## Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2014, or fiscal year beginning U//U1, 2014, and ending U6/3U	_ , 20 _1 _5	@@ <b>4 ₽</b>
Department of the Treasury Internal Revenue Service	▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form887	7990	ZW14
Name of exempt organization	Mornation avoid form 3073-20 and its matricians is at www.ma.gov/formas	Employer identifi	cation number
CARE AND SHAIN Name and title of officer	RE, INC.	84-0731	930
	, CHIEF EXECUTIVE OFFICER		
	eturn and Return Information (Whole Dollars Only)		
check the box on line 1 leave line 1b, 2b, 3b,	k here b D Total revenue, if any (Form 990-EZ, line 9) Leck here D D Total tax (Form 1120-POL, line 22)	-0- on the return the control of the	m was blank, then
4a Form 990-PF chec			·
5a Form 8868 check	here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
STATEMENT OF THE STATEM			
	n and Signature Authorization of Officer  ury, I declare that I am an officer of the above organization and that I have exami		
are true, correct, and corganization's electronito send the organizatio the transmission, (b) the authorize the U.S. Treafinancial institution accoreturn, and the financia Agent at 1-888-353-45 involved in the process resolve issues related to	ctronic return and accompanying schedules and statements and to the best of romplete. I further declare that the amount in Part I above is the amount shown of creturn. I consent to allow my intermediate service provider, transmitter, or electric return to the IRS and to receive from the IRS (a) an acknowledgement of receive reason for any delay in processing the return or refund, and (c) the date of any sury and its designated Financial Agent to initiate an electronic funds withdrawa bunt indicated in the tax preparation software for payment of the organization's formulation to debit the entry to this account. To revoke a payment, I must contain on later than 2 business days prior to the payment (settlement) date. I also a sing of the electronic payment of taxes to receive confidential information necess to the payment. I have selected a personal identification number (PIN) as my signapplicable, the organization's consent to electronic funds withdrawal.	in the copy of the ctronic return or ipt or reason for refund. If applic I (direct debit) e ederal taxes over the U.S. Treauthorize the fin ary to answer in	e iginator (ERO) or rejection of able, I able, I the ved on this sury Financial ancial institutions nquiries and
Officer's PIN: check or	ne box only	<del></del>	
X I authorize ST	ERO firm name Enter f	1 9 3 0 live numbers, but enter all zeros	as my signature
being filed with	tion's tax year 2014 electronically filed return. If I have indicated within this return a state agency(ies) regulating charities as part of the IRS Fed/State program, I by PIN on the return's disclosure consent screen.		
If I have indicat	the organization, I will enter my PIN as my signature on the organization's tax y ed within this return that a copy of the return is being filed with a state agency(is ate program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature	Tynne Ilfan Date ▶ 11	/18/2015	
Part III Certificat	ion and Authentication //		
ERO's EFIN/PIN. Enter	your six-digit electronic filing identification	JETETA	
number (EFIN) followed	by your five-digit self-selected PIN.	3   5   5   6   0 do not enter all	
indicated above. I confi	numeric entry is my PIN, which is my signature on the 2014 electronically filed remains that I am submitting this return in accordance with the requirements of Pub. 4 electronically filed remains that I am submitting this return in accordance with the requirements of Pub. 4 electronically filed remains that I am submitting this return in accordance with the requirements of Pub. 4 electronically filed remains that I am submitting this return in accordance with the requirements of Pub. 4 electronically filed remains that I am submitting this return in accordance with the requirements of Pub. 4 electronically filed remains that I am submitting this return in accordance with the requirements of Pub. 4 electronically filed remains that I am submitting this return in accordance with the requirements of Pub. 4 electronically filed remains that I am submitting this return in accordance with the requirements of Pub. 4 electronically filed remains that I am submitting this return in accordance with the requirements of Pub. 4 electronically filed remains that I am submitted that I	eturn for the org 1163, Moderniz	ganization
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form To the IRS Unless Requested To Do S	io	
For Paperwork Reduct	ion Act Notice, see back of form.		8879-EO (2014)

Care and Share, Inc. 2605 Preamble Point Colorado Springs, CO 80915

Dear Ms. Telford:

Enclosed are the original and one copy of your income tax returns for the period ended June 30, 2015 for:

Care and Share, Inc. as follows...

2014 990 - Return of Organization Exempt from Income Tax

2014 Schedule A - Public Charity Status and Public Support

2014 Schedule B - Schedule of Contributors

2014 Schedule D - Supplemental Financial Statements

2014 Schedule G - Supplemental Info. Regarding Fundraising/Gaming

2014 Schedule J - Compensation Information

2014 Schedule K - Supplemental Information on Tax-Exempt Bonds

2014 Schedule M - Noncash Contributions

2014 Schedule O - Supplemental Information to Form 990 or 990EZ

2014 Schedule R - Related Organizations and Unrelated Partnerships

2014 8879-EO - IRS e-file Signature Authorization

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The enclosed returns were prepared primarily from data and information which you submitted. You should review the returns to ensure that there are no omissions or misstatements.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 and Schedules must be made available for public inspection for a period of three years from the date of filing. Please visit the Not-for-Profit Services page on our website www.skrco.com for information regarding Federal disclosure and Colorado registration requirements, additional rules and applicable penalties for noncompliance.

Your return has been electronically filed with the IRS. Enclosed are the taxpayer and public inspection copies of the returns.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Care and Share, Inc.

Very truly yours,

STOCKMAN KAST RYAN & CO., LLP

Donung Menz

STOCKMAN KAST RYAN & CO., LLP 102 N. CASCADE AVE. SUITE 400 COLORADO SPRINGS, CO 80903

\*\*\*\*\*\*

Instructions for filing
Care and Share, Inc.
Form 8879-EO - IRS E-file Signature Authorization
for the period ended June 30, 2015

\*\*\*\*\*\*

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS CO 80903

Or fax your signed Form 8879-EO to:

STOCKMAN KAST RYAN & CO., LLP E-file Desk 719-630-1187

Payment of tax...

No payment of tax is required.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return. Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on February 15, 2016. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

If you wish to Email your 8897-EO please use our secure email system.

www.skrco.com/contact/skr-co-secure-email

Select Recipient; Authorization, E-File

#### Form 8879-EO

#### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 0.7/0.1, 2014, and ending 0.6/3.0

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Employer identification number Name of exempt organization 84-0731930 CARE AND SHARE, INC. Name and title of officer LYNNE TELFORD, CHIEF EXECUTIVE OFFICER Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. Do not complete more than 1 line in Part I. X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here ▶ Form 990-EZ check here ▶ 2a b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b Form 990-PF check here ▶ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize STOCKMAN KAST RYAN & CO, LLP  $\cap$ to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date ► 11/18/2015 **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification 6 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date  $\triangleright 12/1/2015$ ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

4E1676 1.000

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2014)

