,925.	351.	0.

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 (B) Program service (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 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, 46,518. 38,377 4,652 trustees, and key employees 3,489. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 65,333. 53,909. 7,713 3,711. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9,907. 8,256 991 Other employee benefits 660. 7,660 6,163 946. 551. 10 Payroll taxes Fees for services (non-employees) 276 276 Management а 371 371 Legal b 3,661 3.661 c Accounting **d** Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,392. 2,392 Advertising and promotion 12 4,570. 6,265 13,343. 2,508. 13 Office expenses 6,663. 4,331. 1,666. 666. 14 Information technology Royalties 15 Occupancy 16 3,324. 2,160 832 332. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 1,988. 1,988. Depreciation, depletion, and amortization 22 348 1,348 23 Other expenses. Itemize expenses not covered 24 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.) 68,481 68,481, HEARTS & HOPE/INT'L OUT SPECIAL EVENTS/CONFEREN 6.714 6.714 С d All other expenses 237,979. 195,353. 30,709. 11,917. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	91,786.	1	81,824
	2	Savings and temporary cash investments	100,306.	2	100,657
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	_	4	1,007
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Completing			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined u	inder		
Assets		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contril			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch I		6	
	7	Notes and loans receivable, net	-	7	
É	7	·	8,611.		11,289
	8	Inventories for sale or use	8,011.	8	11,203
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	7.70		
		basis. Complete Part VI of Schedule D 10a 9, 0	078.		2 422
			2,524.	10c	2,433
	11	Investments · publicly traded securities		11	·
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		_13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	203,227.	16	197,210
	17	Accounts payable and accrued expenses	4,720.	17	4,226
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, truste	es,	1	
		key employees, highest compensated employees, and disqualified person	ns		
Liabilities		Complete Part II of Schedule L		22	
j	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24) Complete Part X	of		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,720.	26	4,226
		Organizations that follow SFAS 117 (ASC 958), check here ▶	and		
ũ		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	
<u> </u>	28	Temporarily restricted net assets		28	
ם 5	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here	X		
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	0.	30	0
000	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
ξ.	32	Retained earnings, endowment, accumulated income, or other funds	198,507.	32	192,984
Net Assets or Fund Balances	33	Total net assets or fund balances	198,507.	33	192,984
		, 514 455515 51 15115 541411555			<u> </u>

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of	Name of the organization Employer identification number										
	· DARE	FOR MORE	MINISTRIES,	INC.			2	0-5648351			
Part I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part) Se	e instruction	S	11			
The organ	ization is not a private found	ation because it is (For lines 1 through 12, c	heck only	one box)			NX			
1 🔲	A church, convention of ch	urches, or associatio	on of churches described	ın sectio	n 170(b)(1	I)(A)(ı).		() 1			
2	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	1 990 or 99	90-EZ))			O			
з 🗔	A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ıı	ı).					
4 🔲	A medical research organiz	ation operated in coi	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)(ıii). Enter	the hospital's name,			
	city, and state										
5 🗀	An organization operated for		llege or university owned	d or opera	ted by a g	overnmental (unit describ	ed in			
. —	section 170(b)(1)(A)(ıv). (C										
6	A federal, state, or local gov	_				• •					
7 LX											
• 🗀	section 170(b)(1)(A)(vi). (C	•	(4VAV) (Complete Davi	. 11 \							
8	A community trust describe										
9 🔲	An agricultural research org			•			-	•			
	or university or a non-land-guniversity	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state o	r the collegi	e or			
10 🔲	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	ship fees, a	nd gross receipts from			
	activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment			
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the oi	ganization	after June 30, 1975			
	See section 509(a)(2). (Cor	mplete Part III)									
11 🔲	An organization organized a	and operated exclusi	ively to test for public sa	fety See :	section 50)9(a)(4).					
12 🔲	An organization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ns of, or to c	arry out the	purposes of one or			
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	section	509(a)(2)	See section :	509(a)(3). C	heck the box in			
	lines 12a through 12d that	describes the type o	f supporting organization	n and com	nplete lines	s 12e, 12f, an	d 12g				
a 🗀	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s),	typically by	giving			
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or truste	es of the s	upporting			
	organization You must o	omplete Part IV, Se	ections A and B.					-			
b 🗌	Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s support	ed organizatio	on(s), by ha	ving			
	control or management o										
	organization(s) You mus	t complete Part IV,	Sections A and C.								
c \square	Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,			
	its supported organization	-									
d \square	Type III non-functionally	rintegrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)			
	that is not functionally int	egrated The organiz	ation generally must sat	isfy a dist	ribution re	quirement an	d an attenti	veness			
	requirement (see instruct	=		-							
e 🗀	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	. Туре I, Туре	II, Type III				
	functionally integrated, or										
f Ente	er the number of supported o	organizations									
g Pro	vide the following information	about the supporte	ed organization(s)								
	(i) Name of supported	(ii) EIN	(III) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	inization fisted ing document?	(v) Amount o		(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)			
							,				
_											
					 		_				

