Form **990**

Return of Okaanization 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.

Α	For t	he 201	5 calendar year, or tax year beginning , 2015,	and ending			, 20	
В			C Name of organization		D Employer ide	ntification		
В	Check if	applicable:	DRIVE-TO-WORK		20-861	2550		
Г	Addi		Doing business as		-	2000		
		e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	ımber		
	Initia	al return	P.O. BOX 14526		(804) 35	8-6727	7	
		return/	City or town, state or province, country, and ZIP or foreign postal code		(004) 33	0 0727		
		nded	RICHMOND, VA 23221		G Gross receipts	2 2	105	E46
	Appl	ication	F Name and address of principal officer: O. RANDOLPH ROLLINS		H(a) Is this a gro		Yes	,546.
_	pend	ing	P.O. BOX 14526 RICHMOND, VA 23221		subordinates	5?	\vdash	X No
ı	Tax-ex	xempt sta	etus. V savina	507	H(b) Are all suboro			No
J			atus: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1) or DRIVETOWORK.ORG	r 527	_	ch a list. (see	,	
ĸ				T. v	H(c) Group exem			
20000	art I	-	ization: X Corporation Trust Association Other mmary	L Year of form	nation: 2007 M	State of leg	al domicile:	VA
	1							
4	'	TNC	describe the organization's mission or most significant activities: TO ASS:	IST LOW-IN	COME AND P	REVIOU	SLY	
Governance			ARCERATED PERSONS IN RESTORING DRIVING PRIVILE	GES SO THE	Y CAN DRIV	E		
rna			WORK AND HOLD A JOB					
ove	2	Check	this box if the organization discontinued its operations or disposed	of more than 25	5% of its net asset	S.		
C)	3	Numbe	er of voting members of the governing body (Part VI, line 1a)			3		13.
es &	4	Numbe	er of independent voting members of the governing body (Part VI, line 1b)			4		13.
Ϋ́	5	Total r	number of individuals employed in calendar year 2015 (Part V, line 2a)			5		11.
Activities &	6	Total r	number of volunteers (estimate if necessary)			6	(4)	10.
A	7a	Total u	unrelated business revenue from Part VIII, column (C), line 12			7a		26.
	b	Net un	nrelated business taxable income from Form 990-T, line 34			7b		0.
					Prior Year		Current Y	ear
e	8	Contril	butions and grants (Part VIII, line 1h)		217,13	8.	272	,379.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		180,36	0.	153	,141.
Sev	10	Investr	ment income (Part VIII, column (A), lines 3, 4, and 7d)			9.		26.
ш.	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.		0.
	12	Total r	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		397,50	7.	425	,546.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0.		0.
S	15	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).		113,39	7.	179	,781.
Expenses	16 a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0.	2,0	0.
xpe	b	Total f	undraising expenses (Part IX, column (D), line 25) ▶ 39,260.	2500				0.
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		214,69	8	201	,146.
	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		328,09			,927.
	19	Reven	ue less expenses. Subtract line 18 from line 12		69,41			,619.
ces			The state of the s		inning of Current Y		End of Year	
land	20	Total a	assets (Part X, line 16)	-	120,74			,280.
Net Assets Fund Baland	21		abilities (Part X, line 26)		11,26			,173.
un et	22		sets or fund balances. Subtract line 21 from line 20.		109,48			
	rt II		nature Block		109,40	0.	134,	,107.
Und	der per	nalties of	f periury. I declare that I have examined this return, including accompanying schedule	es and statements	and to the hert of	my knowle	das and he	olief it is
true	, corre	ct, and c	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	knowledge.	illy knowle	uge and be	mer, it is
Sig			Signature of office Py O. Randolph Rol	Ting Pr	Date	1/13/	2016	
			Type or print name and title	,				
aid		Print/T	ype preparer's name Preparer's signature	Date	Check	if PTIN		
	oarer	SCOT	T M WILLIAMS Scott N. Williams	5/12/1	self-employe	ed PO	135241	4
	Only	Firm's	name ▶BDO USA, LLP	1 1	Firm's EIN ▶ 1	3-5381	590	
		Firm's	address ▶300 ARBORETUM PLACE SUITE 520 RICHMOND, VA 23236			04-330		
		RS disc	cuss this return with the preparer shown above? (see instructions)			X	Yes	No
or	Paper	rwork F	Reduction Act Notice, see the separate instructions.				Form 990	