### **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

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A 1	01 11	16 20 1	4 Calendar year, or tax year beginning 07/01, 2014, and	a criaing	1 B E 1 1.1.		/ 30 <b>, 20</b> 13		
<b>B</b> c	heck if a	pplicable:	C Name of organization		D Employer ide				
	Addre		CARE AND SHARE, INC.		84-073	1930			
	chang	je	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)  Roor	m/suite	E Tolonhono nu	mhor			
	Name	change	` ' '		E Telephone number				
	→	return	2605 PREAMBLE POINT		(719) 52	8-12	24/		
	termi		City or town, state or province, country, and ZIP or foreign postal code						
	Amen	า	COLORADO SPRINGS, CO 80915		<b>G</b> Gross receip		38,165,917.		
	_ Applio		F Name and address of principal officer: LYNNE TELFORD		H(a) Is this a gro subordinates	up returr ?	Yes X No		
			2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915		H(b) Are all subord	linates inc	luded? Yes No		
ı	Tax-ex	empt st	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," atta	ch a list.	(see instructions)		
J	Websi	te: 🕨	WWW.CAREANDSHARE.ORG		H(c) Group exem	ption nu	mber <b>&gt;</b>		
K	Form (	of organ	nization: X Corporation Trust Association Other	L Year of forma	tion: 1974 <b>M</b>	State o	of legal domicile: CO		
Pä	art I	Su	ımmary						
	1	Briefly	y describe the organization's mission or most significant activities: BRIDGING	THE GAP	BETWEEN H	UNGE	ER AND		
ė		ABU:	NDANCE						
Governance									
ern	2	Check	this box if the organization discontinued its operations or disposed of	more than 25%	 6 of its net asset	. – – – - S.			
õ			er of voting members of the governing body (Part VI, line 1a)			3	14.		
જ	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4	14.		
Activities &			number of individuals employed in calendar year 2014 (Part V, line 2a)			5	52.		
<u>₹</u>	ı					6	11,531.		
Act			number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12			7a	11,331.		
						7b			
	D	ivet ui	nrelated business taxable income from Form 990-T, line 34		Prior Year	7.0	Current Year		
Revenue		0 4	the stine and accepte (Doct VIII time Alex		31,598,43	6	36,702,384.		
			ibutions and grants (Part VIII, line 1h)						
	9	Progra	am service revenue (Part VIII, line 2g)		1,365,95		1,456,155.		
Re			ment income (Part VIII, column (A), lines 3, 4, and 7d)		7,54		-40,407.		
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-77,29		-97,692.		
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		32,894,63		38,020,440.		
			s and similar amounts paid (Part IX, column (A), lines 1-3)			0	0		
			its paid to or for members (Part IX, column (A), line 4)			0	0		
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,838,15	1.	2,229,223.		
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0	0		
ă	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶911,758.						
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,255,32	3.	35,017,935.		
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,093,47	4.	37,247,158.		
			nue less expenses. Subtract line 18 from line 12		-198,84	1.	773,282.		
o s					nning of Current	<b>Year</b>	End of Year		
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)		12,217,69	4.	13,066,641.		
Ass I Ba	21		liabilities (Part X, line 26)		3,085,23		3,160,895.		
ξĒ	22		ssets or fund balances. Subtract line 21 from line 20.		9,132,46	_	9,905,746.		
	rt II		gnature Block				.,,		
			of perjury, I declare that I have examined this return, including accompanying schedules a	nd statements.	and to the best o	f mv kr	nowledge and belief, it is		
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any k	nowledge.				
Sig	n		Signature of officer		Date				
Hei									
			Type or print name and title						
			Type or print name and title	Noto			TINI		
Paid	ı		\ \max \ \ \ \max	Date	Check	J "'	TIN		
	oarer	DORI		12/1/2015			P00841439		
	Only	Firm's	sname ▶STOCKMAN KAST RYAN & CO, LLP	)	Firm's EIN ▶ 8				
		Firm's	saddress ▶102 n. Cascade avenue, suite 400 colorado springs, co 80903	-	Phone no.	19-6	630-1186		
May	the I		cuss this return with the preparer shown above? (see instructions)	<u></u> .			X Yes No		
Ear.	Dono		Reduction Act Notice see the senarate instructions				Form <b>990</b> (2014)		

Form 990 (2014) Page **2** 

Pa	It Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	TO EXPOSE THE EXISTENCE OF HUNGER, ALLEVIATE ITS PAIN AND IMPROVE THE
	NUTRITION OF PEOPLE IN NEED THROUGHOUT SOUTHERN COLORADO. (SEE
	SCHEDULE O FOR CONTINUATION)
	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? Yes X No If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$
	TO PROVIDE A SUFFICIENT AMOUNT OF EMERGENCY AND SUPPLEMENTAL FOOD
	FOR LOW-INCOME EARNERS AND SPECIAL NEEDS POPULATIONS INCLUDING
	CHILDREN AND SENIORS. TO MAINTAIN AND IMPROVE THE NUTRITIONAL
	QUALITY OF FOOD AVAILABLE TO PEOPLE IN NEED. TO DEVELOP LONG-TERM
	FOOD SECURITY AMONG PEOPLE IN NEED THROUGH TARGETED OUTREACH AND
	EDUCATION. TO CREATE COMMUNITY AWARNESS OF HUNGER, ITS CAUSES AND
	SOLUTIONS.
	(Code:) (Expenses \$171,126. including grants of \$) (Revenue \$)
	THE SEND HUNGER PACKING (BACKPACK) PROGRAM PROVIDES FOOD TO
	CHRONICALLY HUNGRY SCHOOL CHILDREN FROM LOW-INCOME HOUSEHOLDS WHO
	ARE AT RISK OF HUNGER OVER THE WEEKEND WHEN FREE SCHOOL MEALS ARE
	UNAVAILABLE. (SEE SCHEDULE O FOR CONTINUATION)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ► 35,560,095.

JSA 4E1020 1.000

Page 3 Form 990 (2014)

	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Χ
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		Χ
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		Χ
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		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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			- 21
10	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,	10		Λ
• •				
_	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		440	Х	
L	complete Schedule D, Part VI	11a	Λ	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	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	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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	Х	
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		Χ
20 a	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		

Form 990 (2014) Page 4

Part l	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>2</b> 7a	\$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		X
		270		21
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		Χ
الم	to defease any tax-exempt bonds?	24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		Λ.
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		3.7
	If "Yes," complete 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			3.7
	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		X
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):			
	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		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		X
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	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	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? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014) Page **5** 

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Effet the number of Forms W-23 included in line 1a. Effet -0- it not applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
20	reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
Za	Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	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		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- ou		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
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
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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	711		
Ü	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	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	u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) CARE AND SHARE, INC. 84-0731930 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. S	See i	instruct	ions.
Check if Schedule O co	ontains a respon	nse or note to	any line in this P	art VI						Y

Sect	tion A. Governing Body and Management			
<del></del>	ion 711 Coverning Doug and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 14	1		
Ia	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 1b 14	1		
2	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?	2		Х
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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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			
·u	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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Secti	ion 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	Χ	
	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	Χ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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 taxable entity during the year?	16a		X
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			
Soot	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \( \subseteq \subseteq \text{CO}_{\text{t}} \)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	:)(3)s	only)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
40			! .	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.	lo: ►		
20	State the name, address, and telephone number of the person who possesses the organization's books and record MARK NELSON 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915 719-528-1247	13. 📂		

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### 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.