Schedule A (Form 990 or 990-EZ) 2018 DARE FOR MORE MINISTRIES, INC. 20-56483 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	96,772.	123,756.	113,885.	151,269.	153,182.	638,864.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					!	
	or expended on its behalf						
3	The value of services or facilities		_			_	
	furnished by a governmental unit to		-				
	the organization without charge	`					
4	Total. Add lines 1 through 3	96,772.	123,756.	113,885.	151,269.	153,182.	638,864.
	The portion of total contributions	•	•	•			
	by each person (other than a						
	governmental unit or publicly						•
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)						125,925.
6	Public support. Subtract line 5 from line 4						512,939.
	ction B. Total Support				<u>. </u>		312,333.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	96,772.	123,756.	113,885.	151,269.	153,182.	638,864.
-	Gross income from interest,	2 2 1					
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	83.	84.	84.	281.	351.	883.
۵	Net income from unrelated business	001	011	0 2 0	2021	3310	
3	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI)						
44	Total support. Add lines 7 through 10					-	639,747.
	Gross receipts from related activities,	etc (see instructi	one)			12	430,731.
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	av vear as a sectio	•	430,731.
13	organization, check this box and stor	-	s mist, second, time	a, loaitil, or mitrite	ax year as a sectio	11 30 1(0)(3)	ightharpoonup
Se	ction C. Computation of Publ	ic Support Pe	rcentage	·			
	Public support percentage for 2018 (I			column (fl)		14	80.18 %
	Public support percentage from 2017		-	(1)		15	81.16 %
	33 1/3% support test - 2018. If the o			n line 13, and line	14 is 33 1/3% or n	•	
100	stop here. The organization qualifies	•			. , , , , , , , , , , , , , , , , , , ,	1010, 0110011 1110 00	▶ X
	33 1/3% support test - 2017. If the o		_		Une 15 is 33 1/3%	or more check th	· ·
٠	and stop here. The organization qual	=			1 11110 10 10 00 17070	or more, ericen a	
17-	10% -facts-and-circumstances tes	-			e 13 16a or 16b :	and line 14 is 10%	or more
1/2	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-		t villow the organ	Zation
		-	•		-	17a and line 15 :-	10% or
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						·
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	an did not check a	DON OH IIITE TO, TO	a, 100, 17a, 01 17t	· · · · · · · · · · · · · · · · · · ·		
					Sche	dule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 DARE FOR MORE MINISTRIES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under l	art II If the organiz	zation fails to
	qualify under the tests listed b	elow, please comp	olete Part II)				
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	1			1		
	membership fees received (Do not						
	include any "unusual grants ")						
2	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			1 \			
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf			1			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			ļ <u>ļ</u>			
t	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						
	: Add lines 7a and 7b			1			
	Public support. (Subtract line 7c from line 6)			1			
	ction B. Total Support		,	1	•	•	·
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6		,		1-1		I
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses acquired after June 30, 1975				<u> </u>		
(: Add lines 10a and 10b				1		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)					1	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, th	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (line 8, column (f), c	divided by line 13,	column (f))	1	15	%
16	Public support percentage from 2017	7 Schedule A, Part	III, line 15			16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	<u>e Percentage</u>	:			
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by	line 13, column (f))	/	17	%
	Investment income percentage from				1	18	<u>%</u>
19	a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	•			- 1		
ŀ	33 1/3% support tests - 2017. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che				· · · · · · · · · · · · · · · · · · ·		▶Щ
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check ti	1		<u>▶</u> <u></u>
	00 40 44 40				Sch	redule A (Form 990	1 or 990-F71 2018