JSA 5E1010 1.000

55 x 52 5 x 10 5	5)		, , , , , , , , , , , , , , , , , , ,
art III	Statement of Program Service	Accomplishments	
Briefly d	escribe the organization's mission	esponse of note to any line in this Pan	III
		VIOUSLY INCARCERATED PERSO	ONS IN DESTODING
DRIVIN	G PRIVILEGES SO THEY C	AN DRIVE TO WORK AND HOLD	A JOB
Did the prior For	organization undertake any signi m 990 or 990-EZ?	ficant program services during the ye	ear which were not listed on the
If "Yes,"	describe these new services on S	chedule O.	
services?	organization cease conducting describe these changes on Sched	, or make significant changes in I	now it conducts, any program
Describe expenses	the organization's program se	rvice accomplishments for each of i (4) organizations are required to rep	ts three largest program services, as measur ort the amount of grants and allocations to c
(Code:) (Expenses \$	296, 338. including grants of \$) (Revenue \$ 153.141)
ASSIST	LOW-INCOME AND PREVIOU	JSLY INCARCERATED INDIVIDU)(Revenue \$
RESTOR	E DRIVING PRIVILEGES TH	ROUGH REINSTATEMENT OF LI	CENSES OR
OBTAIN	ING RESTRICTED DRIVING	PERMITS.	
(Code:) (Expenses \$	including grants of \$) (Revenue \$)
(micidality grants of \$) (Revenue \$)
(Code:) (Expenses \$	including grants of \$) (Revenue \$)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			3.7
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	IIa	- 1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		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
D	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	445		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		Λ_
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			- 21
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
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		Χ
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

Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	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			37
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
21	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		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200	- 11	
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	202		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
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		Χ
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		Χ
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		Χ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	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 troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and that is troated as a partnership for foderal income towards and the foderal income towards are also as a partnership for foderal income towards and the foderal income to			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			3.7
38	Part VI	37		X
30	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.	20		57
	10. Note. 7 al 1 on 1 oo mens are required to complete scriedule O.	Form 9	190	X 2015)
		I OIIII 3		2010)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			age U
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			V
	account)?	4a		X
D	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			
52	(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		
	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		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
	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		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		Y
9	sponsoring organization have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.	9a		Χ
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
10	Section 501(c)(7) organizations. Enter:	0.0		
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		- 21
ISA	To, provide an explanation in Confederation			

Form	990 (2015) DRIVE-TO-WORK 20	-86125	50	F	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7h	below a	nd fo	or a	"No
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched	ule O. See	e insi	truc	tions.
Sac	Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management		• •	• •	
000	ion A. Governing Body and Management			Yes	No
12	Enter the number of voting members of the governing back at the and of the	13		res	NO
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a				
	If there are material differences in voting rights among members of the governing body, or if the governing				
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	13			
2		1000			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		2		Χ
3	any other officer, director, trustee, or key employee?		+	-	Λ
5	Did the organization delegate control over management duties customarily performed by or under the	direct .	,		Χ
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	· · ·	1		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		5	-	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?.		3	-	X
7a	Did the organization have members or stockholders?		<u>'</u>	\dashv	Λ
, a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		_		Χ
h	one or more members of the governing body?	7	a	-	Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem		.		v
8	stockholders, or persons other than the governing body?		В		X
0	Did the organization contemporaneously document the meetings held or written actions undertaken d the year by the following:	uring			
_				,	
a b	The governing body?	8		X	
9	Each committee with authority to act on behalf of the governing body?		D 2	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ed at	.		v
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Re	· · · · · · ·			Χ
	and a second of the decident by the internation about policies not required by the internal Ne	renue Co		es	No
102	Did the organization have local chapters branches as affiliated	10	-	-	X
	Did the organization have local chapters, branches, or affiliates?		a	\dashv	Λ
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chap		h		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		_	\dashv	X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	m?. 11	a		Λ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12	,	X	
h	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	a Z	7	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts?	give 12	h		Χ
_			<u> </u>	\dashv	Λ.
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If describe in Schedule O how this was done	'Yes,"			Χ
13				-	X
14	Did the organization have a written whistleblower policy?			_	X
15	Did the organization have a written document retention and destruction policy?		•		Λ
10	Did the process for determining compensation of the following persons include a review and approvindependent persons, comparability data, and contemporaneous substantiation of the deliberation and deci-				
а			2		Χ
b	The organization's CEO, Executive Director, or top management official			_	X
D	Other officers or key employees of the organization	15	D .		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				
Iou	with a taxable entity during the year?		2		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar		a		Λ
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	e its			
	organization's exempt status with respect to such arrangements?	16	Ь		
Secti	on C. Disclosure	10	D		
17	List the states with which a copy of this Form 990 is required to be filed ▶_VA,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (S	action 50	1/61/	21-	! `
	available for public inspection. Indicate how you made these available. Check all that apply.	ection 50	ı(c)(3)S	only)
	Own website Another's website X Upon request Other (explain in Schedule O)				
19				r.	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict financial statements available to the public during the tax year.	of interes	st po	IICY,	and
20					
.0	State the name, address, and telephone number of the person who possesses the organization's books and THE CORPORATION 1735 SUMMIT AVENUE RICHMOND, VA 23230 804-358-6727	records:			
SA				900	2015)
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7 age