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

l	Check this box if neither the organization nor a	any related	organization compensate	ed any current offic	er, director, or trus	stee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than of is both or/trust employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
_(1)JIM HENDREN	8.00									
CGO	0	Х		Х				C	0	0
_(2)MIKE_RUEBENSON	8.00									
VICE CGO	0 00	X		X				C	0	0
(3)BETSY_SOBRAL SECRETARY	8.00	Х		Х				C	0	0
_(4)HOLLY_KORTUM	8.00									
DIRECTOR	0	X						C	0	0
_(5)KIRBY_KUKIENSKI DIRECTOR	8.00	X						C	0	0
(6)EDWARD GLEASON DIRECTOR	8.00	Х						0	0	0
(7)WENDY PELTON	8.00									
DIRECTOR	0	Х							0	0
(8)CATHY BROWN DIRECTOR	8.00	Х						C	0	0
(9) DAN STEEVER	8.00									
DIRECTOR	0	Х						C	0	0
(10)BRANDY WILLIAMS DIRECTOR	8.00	Х						0	0	0
(11)TREVOR MILLER	8.00	21								~
DIRECTOR	0	X						C	0	0
(12) PETER_VUJCICH	8.00									
DIRECTOR	0	Х						С	0	0
(13)KATIE LUTZE DIRECTOR	8.00	Х						C	0	0
(14)WYNONA SULLIVAN	8.00									
DIRECTOR	0	X						C	0	0

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JSA

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	Page (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o is both or/trusto	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) MIDORI CLARK	8.00									
DIRECTOR	0	X						C	0	(
16) STEVE SCHNEIDER	8.00									
DIRECTOR	0	Х						C	U	(
17) GARRY HILL DIRECTOR	8.00	X							0	(
18) LYNNE TELFORD	40.00	21								
PRESIDENT/CEO	0			Х				137,979.	0	12,911.
19) MARK NELSON	40.00							,		,
CFO	0			Х				27,619.	0	7 <b>,</b> 895.
20) STACY POORE	40.00									
CDO	0			Χ				85,726.	0	7,870.
21) LORI KAPU COO	40.00			Х				70,395.	0	14,630.
		-								
1b Sub-total							<b></b>	C	0	(
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	321,719.	0	43,306.
d Total (add lines 1b and 1c)							<b>&gt;</b>	321,719.	0	43,306.
2 Total number of individuals (including but not				d al	bove	e) who	re	eceived more than	\$100,000 of	
reportable compensation from the organization		-	L							Vaa Na
2 Did the expenientian list any farmer office	مه ماناه مه		4		_	م برما		loves or bighes		Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
For any individual listed on line 1a, is the organization and related organizations greater than the second s	sum of rep	ortab	le d	com	per	satior	ı aı	nd other compens	sation from the	
individual										4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5 X
Section B. Independent Contractors										
Complete this table for your five highest common compensation from the organization. Report of year.										

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

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Par	t VII	Statement of Rever Check if Schedule O co		noo or note to on	vline in this Dort \	111		
		Crieck ii Scriedule O CC	ontains a respo	ise of flote to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a	17,776.				
iran	b	Membership dues		,				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events		544,841.				
Sift lar,	d	Related organizations		, , , ,				
in's,	e	Government grants (contrib		3,677,649.				
tior S S	f	All other contributions, gifts,	u					
ibu F	'	and similar amounts not included	·	32,462,118.				
d dr		Noncash contributions included						
ဒီ မွ	g h				36,702,384.			
ne		Totali / Ida iiii oo Ta ii T T T		Business Code	30,702,301.			
Je J		OPERATIONS INCOME		900099	1,456,155.	1,456,155.		
Re	2a	OTERATIONS INCOME		300033	1,430,133.	1,430,133.		
<u>ic</u>	b							
ē	C							
S E	d							
Jrai	e							
Program Service Revenue	l t	All other program service rev  Total. Add lines 2a-2f			1 456 155			
<u> </u>	<u>g</u>				1,456,155.			
	3	•	cluding divide		0.070			
	_	and other similar amounts).			2,878.			2,878
	4	Income from investment of			0			
	5	Royalties	(i) Real	(ii) Personal	0			
			(I) Real	(II) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)	,					
	d	Net rental income or (loss			0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		4,500.				
	b	Less: cost or other basis						
		and sales expenses		47,785.				
	С	Gain or (loss)		-43,285.				
	d	Net gain or (loss)		. <u></u>	-43,285.			-43,285
<u>e</u>	8a	Gross income from fundra	aising					
ne E		events (not including \$	544,841.	ATCH 1				
ě		of contributions reported on	line 1c).					
ď		See Part IV, line 18	a					
Other Revenue	b	Less: direct expenses	b					
ŏ	С	Net income or (loss) from fu	indraising events	ATCH 2 ▶	-97,692.			-97,692
	9a	Gross income from gaming	activities.					
		See Part IV, line 19	a					
	b	Less: direct expenses	b	,				
	С	Net income or (loss) from g	aming activities	. <u></u>	0			
	10a	Gross sales of invent	ory, less					
		returns and allowances						
	b	Less: cost of goods sold						
	l .				0			
		Miscellaneous Reven	nue	Business Code				
	11a							
	b	<del>_</del>						
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			0			
	12	Total revenue. See instruction			38,020,440.	1,456,155.		-138,099

#### 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				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	408,179.	248,440.	83,931.	75,808.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,342,702.	817,242.	276,090.	249,370.
,	Pension plan accruals and contributions (include	1,012,7021	017,2121	270,0301	213,0701
U	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	303,840.	184,934.	62,476.	56,430.
10	Payroll taxes	174,502.	106,211.	35,882.	32,409.
11	Fees for services (non-employees):				
а	Management	26,580.	7,874.	8,383.	10,323.
	Legal	3,186.	944.	1,005.	1,237.
c	Accounting	24,014.	7,114.	7,574.	9,326.
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	0			
1	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	22.047	1.4 5.00	0.000	10.006
	(A) amount, list line 11g expenses on Schedule O.)	33,847.	14,529.	9,092.	10,226.
	Advertising and promotion	21,809. 104,119.	378.	243.	21,188.
13	Office expenses	104,119.	93,239.	9,843.	1,037.
14	Information technology	0			
15	Royalties	161,818.	29,127.	79,291.	53,400.
16	Occupancy	265,361.	265,202.	159.	33,400.
17 18	Payments of travel or entertainment expenses	200,001.	200,202.	100.	
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	19,453.	3,835.	6,948.	8,670.
20	Interest	106,027.	51,953.	51,953.	2,121.
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	408,153.	363,665.	22,244.	22,244.
23	Insurance	55,458.	44,366.	5,546.	5,546.
24	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.)	21 216 552	21 216 552		
_	DONATED FOOD DISTRIBUTION	31,016,550.	31,016,550.		
	FOOD PURCHASE PROGRAM	1,658,683.	1,658,683.		
	DONATED FOOD ACQUISITION	488,665.	488,665.	050	100 007
	PRINTING	196,948. 427,264.	4,993. 152,151.	958. 113,687.	190,997. 161,426.
	All other expenses	37,247,158.	35,560,095.	775,305.	911,758.
	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. Check here   [Insurance CORD 200 (ACC 200 787 789)]  [Insurance CORD 200 (ACC 200 787 789)]	37,247,130.	33,360,093.	773,303.	911,730.
JSA	following SOP 98-2 (ASC 958-720)	0			F 000 (0044)