Part IV | Supporting Organizations

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

Section A.	All	Supporting	Organizations
------------	-----	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	4		
	1		
ŀ			
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
			1
	5a		
	5b 5c		
	6	•	
	7		
	_ 8		
	9a_		
	9b		
	9c		
	10a		
	10b	L_	

Sche	dule A (Form 990 or 990-EZ) 2018 DARE FOR MORE MINISTRIE	S, IN	C	20-5648351 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on !	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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		
	Minimum asset amount for prior year (from Section B. line 8. Column A)	3		

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

Schedule A (Form 990 or 990-EZ) 2018

4

Enter greater of line 2 or line 3
Income tax imposed in prior year

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

8 Breakdown of line 7.
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2011				INC.	<u>20-5648351 Page 8</u>
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1, Part IV, Section D, Section D, lines 5, 6, and	r mation. Provide, 2, 3b, 3c, 4b, 4d, Innes 2 and 3, Pa	de the explanation c, 5a, 6, 9a, 9b, 9c irt IV, Section E, lin	s required by Part i , 11a, 11b, and 11 les 1c, 2a, 2b, 3a, a	c, Part IV, Section B, III and 3b, Part V, Iine 1, F	7a or 17b, Part III, line 12, nes 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V.
	(See instructions)			•		· · · · · · · · · · · · · · · · · · ·
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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

Employer identification number

_	DARE FOR MORE MINI			<u>20-5648351</u>
Pai	t I .Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fur	nds 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 advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be u	sed only	
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7	
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (e.g., recreation or e		rically impo	rtant land area
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conserv	ation 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	
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired		1	
ŭ	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the		n during the tax
Ŭ	year >	iodocc, oxumgalarios, er terminates by the	organizatio	Taking the tax
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per			
J	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		envation eas	
U	b	Training of Violations, and officing const	or vacion cat	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conservati	on easeme	nts during the year
•	► \$	sing or violations, and ornoroning condervati	on cascino	nto during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170/h	\(4\(B\(i)	
Ū	and section 170(h)(4)(B)(ii)?	to causiy the requirements of coolien 17 of	·/(·/(·/(·/(·/(·/(·/(·/(·/(·/(Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement	
J	include, if applicable, the text of the footnote to the organiza	•		· · · · · · · · · · · · · · · · · · ·
	conservation easements.	tion o initialization of the tinat good ingoot	io organiza	tion o accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Ot	her Simi	ar Assets.
	Complete if the organization answered "Yes" on Form	•		
12	If the organization elected, as permitted under SFAS 116 (AS		ent and hal	ance sheet works of art
10	historical treasures, or other similar assets held for public ext	·		•
	the text of the footnote to its financial statements that descri		ce or public	service, provide, in Fart Am,
h	If the organization elected, as permitted under SFAS 116 (AS		and halance	e sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e	** *		•
	· · · · · · · · · · · · · · · · · · ·	ducation, or research in furtherance of pub	iic service,	provide the following amounts
	relating to these items			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1			\$ \$
_	(ii) Assets included in Form 990, Part X	and the same state of the same		
2	If the organization received or held works of art, historical tre		gain, provid	ie
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	_	Φ.
a	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2018