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unles	Pos neck s pe	erson	e than contrust Highest compensated 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
(A)O DANDOLDH DOLLTMA DAO	40.00					Ď				
PRESIDENT EX OFFICIO	40.00	X		Χ				30,000.	0.	0.
(2)GEORGE W. FORESMAN CHAIRMAN	0.	Х		Х						
(3)JULIEN G. PATTERSON	0.	Λ	\vdash	Λ	-			0.	0.	0.
BOARD MEMBER	<u>0.</u>	X						0.	0.	0.
(4)S. PRESTON DILLARD,	0.							0.	0.	
TREASURER	0.	Х		Χ				0.	0.	0.
_(5)DIANNE_REYNOLDS-CANE, MD	0.									
SECRETARY	0.	Х		Χ				0.	0.	0.
(6)CHARLES J. KEHOE	0.									
VICE CHAIRMAN	0.	X		Χ				0.	0.	0.
_(7)MARGARET NELSON, ESQ	0.									
BOARD MEMBER	0.	X						0.	0.	0.
_(8)MARY DALTON BARIL, ESQ.	0.									
BOARD MEMBER	0.	X		_				0.	0.	0.
(9) WILLIAM C. THORNTON, JR.	0.									
BOARD MEMBER (10) CASSANDRA S. CONOVER, ESQ.	0.	X						0.	0.	<u> </u>
BOARD MEMBER	0.	v						0		
(11)G. M. ""MANOLI"" LOUPASSI, ESQ	0.	X	-	\dashv	-			0.	0.	0.
BOARD MEMBER	1	Х						0.	_	0
(12)F. STEPHEN FISHEL	0.	Λ	-	\dashv			\dashv	0.	0.	0.
BOARD MEMBER	10.	Х						0.	0.	0.
(13)YVONNE PATRICIA HAYNES, LCSW	0.		\dashv					0.	J.	
BOARD MEMBER	0.	Χ						0.	0.	0.
(14)RAY BROWN DUGGINS	0.									
BOARD MEMBER	0.	Χ						0.	0.	0.
JSA										Form 990 (2015)

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Nour set Nour set	Part V	(A)	(B)	y En	ipio	(C)	and	HIG	(D)	(E)	s (cont	(F)	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		Name and title	hours per week (list any hours for related organizations below dotted	box,	unle er an	heck ss pe d a c	more erson direct	is both or/trust	an tee)	compensation from the organization	compensation f related organizations	s	Estimated amount of other compensation from the organization and related organization	of ion on d
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)														
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Tota	I number of individuals (including but not	limited to th	nose	iste						\$100,000 of	0.		0
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	3 Did	the organization list any former offic	er, directo	r, or	tru	ste	e, k	key e	mpl	loyee, or highest	compensated	i	Yes 3	No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	For orga	any individual listed on line 1a, is the s nization and related organizations gre	sum of rep	ortab \$15	le c	om	pen <i>If</i>	satior "Yes	an ." c	nd other compens	ation from the	7		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5 Did	any person listed on line 1a receive or	accrue cor	npen	satio	on f	rom	anv	unr	elated organization	n or individua			X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Section	B. Independent Contractors												
	com	pensation from the organization. Report c	ompensatio	on for	the	cal	end	ar yea	ar e	nding with or with	in the organiza	ation's t	ax	
			ress								vices			
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.	2 Tota	I number of independent contractors (in	cluding bu	t not	lim	ited	l to	thos	e lis	sted above) who	received			