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#### Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X		ILA	Datatice Street					
1   Cash - non-interest-bearing   205, 246   1   90, 382     2   Savings and temporary cash investments   911, 135   2   1, 416, 743     3   Pledges and grants receivable, net   433,737     4   Accounts receivable, net   433,737     5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   0   5   0     6   Loans and other receivables from the disqualified persons (as defined under section 4988(n)(1)), persons described in section 4988(n)(3)(8), and contributing employees and sponsoring organizations of section 501(c)(6) voluntally employees beneficiary organizations (see instructions). Complete Part I of Schedule L   0   7   0     7   Notes and loans receivable, net   1   5   5   5   0     8   Inventories for sale or use   1   1   1   1   1   1   1   1     9   Perpaid expenses and deferred charges   33,996, 9   51,947.     10a   Land, buildings, and equipment: cost or other basis. Complete Part I of Schedule D   10a   11,646,386			Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
2   Savings and temporary cash investments   331,185, 2   1,416,743.								
3 Piedges and grants receivable, net   386, 661, 3		1				205,246.	1	90,382.
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 1 Loans and other receivables from other disqualitied persons (as defined under section 4986/II/L), per gorganizations greations of socion 501(5/6) voluntary employees persons (as defined under section 4986/II/L), per gorganizations (as colon 501(5/6) voluntary employees beneficasy organizations (see instructions). Complete Part II of Schedule L 7 7 0 0 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10 a Land, buildings, and depreciation 1 10 bit 2,806,437. 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - publicity traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 997,359, 115 91,674. 16 Total assets. Add lines 1 through 15 (must equal line 34) 12,217,694, 16 10,406,611. 17 Accounts payable and accrued expenses 91 18 9 Deferred revenue 91 18 Secured mortgages and notes payable to unrelated third parties greated in the payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disquallifed persons. Complete Part IV of Schedule D 92 Secured mortgages and notes payable to unrelated third parties greated third parties, and other liability. Complete Part IV of Schedule D 92 Tax-exempt bond liabilities 92 00 00 00 00 00 00 00 00 00 00 00 00 00		2	Savings and temporary cash investments			931,185.	2	1,416,743.
A Accounts receivable, net  5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L  6 Loans and other receivables from other disqualities persons (a defined under section 4585(1/11), persons described in section 4585(1/18), and contributing employees and sponsoring organizations (see instructions). Complete Part II of Schedule L  7 Notes and cloans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  9 Prepaid expenses and deferred charges  10 Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D  10 Less: accumulated depreciation, 10 Less: accumulated depreciation, 10 Less: accumulated depreciation, 10 Less: accumulated depreciation, 10 Less: accumulated securities  11 Investments - publicly traded securities  12 Investments - program-related. See Part IV, line 11 0, 13 0, 12 0, 13 0, 14 0, 14 0, 15 0, 14 0, 15		3	Pledges and grants receivable, net			386,661.	3	483,737.
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Learns and other receivables from other disqualities persons (as extireed under each of the receivables from other disqualities persons (as extireed under each of the receivables from other disqualities persons (as extireed under each of the receivables from other disqualities) persons (as extireed under each of the receivables from other disqualities) persons (as extireed under each of the receivables from other based of section 501(c)(8) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  1 Ly598,084. 8 1,835,090.  9 Prepaid expenses and deferred charges  1 Ly598,084. 8 1,835,090.  10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D  1 Less: accumulated depreciation, 10b 2,806,437. 8,807,197. 10c 8,839,949.  1 Investments - publicly traded securities  1 Investments - publicly traded securities  1 Investments - program-related. See Part IV, line 11  2 Investments - program-related. See Part IV, line 11  3 Investments - program-related. See Part IV, line 11  4 Intangible assets. See Part IV, line 11  5 Other assets. See Part IV, line 11  7 Accounts payable and accrued expenses  1 Say 1, 12, 217, 694. 16  1 3 A 056, 641.  17 Accounts payable and accrued expenses  1 Say 3, 693. 17  447, 808.  18 Grants payable  10 Deferred revenue  10 Deferred revenue  10 Deferred revenue  10 Deferred revenue  11 Deferred revenue  12 Lears exampt bond liabilities complete Part IV of Schedule D  12 Lears exampt bond liabilities of compensated employees, and disqualified persons. Complete Part II of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D  23 Secured mortigages and notes payable to unrelated third pa		4	A			157,956.	4	257,119.
Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4956/fl/11), persons described in section 4956/cl/3(fl), and contributing employers and sponsoring organizations of section 501c(sl) voluntary employers beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net C 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 11, 646, 386. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensed employees, and disqualified persons. Complete Part IV of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.  27 Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total rates assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 33 Total rates assets 33 Total rates assets 33 Total rates assets 30 Cap		5	Loans and other receivables from current and	forme	officers, directors,			
Cana and other receivables from other disqualified persons (six defined under section 4986((3)(8)) and contributing employees and sponsoring organizations of section 4986((3)(8)) and contributing employees and sponsoring organizations (see instructions). Complete Part II of Schedule L.			trustees, key employees, and highest co					
## 4958(f)(1), persons described in section 4958(r)(3)(B), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L			Complete Part II of Schedule L			0	5	0
and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6						
organizations (see instructions). Complete Part II of Schedule L.								
9 Prepaid expenses and deferred charges   33,996. 9   51,947.	S		organizations (see instructions). Complete Part II of Sche	dule L		0		0
9 Prepaid expenses and deferred charges   33,996. 9   51,947.	set	7	Notes and loans receivable, net			0	7	0
10a	As	8	Inventories for sale or use				8	
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation		_		;		33,996.	9	51,947.
b Less: accumulated depreciation.   10b   2,806,437.   8,807,197.   10c   8,839,949.		10 a						
11   Investments - publicly traded securities   0   11   0   12   10   12   10   12   10   13   10   12   10   13   10   14   11   15   13   10   14   11   15   15   14   16   15   15   14   16   16   16   16   16   16   16								
12   Investments - other securities. See Part IV, line 11				10b	2,806,437.			8,839,949.
13						0		0
14   Intangible assets						0		
15 Other assets. See Part IV, line 11   97, 369. 15   91, 674.     16 Total assets. Add lines 1 through 15 (must equal line 34)   12, 217, 694. 16   13, 066, 641.     17 Accounts payable and accrued expenses   383, 693. 17   447, 808.     18 Grants payable   0   18   0   0     19 Deferred revenue   0   19   0     20 Tax-exempt bond liabilities   2, 701, 537. 20   2, 713, 087.     21 Escrow or custodial account liability. Complete Part IV of Schedule D   2, 701, 537. 20   2, 713, 087.     22 Loans and other payables to current and former officers, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0   22   0     23   0   0     24   0   0     25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   26 Total liabilities. Add lines 17 through 25   3, 085, 230. 26   3, 160, 895.     26 Total liabilities. Add lines 17 through 25   3, 085, 230. 26   3, 160, 895.     27 Unrestricted net assets   8, 942, 479. 27   9, 457, 029.     28 Temporarily restricted net assets   8, 942, 479. 27   9, 457, 029.     29 Permanently restricted net assets   8, 942, 479. 27   9, 457, 029.     29 Permanently restricted net assets   8, 942, 479. 27   9, 457, 029.     29 Permanently restricted net assets   8, 942, 479. 27   9, 457, 029.     29 Permanently restricted net assets   8, 942, 479. 27   9, 457, 029.     20 Capital stock or trust principal, or current funds   30   0   0   0   0   0   0   0   0						0		<u>_</u> _
16			Intangible assets			07.260		
17								
18   Grants payable   0   18   0   0   19   0   0   20   Tax-exempt bond liabilities   2,701,537. 20   2,713,087. 21   Escrow or custodial account liability. Complete Part IV of Schedule D   2   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0   22   0   0   0   0   0   0   0							-	
Deferred revenue 0 19 0 20 Tax-exempt bond liabilities 2,713,087. 20 2,713,087. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 00 00 21 00 00 21 00 00 21 00 00 21 00 00 21 00 00 21 00 00 21 00 00 21 00 00 21 00 00 00 00 00 00 00 00 00 00 00 00 00						303,093.		147,000.
Tax-exempt bond liabilities  Tax-exempt bond liabilities  Tax-exempt bond liabilities  Tescrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here omplete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34.  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34.  Retained earnings, endowment, accumulated income, or other funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  9,132,464. 33  9,905,746.			Deferred revenue					
Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here Accomplete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here Accomplete lines 30 through 34.  Total net assets or fund balances  Total net assets or fund balances  9,132,464, 33  9,905,746.		_	Tay-exempt hand liabilities			2.701.537	$\overline{}$	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here Are the same of	S		Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0		0
23 Secured mortgages and notes payable to unrelated third parties	itie					<del>-</del>		-
23 Secured mortgages and notes payable to unrelated third parties	ig							
23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here   27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  28 Retained earnings, endowment, accumulated income, or other funds  30 Total net assets or fund balances  30 23 0  24 0  24 0  25 0  26 3,160,895.  3,085,230.  26 2,986.  3,086,200.  3,086,200.  3,085,200.  3,085,200.  3,085,200.  3,085,200.  3,085,200.  3,085,200.  3,085	Ë					0	22	0
24 Unsecured notes and loans payable to unrelated third parties		23				0		0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24				0	24	0
of Schedule D  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.  27 Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  29 Paid-in or capital surplus, or land, building, or equipment fund  20 Retained earnings, endowment, accumulated income, or other funds  31 Total net assets or fund balances  9,132,464. 33  9,905,746.		25						
Total liabilities. Add lines 17 through 25. 3,085,230. 26 3,160,895.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets 8,942,479. 27 9,457,029.  Temporarily restricted net assets 189,985. 28 448,717.  Per Complete lines 30 through 34.  Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 1 Total net assets or fund balances 9,132,464. 33 9,905,746.			parties, and other liabilities not included on lines	17-24	1). Complete Part X			
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances  Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances  Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			of Schedule D				25	
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  27 Unrestricted net assets 8,942,479. 27 9,457,029.  8,942,479. 27 9,457,029.  9,487,029.  189,985. 28 448,717.  29 0 0 0 0 0 0 189,985. 29 0 0 0 0 189,985. 20 29 0 0 0 0 189,985. 20 29 0 0 0 0 189,985. 20 29 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		26				3,085,230.	26	3,160,895.
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 31	es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	here 🕨 🗓 and			
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 31	anc	27				8,942,479.	27	9,457,029.
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 31	Bal	28	Temporarily restricted net assets			189,985.	28	448,717.
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 31 31 31 32 32 32 32 33 39,905,746.	pq	29	Permanently restricted net assets		<u></u> <u>.</u>	0	29	0
	or Fu			, checl	chere 🕨 🔛 and			
	sts	30	Capital stock or trust principal, or current funds				30	
	SSE	31			t fund		$\overline{}$	
	Ϋ́	32	Retained earnings, endowment, accumulated inco	ome, c	or other funds			
	Ne		Total net assets or fund balances				33	
34 Total liabilities and net assets/fund balances		34	Total liabilities and net assets/fund balances			12,217,694.	34	13,066,641.