832051 10-29-18

		R MORE MIN						<u>48351</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical	Treasures, c	or Othe	er Simil	<u>ar Asse</u>	ts (contınu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of t	he following tha	t are a sı	gnıfıcant	use of its	collection i	tems
	(check all that apply)								
а	Public exhibition	C	i ∐ Loan or e	xchange progra	ams				
b	Scholarly research	•	e Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	· ·	•	•			ose in Parl	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, historical ti	easures, or othe	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered '	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribut	ions or other as	sets not	ıncluded	_	7	
	on Form 990, Part X?						<u></u>	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		<u> </u>	
	Did the organization include an amount on Fo					ity?		」Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII								
Гаг	t V Endowment Funds. Complete it	·					ooro book	(-) Faur.	aara baak
	Danish of warehalana	(a) Current year	(b) Prior year	(c) Two year	S Dack	(a) inree y	ears back	(e) Four y	ears back
1a	Beginning of year balance								
ď	Contributions								
ب 2	Net investment earnings, gains, and losses								<u> </u>
a	Grants or scholarships								
е	Other expenditures for facilities				İ				
	and programs								
· ·	Administrative expenses End of year balance								
g	Provide the estimated percentage of the curr	ent vear end balanc	l ce (line 1a, columi	(a)) held as					
2	Board designated or quasi-endowment	ent year end balanc	% Column	r (a)) rielu as					
a b	Permanent endowment	%	 ′°						
	Temporarily restricted endowment	^ %							
C	The percentages on lines 2a, 2b, and 2c sho	.							
32			ation that are held	d and administe	red for th	ne organiz	zation		
Oa	Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No								
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule	R?				3b	
4	Describe in Part XIII the intended uses of the	•						L-:	
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10								
	Description of property	(a) Cost or o		ost or other		ccumulate	ed	(d) Book	value
		basis (investi		sis (other)		oreciation	l l	• •	
1a	Land ,				<u> </u>				
	Buildings								
c	Leasehold improvements								
d	Equipment			9,078.		6,6	45.	2	,433.
е	Other								
	Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B), lin	e 10c)			•	2	.433.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

OCITE	dule D (Form 990) 2018 DARE FOR MORE MINISTRII		<u>20-5648351 Page 4</u>
Pai	t XI Reconciliation of Revenue per Audited Financial St	atements With Rever	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
а	Net unrealized gains (losses) on investments	<u>2a</u>	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	20
е 3	Add lines 2a through 2d Subtract line 2e from line 1		2e 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	į
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b	<u> </u>	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	<u> </u>	
			1 4c
5		18)	4c 5
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line ret XIII Supplemental Information.	18)	
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

DARE FOR MORE MINISTRIES, INC.

Employer identification number 20 = 5648351

Schedule O (Form 990 or 990-EZ) (2018)

DARE FOR MORE MINISTRIES, INC. 20-5648351
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WORLD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WOMEN TO USE THEIR GIFTS AND RESOURCES WHICH WILL INSPIRE WOMEN AND
YOUNG PEOPLE AROUND THE WORLD.
FORM 990, PART VI, SECTION A, LINE 2:
FAMILY RELATIONSHIP BETWEEN REBA BOWMAN AND ZACH BOWMAN.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR REVIEWED THE 990 BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE EXECUTIVE DIRECTOR MONITORS ALL PROPOSED TRANSACTIONS TO DETERMINE IF
THERE IS ANY POTENTIAL FOR CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF TRUSTEES REVIEWED COMPENSATION FOR THE OTHER SIMILARLY
QUALIFIED PERSONS FOR THE EXECUTIVE DIRECTOR AND DIRECTOR OF YOUTH
MINISTRIES. THEN, THEY MET AND SET THE SALARY FOR BOTH OF THESE PERSONS FOR
THE 2018-2019 FISCAL YEAR. ALL DECISIONS WERE DOCUMENTED IN BOARD MEETING
MINUTES.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE PUBLIC. THE FINANCIAL

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

832211 10-10-18

Name of the organization : DARE FOR MORE MINISTRIES, INC.	Employer identification number 20-5648351
STATEMENTŞ ARE AVAILABLE ON GUIDESTAR.	20 0010001
FORM QQQ DARM VI IINE Q CHANCES IN NEW ASSEMS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TO BALANCE FOR ROUNDING ADJUSTMENTS	-2.
<u> </u>	·
	-
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