		Check if Schedule O co			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from t under section: 512-514
uts 1	а	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b					
An	С	Fundraising events	1c					
nila I	d	Related organizations	1d					
Sin	е	Government grants (contribut	tions) 1e	75,000.				
her	f	All other contributions, gifts,	-					
5		and similar amounts not included		197,379.				
and	g h	Noncash contributions included in						
e le	п	Total. Add lines 1a-1f		Business Code	272,379.	200		
e l	а	ADMINISTRATIVE FEES		561000	100 706	100 725		
2 2	b	CONTRACT AND OTHER FEES		561500	122,736. 30,405.	122,736.		
2	c	The state of the s		301300	30,403.	30,405.		
Jac	d							
and a service Revenue	е							
60	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		▶	153,141.			
3		Investment income (income and other similar amounts)			26.		26.	
4		Income from investment of t			0.		20.	
5		Royalties		▶	0.			
			(i) Real	(ii) Personal				
6	a	Gross rents						
	b	Less: rental expenses						# 1.5 E
- 1	С	Rental income or (loss) L						
	d	Net rental income or (loss).			0.			
7	a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis				4.0		
	_	and sales expenses						
	c d	Gain or (loss) L Net gain or (loss)		•	0.			2.50
١.		Gross income from fundrai			0.			
anii anii anii anii anii anii anii anii		events (not including \$						
20		of contributions reported on li						
5		See Part IV, line 18	,					
5 1	b	Less: direct expenses						
	С	Net income or (loss) from fun	draising events.	▶	0.			
98	а	Gross income from gaming a See Part IV, line 19						
		Less: direct expenses Net income or (loss) from ga	b		0.			
108		Gross sales of invento returns and allowances	ry, less					
	b	Less: cost of goods sold	b					
-	С	Net income or (loss) from sale			0.			
-		Miscellaneous Revenue		Business Code				
11a								
	b							
	c C	All other revenue						
1 (d	All other revenue						
.	е	Total. Add lines 11a-11d			0.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response	onse or note to any line	in this Part IX	····	
Do not include amounts reported on lines 6b, 7b, 8b, 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,	20.000			
trustees, and key employees	30,000.	21,000.	6,000.	3,000.
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.	101 701	00 514	
7 Other salaries and wages	136,705.	101,731.	20,716.	14,258.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	13,076.	9,627.	2,095.	1,354
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	616.	296.	320.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	2,000.		2,000.	
12 Advertising and promotion	31,878.	31,878.		
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	26,931.	23,373.	1,779.	1,779.
17 Travel	0.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	54.		54.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	5,275.		5,275.	
23 Insurance ATCH 4	2,683.		2,683.	
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.)				
aLICENSES & TAXES	420.		420.	
bPAYROLL EXPENSE	1,341.	987.	215.	139.
cSERVICE CHARGES	202.	202.	210.	139.
dINFORMATION SYSTEMS EXPENSE	13,557.	11,523.	1,356.	678.
e All other expenses _ATCH_2_	116,189.	95,721.	2,416.	
25 Total functional expenses. Add lines 1 through 24e	380,927.	296,338.		18,052.
26 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	300,321.	230,330.	45,329.	39,260.
following SOP 98-2 (ASC 958-720)	0.			
JSA	· · ·			Form 990 (2015)

JSA 5E1052 1.000

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-hearing	3,556.	1	5,775
2	Cash - non-interest-bearing Savings and temporary cash investments	70,814.		53,079
3	Pledges and grants receivable not		3	
4	Pledges and grants receivable, net	45,478.		10 674
5	Accounts receivable, net Loans and other receivables from current and former officers, directors,	45,476.	4	40,674
3				
	trustees, key employees, and highest compensated employees.	0	_	0
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	5	0
20	organizations (see instructions). Complete Part II of Schedule L	0.	6	0
7 8 8 8	Notes and loans receivable, net	0.	7	0
8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	0.	9	0
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 77,630.			
b	Less: accumulated depreciation 10b 8,105.	900.	10c	69,525.
11	Investments - publicly traded securities	0.	11	0
12	Investments - other securities. See Part IV, line 11	0.	12	0
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	0.	15	227
16	Total assets. Add lines 1 through 15 (must equal line 34)	120,748.	16	169,280.
17	Accounts payable and accrued expenses.	11,183.	17	14,649.
18	Grants payable	0.	18	0
19	Deferred revenue	77.	19	297
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
<u> </u>	disqualified persons. Complete Part II of Schedule L	0.	22	0.
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	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	0.	25	227.
26	Total liabilities. Add lines 17 through 25	11,260.	26	15,173.
Second	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
2 29	Permanently restricted net assets		29	
= 23	Organizations that do not follow SFAS 117 (ASC 958), check here			
D D	complete lines 30 through 34.		100	
30	Capital stock or trust principal, or current funds	0.	30	0
30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	0.	30 31	
30 31 32	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			0.
30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0. 0. 154,107. 154,107.