Form 990 (2014) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38,0	20,4	140.
2	Total expenses (must equal Part IX, column (A), line 25)	2		37 <b>,</b> 2	47,1	.58.
3	Revenue less expenses. Subtract line 2 from line 1	3			73,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,1	32,4	164.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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		9,9	05,7	746.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplair	ı 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 com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis     Consolidated basis     Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		-			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the		Х	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Λ	

#### 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public

Inspection

**Employer identification number** Name of the organization CARE AND SHARE, INC. 84-0731930 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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 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). 6 7 X 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.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,754,982.	26,759,594.	29,267,689.	31,598,436.	36,702,384.	147,083,085.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	22,754,982.	26,759,594.	29,267,689.	31,598,436.	36,702,384.	147,083,085.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.						147,083,085.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	22,754,982.	26,759,594.	29,267,689.	31,598,436.	36,702,384.	147,083,085.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,115.	3,208.	2,181.	1,545.	2,878.	14,927.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						147,098,012.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	6,996,268.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, second	d, third, fourth,	or fifth tax yea		
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2014 (lin	ne 6, column (f)	divided by line	11, column (f))		14	99.99%
15	Public support percentage from 2013	Schedule A, Pa	rt II, line 14			15	99.98%
16a	331/3% support test - 2014. If the o	rganization did	not check the b	oox on line 13,	and line 14 is	331/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatioi	n		<b>▶</b> X
b	331/3% support test - 2013. If the o	rganization did	not check a bo	x on line 13 o	r 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The orga	anization qualifi	es as a publicly s	supported organ	nization		▶ □
17a	10%-facts-and-circumstances test - 2	<b>2014.</b> If the org	anization did no	t check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, ch	eck this box ar	nd <b>stop here.</b> E	xplain in
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	st. The organiz	zation qualifies	as a publicly si	upported
b	organization.  b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line						
	15 is 10% or more, and if the orga						-
19	Explain in Part VI how the organization supported organization.  Private foundation. If the organization						<b>&gt;</b>
18							
	instructions						<u> </u>

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	<u> </u>					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	_					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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.)						
Sec	tion B. Total Support				I.		1
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
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						
13	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tay year a	es a section 501	(c)(3)
17	organization, check this box and <b>stop here</b>	-			· ·		
Sec	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2014 (line 8			mn (f))		15	%
16	Public support percentage from 2013 Sche					16	%
	tion D. Computation of Investmen					1 10	70
<u> 17</u>	Investment income percentage for <b>2014</b> (li			13. column (f))		17	%
18	Investment income percentage from 2013						
ıya	331/3% support tests - 2014. If the organization of the state of the s	-					
	17 is not more than 331/3%, check th	_	_	•			
b	331/3% support tests - 2013. If the orga						
20	line 18 is not more than 331/3 %, check <b>Private foundation.</b> If the organization			-			. —
20	TITTALE IVUITUALIVII. II LIIC VIUALIIZALIVII	ara not official	a DOA OH HHE	17. 13a. UL 19L	, OHEON HIIS DO	שא מווע שכל ווואנו	uotiono 💌 📗

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - 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
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	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	7,7		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sacti	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	ctructi	one).	
' a	The organization satisfied the Activities Test. Complete line 2 below.	su acu	OHS).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions).		
			Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	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 <b>Part VI identify</b> 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3	29.7
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. <b>See ir</b>	structions. All
other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) I Hol Teal	(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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c 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):			
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		
Section 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		
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-functional	y-integra	ted Type III supporting	organization (see
instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2014

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### Schedule B

(Form 990, 990-EZ, or 990-PF)

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury

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

Internal Revenue Service **Employer identification number** Name of the organization CARE AND SHARE, INC. 84-0731930 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

totaling \$5,000 or more during the year 
▶ \$ \_\_\_\_\_\_

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization CARE AND SHARE, INC.

Employer identification number 84-0731930

Part I (	Contributors (	see instructions).	Use duplicate copie	es of Part I if additio	nal space is needed.
----------	----------------	--------------------	---------------------	-------------------------	----------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	USDA COMMODITY-FOOD & NUTRITION SERVICES  3101 PARK CENTER DRIVE ROOM 504  ALEXANDRIA, VI 22302-1500	\$2 <u>,</u> 924 <u>,</u> 486.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CARE AND SHARE, INC.

Employer identification number 84-0731930

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD	\$2,924,486.	_06/30/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization CARE AND SHARE, INC.

Employer identification number 84-0731930

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

f	following line entry. For organizations cor contributions of <b>\$1,000 or less</b> for the ye	mpleting Part III, enter the ar. (Enter this information	or. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., n once. See instructions.) ▶ \$		
	Use duplicate copies of Part III if additiona	I space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and ZII		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and ZII	P + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and ZII	P+4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	1	(e) Transfer of gift	,		
	Transferee's name, address, and Zli	P + 4	Relationship of transferor to transferee		

#### **SCHEDULE D** (Form 990)

## Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

IValli	e of the organization	Employer identification number
CA1	RE AND SHARE, INC.	84-0731930
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" to 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 advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D	art II Conservation Easements.	
Г	Conservation Lasements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a certified historic structure
		a certified historic structure
2	Preservation of open space	no form of a concernation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	Held at the End of the Tax Year
	easement on the last day of the tax year.	
a		2a
b		2b
С.	(-,1	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organization during the
_	tax year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	ments during the year
	<b></b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	` ' ' ' ' ' ' '
	and section 170(h)(4)(B)(ii)?	∟ Yes ∟ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements.	D: 'I A
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re works of art, historical treasures, or other similar assets held for public exhibition, educations and the same of the control of the contr	venue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descri	ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
~	works of art, historical treasures, or other similar assets held for public exhibition, educa	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	<b></b> \$
	(ii) Assets included in Form 990, Part X	<b> ▶</b> \$
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	<u> </u>
а	Revenue included in Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990 Part X	

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Page **2** 

Par	t III Organizations Maintaining Colle	ctions of P	۹rt, ۱	Histor	ical T	reasur	es, c	or Oth	ner Similar A	ssets (co	ntinı	ued)
3	Using the organization's acquisition, access	ssion, and oth	her re	ecords	check	any o	f the	follow	ing that are a	significan	use	of its
	collection items (check all that apply):											
а	Public exhibition		d			or excha						
b	Scholarly research		е		Other							
С	Preservation for future generations											
4	Provide a description of the organization's	collections a	and e	explain	how t	hey fur	ther	the or	ganization's exe	mpt purp	ose ii	n Part
	XIII.											
5	During the year, did the organization solicit										_	_
	assets to be sold to raise funds rather than t											No
Par	t IV Escrow and Custodial Arrangem				organ	ization	ansv	vered	"Yes" to Form	990, Par	t IV,	line 9,
	or reported an amount on Form 9	<u> 390, Part X,</u>	line 2	21.								
_												
1a	Is the organization an agent, trustee, custo											<b>¬</b>
	included on Form 990, Part X?									Ye	S	No
b	If "Yes," explain the arrangement in Part XI	II and comple	ete th	e follov	ving tab	ole:						
									Amoui	nt		
	Beginning balance											
	Additions during the year						1d					
	Distributions during the year											
	Ending balance											
	Did the organization include an amount on										_	⊣ <sup>No</sup>
	If "Yes," explain the arrangement in Part XI											
Par	Endowment Funds. Complete if											
1.		irrent year	(D)	Prior ye	ar	(c) Two	o years	s dack	(d) Three years ba	аск (е) го	ur yea	rs back
	Beginning of year balance											
	Contributions  Net investment earnings, gains,											
C												
ч	and losses Grants or scholarships	<del></del>										
	Other expenditures for facilities	<del></del>										
·	and programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage of the cur	rent vear en	d hala	ance (li	ne 1a	column	(a)) I	held as	•			
		•	%	11100 (II	nc rg,	colaiiii	(α)) Ι	icia as	•			
	Permanent endowment  %		, 0									
	Temporarily restricted endowment	%										
	The percentages in lines 2a, 2b, and 2c sho		0%.									
3a	Are there endowment funds not in the poss	-		nizatio	n that	are held	d and	l admir	istered for the			
	organization by:		- 3-								Yes	No
	(i) unrelated organizations									3a(i		+
	(ii) related organizations									3a(i	_	
b	If "Yes" to 3a(ii), are the related organization	ns listed as re	quire	d on So	chedule	R?				3b		+
4	Describe in Part XIII the intended uses of the		•							• •		
Par	Land, Buildings, and Equipment,	-										
	Complete if the organization ans	wered "Yes"										
	Description of property	(a) Cost or oth		sis (t		r other ba ther)	sis		cumulated eciation	(d) Book	value	
1a	Land	, , ,	•			97,07	11.			1,	997,	071.
	Buildings					97,02		1,2	22,801.			220.
С	Leasehold improvements											
d	Equipment				2,1	52,29	4.	1,5	83,636.		568,	658.
е	Other					·						
Total	I. Add lines 1a through 1e. (Column (d) mus		990, F	Part X,	columr	n (B), lin	e 10(	(c).)	<u></u> <b>&gt;</b>	8,	839,	949.

Schedule D (Form 990) 2014 Page 3

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security (including name of security) (1) Financial definition of security) (2) Closely-held equity interests (3) Other (6) (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VII	Investments - Other Securities.	1 "Yes" to Form 990	Part IV line 11h See Form 990	Part X line 12
(Including name of security)   Cost or end-of-year market value		· · · · · · · · · · · · · · · · · · ·			
(2) Closely-held equity interests		(including name of security)	(b) BOOK Value		
(3) Other (A) (B) (B) (C) (C) (C) (D) (E) (F) (F) (G) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(A) (B) (C) (C) (C) (C) (D) (E) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
C    C    C    C    C    C    C    C					
(C) (D) (E) (E) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(D)				
(F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)				
(G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(E)				
Column	<u>(-)</u>				
Continue   Cost or end-of-year market value	<u>(</u> G)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total (Column (b) must equal Form 990, Part X, col. (B) line 25.   Total (b) Book value   Total (b) Book					
Investments - Program Related.		n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation:  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Cotter Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.).  Part IX  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description (b) Book value (1) Federal income taxes (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Form (9)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  (1) Federal income taxes (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX  (a) Description (b) Book value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (d) (e) (f) (f) (g) (g)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  (a) Description (b) Book value  (b) Book value  (c) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (h) Book value (h) Book value (h) Book value (h) Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (f) Federal income taxes (g) (g) (h) Book value (h) Book value (h) Book value (f) Federal income taxes (g) (g) (g) (g) (h) Book value (h) Bo	· air c v iii		l "Yes" to Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), ▶  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				(c) Method of valu	ation:
(3) (4) (5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part IX Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1)			,	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(2)				
(5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	_(3)				
(6) (7) (8) (9)  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  (1)  (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	_(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
(8) (9)    Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)   ►					
(9)   Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)   ▶   Part IX					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)   ▶					
Other Assets.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.					
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(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Part IX		l "Yes" to Form 990	, Part IV, line 11d. See Form 990	), Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶  Part X Other Liabilities.		<b>(a)</b> De	scription		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
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(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
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(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
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Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		umn (h) must equal Form 990 Part X col. (B) I	ine 15 )		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			<i>inc 10.)</i>		
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Tartx	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11e or 11f. See Fo	rm 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1.		(b) Book valu	ie	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1) Feder	al income taxes			
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(2)				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
		// / / / / / / / / / / / / / / / / / /			
		· · · · · · · · · · · · · · · · · · ·		the considerable to the control of t	that are a first

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2014 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	38,134,537.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	00/200/00
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities  2b 16,405		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)         2d         97,692	-	
e	Add lines 2a through 2d	2e	114,097.
3	Subtract line 2e from line 1	3	38,020,440.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		00,020,1101
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	38,020,440.
Part			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	37,361,255.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 16,405		
b	Prior year adjustments 2b		
С	Other losses   2c		
d	Other (Describe in Part XIII.)  Add lines 2a through 2d  97,692		
е	Add lines 2a through 2d	2e	114,097.
3	Subtract line 2e from line 1	3	37,247,158.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4s and 4h	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	37,247,158.
Part			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor		
		Hallon	
SEE	E PAGE 5		

JSA 4E1271 1.000

Page 5

#### Part XIII Supplemental Information (continued)

PART X LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION.

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX RETURNS FOR 2012 THROUGH THE CURRENT PERIOD REMAIN OPEN TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND RELEVANT STATE AUTHORITIES.

PART XI LINE 2D

FUNDRAISING EXPENSES NETTED WITH INCOME FOR 990 REPORTING: \$97,692

PART XII LINE 2D

FUNDRAISING EXPENSES NETTED WITH INCOME FOR 990 REPORTING: \$97,692

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization					Employer identification	on number
CARE AND SHARE, INC.					84-0731930	
Part I Fundraising Activities. Com Form 990-EZ filers are not				"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization rais		•		activities. Check a	all that apply.	
a Mail solicitations	e	Solid	citation of r	non-government g	rants	
<b>b</b> Internet and email solicitations	f			government grant		
c Phone solicitations	g	Spe	cial fundra	ising events		
d In-person solicitations						
<ul> <li>Did the organization have a written of or key employees listed in Form 990</li> <li>If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	, Part VII) or entity ividuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		55 (.)	
1		100				
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total	tion is registered o	or licensed	▶ d to solicit	contributions or	has been notified	it is exempt from
registration or licensing.						

Sah	odul	CARE A. e G (Form 990 or 990-EZ) 2014	ND SHARE, INC.		84-	·0 /31930 Page <b>2</b>
_	rt l		nt contributions and gros			eported more
			(a) Event #1  RECIPE FOR HOPE (event type)	(b) Event #2 HARVEST OF LOV (event type)	(c) Other events  9.  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	165,415.	147,262.	232,164.	544,841
~		Less: Contributions Gross income (line 1 minus line 2)		147,262.	232,164.	544,841
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	49,604.	4,951.	43,137.	97,692
Pa	10 11		l 0 from line 3, column (danization answered "Y	<u>)</u>	<u> </u>	97, 692 -97, 692 rted more
Φ	Γ	than \$15,000 on Form 990-E	EZ, line 6a.	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add

	than \$15,000 on Form 990-E2	Z, line 6a.			
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
ses	2 Cash prizes				
zxpen	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes% No	Yes% No	Yes% No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)			
	8 Net gaming income summary. Subtract	ct line 7 from line 1, colu	ımn (d)		
9 a b	Enter the state(s) in which the organization is the organization licensed to conduct go if "No," explain:		of these states?		_ Yes No
	Were any of the organization's gaming lice.  If "Yes," explain:	censes revoked, suspe	nded or terminated durin	ng the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2014 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	revenue?
b	amount of gaming revenue retained by the third party $\blacktriangleright$ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2014

#### SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 84-0731930 CARE AND SHARE, INC.

Par	t Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue	d (e) Is	sue price	(f) D	escription of p	urpose	(g) De	efeased	(h) beha issi	alf of	(i) Poo	
										Yes	No	Yes	No	Yes	N
A F	L PASO COUNTY COLORADO			08/01/201	1 3	005 172	SEE PART V				x		X		Х
	E FASO COUNTY COMORADO			00/01/20.	1	,003,172.	JEE TAKT V				A		71		
В															_
С															
D															
Par	t II Proceeds				I	<u> </u>									_
						A		В		3			D		
1	Amount of bonds retired			[	4	16,924.									
2	Amount of bonds legally defeased														
3	Total proceeds of issue				3,0	05,172.									
4	Gross proceeds in reserve funds														
5	Capitalized interest from proceeds														
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds														
8	Credit enhancement from proceeds														
9	Working capital expenditures from proceeds														
10	Capital expenditures from proceeds				3,0	05,172.									
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion				201	2									
					Yes	No	Yes	No	Yes	No	)	Yes	3	No	)
	Were the bonds issued as part of a current refundir				X										
15	Were the bonds issued as part of an advance refun	ding issue?				X									
	Has the final allocation of proceeds been made? .				X										
17	Does the organization maintain adequate boo														
	final allocation of proceeds?				Х										
Par	t III Private Business Use														
						A	_	В		C	$\perp$		D		
1	Was the organization a partner in a partnership	, or a member	of an LLC	;,	Yes	No	Yes	No	Yes	No		Yes	_	No	
	which owned property financed by tax-exempt bone	ds?				Х					$\perp$		_		
2	Are there any lease arrangements that may														
	bond-financed property?	Form 990				X									

Schedule K (Form 990) 2014

CARE AND SHARE, INC. 84-0731930

Schedule K (Form 990) 2014

Pa	rt III Private Business Use (Continued)	EL PASO C	COUNTY CO	LORADO					
			Α	E	3	(	;		)
3a	Are there any management or service contracts that may result in priva		No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	le							
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entitie		0.4		0.1		0.4		0.4
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as								
	result of unrelated trade or business activity carried on by your organization		%		%		%		%
	another section 501(c)(3) organization, or a state or local government		%		%		%		
<u>6</u> 7	Total of lines 4 and 5		/0		/0		70		/0
oa	Has there been a sale or disposition of any of the bond-financed property to a non- governmental person other than a 501(c)(3) organization since the bonds were issued	,	X						
	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		27						
Ь	disposed of		%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations	•	70		70		/0		70
·	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X							
Pa	rt IV Arbitrage		'		'				
			Α	E	3	(	3	Γ	)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction ar	nd Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
C	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation wa	ıs							
	performed								ı
_3_	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X						
	Name of provider								
	Term of hedge.								
	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Schedule K (Form 990) 2014

JSA

Schedule K (Form 990) 2014

Part IV Arbitrage (Continued)								
		A	1	3		С	ı	)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
	X							
requirements of section 148?								
		Α		3		С		)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
under applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to		s on Sche	dule K (se	e instruct	ions).		1	
	1				/			

Page 3

Schedule K (Form 990) 2014

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K PART I COLUMN F

CONSTRUCTION OF FOOD STORAGE AND DISTRIBUTION FACILITY

JSA 4E1511 1.000 Page 4

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

CARE AND SHARE, INC.

84-0731930

2 Art - Historical treasures	
3 Art - Fractional interests	
4 Books and publications	
5 Clothing and household goods. X 3,988. FMV  6 Cars and other vehicles	
goods.	
goods.	
6 Cars and other vehicles	
8 Intellectual property	
9 Securities - Publicly traded	
9 Securities - Publicly traded	
11 Securities - Partnership, LLC, or trust interests	
or trust interests	
12 Securities - Miscellaneous	
13 Qualified conservation contribution - Historic structures	
contribution - Historic structures	
structures	
14 Qualified conservation contribution - Other	
contribution - Other          15 Real estate - Residential          16 Real estate - Commercial          17 Real estate - Other          18 Collectibles          19 Food inventory       X       2,898       31,427,340       PRICE PER POUND         20 Drugs and medical supplies             21 Taxidermy <th></th>	
15       Real estate - Residential	
16 Real estate - Commercial	
17 Real estate - Other          18 Collectibles          19 Food inventory       X       2,898       31,427,340       PRICE PER POUND         20 Drugs and medical supplies            21 Taxidermy            22 Historical artifacts            23 Scientific specimens             24 Archeological artifacts	
18 Collectibles.	
19 Food inventory	
20       Drugs and medical supplies	
21 Taxidermy	
Historical artifacts	
Scientific specimens	
Archeological artifacts  Other ▶(_ATCH 1)	
25 Other ►(_ATCH 1)       2. 126,660.         26 Other ►()	
26 Other ►() 27 Other ►() 28 Other ►() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	
27 Other ►()       Other ►()         28 Other ►()       Vumber of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	
28 Other ►()   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	
which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes	
Yes	
	No
20a During the year did the expenientian receive by contribution any property reported in Dort Library 4 through	NO
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through	
28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Χ
	71
<ul><li>b If "Yes," describe the arrangement in Part II.</li><li>31 Does the organization have a gift acceptance policy that requires the review of any non-standard</li></ul>	
contributions?	
	Х
contributions?	23
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	
describe in Part II.	

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) Page **2** 

Part II Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M PART I COLUMN B

AMOUNT REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) (2014)

CARE AND SHARE, INC. 84-0731930

Schedule M (Form 990) (2014) Page **2** 

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION (	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
CRAM O LOT VERTICAL BALE	R X	1.	3,000.	FMV
RAVEN WINDOWS FOR BUILDIN	N X	1.	123,660.	FMV
TOTALS	-	2.	126,660.	

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number

84-0731930

Name of the organization

CARE AND SHARE, INC.

FORM 990 PART III LINE 1

CONTINUATION OF MISSION: IN COALITION WITH DIVERSE ORGANIZATIONS, WE PROVIDE HUNGER RELIEF AND WORK TO ADDRESS THE ROOT CAUSES OF HUNGER THROUGH ADVOCACY AND EDUCATION.

FORM 990 PART III LINE 4B

EVERY FRIDAY AFTERNOON STUDENTS ON THE PROGRAM ARE DISCRETELY GIVEN A BAG OF FOOD TO TUCK INTO THEIR BACKPACKS OR BACKPACK OF FOOD (DEPENDING ON THE PROGRAM) FOR THE WEEKEND. EACH FOOD PACK PROVIDES ENOUGH FOOD FOR AN ENTIRE WEEKEND. CARE AND SHARE CURRENTLY HAS 41 SHP SITES LOCATED IN EL PASO, PUEBLO, TELLER, CHAFFEE, CROWLEY, CUSTER, DOLORES, OTERO, LA PLATA, SAGUACHE, AND MONTEZUMA COUNTIES. SITES ARE SELECTED BASED ON NEED, SUPPORT OF THE PROGRAM, AND STORAGE AND DISTRIBUTION CAPACITY. ALL BACKPACKS ARE FUNDED THROUGH GRANTS AND INDIVIDUAL DONORS.

FORM 990 PART VI SECTION B LINE 11

THE BOARD OF DIRECTORS WILL RECEIVE A DRAFT COPY OF THE FORM 990 BEFORE IT IS FILED AND WILL BE GIVEN TIME TO REVIEW AND CONSENT BEFORE FILING.

FORM 990 PART VI SECTION B LINE 12C

THE CONFLICT OF INTEREST POLICY IS RE-CIRCULATED FOR SIGNATURE ANNUALLY

AND IS MONITORED THROUGHOUT THE YEAR. IF POTENTIAL CONFLICTS OF INTEREST

ARISE, THEY ARE BROUGHT TO THE ATTENTION OF THE ORGANIZATION'S MANAGEMENT

AND BOARD, IF APPROPRIATE, WITH ENFORCEMENT OCCURRING AT THAT TIME.

Schedule O (Form 990 or 990-EZ) 2014 Page 2

Name of the organization

CARE AND SHARE, INC.

Employer identification number

84-0731930

FORM 990 PART VI SECTION B LINE 15

THE BOARD OF DIRECTORS HAS ESTABLISHED AN EXECUTIVE COMPENSATION

COMMITTEE, WHICH ANNUALLY REVIEWS THE CEO'S COMPENSATION. RESEARCH OF

SIMILAR POSITIONS IS RECORDED AND DOCUMENTED, AS IS THE PERFORMANCE

EVALUATION OF THE CEO. THE CEO ESTABLISHES THE COMPENSATION OF THE OTHER

OFFICERS OF THE ORGANIZATION, WITH BOARD OVERSIGHT. A COMPENSATION STUDY

IS CONDUCTED ANNUALLY TO COMPARE OFFICERS' SALARIES WITH SIMILAR

ORGANIZATIONS. THE BOARD REVIEWS A MONITORING REPORT ANNUALLY, PREPARED

BY THE CEO, THAT REPORTS ON THE COMPENSATION-ESTABLISHING PROCESS.

FORM 990 PART VI SECTION C LINE 19

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PART XII LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR ENGAGING
THE INDEPENDENT CPA FIRM. THE AUDIT COMMITTEE REVIEWS THE AUDIT WITH THE
CPA FIRM.

ATTACHMENT 1

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

FUNDRAISING EVENTS 544,841.

TOTAL 544,841.

Schedule O (Form 990 or 990-EZ) 2014 Page **2** 

Name of the organization

CARE AND SHARE, INC.

84-0731930

ATTACHMENT 2

FORM 990, PART VIII - FUNDRAISING EVENTS

 DESCRIPTION
 DIRECT EXPENSES
 NET INCOME

 FUNDRAISING EVENTS
 97,692.
 -97,692.

 TOTALS
 97,692.
 -97,692.

84-0731930

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

orm 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

CARE AND SHARE, INC.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 84-0731930

OMB No. 1545-0047

Open to Public

Inspection

	(a) Name, address, and EIN (if applicable) of disregarded entit	у	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co ent	ntrolling
(1)				3,7				,
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Ident		ions Complete if the	e organization ans	swered "Yes" on F	orm 990, Part IV,	line 34 because	it had	
Part II Ident	or more related tax-exempt organizations du (a)	ions Complete if the ring the tax year.  (b)  Primary activity	(c)	(d) state Exempt Code section	(e) Public charity status (if section 501(c)(3))	line 34 because  (f)  Direct controlling entity	Section 5	<b>g)</b> 512(b)(13 rolled iity?
Part II Ident	or more related tax-exempt organizations du (a)	ring the tax year.	(c) ty Legal domicile (	(d) state Exempt Code section	(e) Public charity status	(f) Direct controlling	Section 5	rolled
Part II Ident	or more related tax-exempt organizations du (a)	ring the tax year.	(c) ty Legal domicile (	(d) state Exempt Code section	(e) Public charity status	(f) Direct controlling	Section 5	rolled ity?
Part II Ident one o	or more related tax-exempt organizations du  (a)  Name, address, and EIN of related organization	ring the tax year.	(c) ty Legal domicile (	(d) state Exempt Code section	(e) Public charity status	(f) Direct controlling	Section 5	rolled ity?
(1)	or more related tax-exempt organizations du  (a)  Name, address, and EIN of related organization	ring the tax year.	(c) ty Legal domicile (	(d) state Exempt Code section	(e) Public charity status	(f) Direct controlling	Section 5	rolled ity?

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Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (d) (e) Predominant (g) (h) (i) (j) (k) Name, address, and EIN of Lègal Direct controlling Share of total Share of end-of-Code V-UBI Percentage General or Disproportionate income (related, domicile related organization amount in box 20 entity income year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512-514) country) Yes No Yes No (1) (2) (3) (4) (5) (6) (7)

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

(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contro entit	olled
								Yes I	No
(1) GOALZERO RECYCLING, INC.									
2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915	RECYCLING	со	CARE AND SHARE	C CORP	0	C	100.0000	Х	
(2)									
								Ш	
<u>(3)</u>									
<u>(4)</u>									
(5)									
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Par	Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35b, or 36.			
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				,	Yes No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х
d	Loans or loan guarantees to or for related organization(s)				1d	Х
е	Loans or loan guarantees by related organization(s)				1e	Х
f	Dividends from related organization(s).				1f	X
g	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
	Sharing of paid employees with related organization(s)				10	X
р	Reimbursement paid to related organization(s) for expenses				1p	X
q	Reimbursement paid by related organization(s) for expenses				1q	X
r	Other transfer of cash or property to related organization(s)				1r	X
s	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	ered relationships and tran	saction thre	esholds	i.
	(a)	_ (b)	(c)		(d)	
	Name of related organization	Transaction type (a-s)	Amount involved		of deter	
		, , , , , , , , , , , , , , , , , , ,		4		
(1)						
(2)						
(3)						
/4\						
(4)						
(5)						
<u>,-,</u>						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentag ownership
			sections 512-514)	Yes				Yes	No	(1 01111 1005)	Yes	No	
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
0)													
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#### **Supplemental Information** Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).