Form 9	90 (2015)				Pa	ge 12
Par	t 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				546.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	380,	927.
3	Revenue less expenses. Subtract line 2 from line 1	3		44,619.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	09,	488.
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		1	.54,	107.
Part	XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	<plain< li=""></plain<>	in in			
	Schedule O.				307	
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		100	
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				192	THE STATE OF
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	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				MANIE A	- 150
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		
	If the organization changed either its oversight process or selection process during the tax year, ex	xplair	n in	17.5		
	Schedule O.				- 48	1139
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					
	the Single Audit Act and OMB Circular A-133?			3a	_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	IIIS.		3b		

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-F7

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

DRIVE-TO-WORK 20-8612550 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.) 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 (Form 990 or 990-EZ).) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 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 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 (described on lines 1-9 support (see listed in your governing other support (see above (see instructions)) document? instructions) 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) 2015

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	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100,450.	157,969.	164,032.	217,138.	272,379.	911,968.
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	100,450.	157,969.	164,032.	217,138.	272,379.	911,968.
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.						911,968.
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	100,450.	157,969.	164,032.	217,138.	272,379.	911,968.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12.	13.	9.	9.	26.	69.
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						912,037.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	754,929.
13	First five years. If the Form 990 is for organization, check this box and stop here			d, third, fourth,	or fifth tax yea	r as a section s	501(c)(3)
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2015 (lin						99.99%
15	Public support percentage from 2014						99.99%
16a	331/3% support test - 2015. If the o	rganization did	not check the b	oox on line 13,	and line 14 is	331/3 % or more	e, check
	this box and stop here . The organization						
b	331/3% support test - 2014. If the o						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets the						pported
	organization						. ▶ 📖
D	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization						
18	supported organization	did not shook	hoven line 12	160 16h 17	or 17h abad 1	hia harres	. •
10							▶ □
	instructions		· · · · · · · · · · · ·	· · · · · · · ·			

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

(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)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			-			
	organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				Part Service		
•	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,					15	%
16	Public support percentage from 2014 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2015 (lin					17	%
18	Investment income percentage from 2014					18	%
19 a	331/3% support tests - 2015. If the org						
	17 is not more than 331/3%, check this	is box and stor	p here. The orga	anization qualifies	s as a publicly	supported organi	ization
b	331/3% support tests - 2014. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check	this box and st	top here. The or	ganization qualifi	es as a publicly	supported organ	ization ►
20 JSA	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b			
JOM						Schodule A /Form C	140 Ar 990 E71 2015

No

Yes

1

Part IV **Supporting Organizations**

(Complete only if you checked a box in 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.
- 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," a (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and ho organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the for supported organization? If "Yes," describe in Part VI how the organization had such control and disc despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determi under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization to ensure that all support to the foreign supported organization was used exclusively for section 170(c) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names an numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such a (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class a designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or faciliti anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class ben by one or more of its supported organizations, or (iii) other supporting organizations that also supp benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contr (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in li If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or disqualified persons as defined in section 4946 (other than foundation managers and organizations designations) in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal b from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integ supporting organizations)? If "Yes," answer 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 47 determine whether the organization had excess business holdings.)

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Schedule

			V	M-
2	Activities Test. Answer (a) and (b) below.		Yes	NO
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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	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 Part VI the role played by the organization in this regard.	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form		990-EZ	2) 20

1 Check here if the organization satisfied the Integral Part Test as a qualifying			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			structions. All
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
1 Net short-term capital gain	1		(optional)
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		
o Adjusted Net Income (Subtract lines 5, 6 and 7 from line 4)	18		(P) Current Veer
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):	HT.		
a Average monthly value of securities	1a		
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	Barrell Land	
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-functionall	v-integra	ted Type III supporting	organization (see
instructions)	,ogia	,po in oupporting	organization (See

Schedule A (Form 990 or 990-EZ) 2015

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Part		Supporting Organizat	ions (continued)						
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish e	xempt purposes							
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed						
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpo								
4	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 Part VI). See instructions.								
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015					
1	Distributable amount for 2015 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2015								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2015:								
а									
b									
С									
d	From 2013								
е	From 2014								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2015 distributable amount								
i	Carryover from 2010 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2015 from Section								
	D, line 7: \$								
а	Applied to underdistributions of prior years			或似的形式					
b	Applied to 2015 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2015, if								
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).								
6	Remaining underdistributions for 2015. Subtract lines 3h	A CONTRACTOR OF THE CONTRACTOR							
	and 4b from line 1 (if amount greater than zero, see								
	instructions).								
7	Excess distributions carry over to 2016. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а									
b									
	Excess from 2013								
d	Excess from 2014								
e	Excess from 2015								
			Schodulo	A (Form 990 or 990-F7) 2015					

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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Part VI 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 D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

DRI	IVE-TO-WORK	20-8612550
-	organizations Maintaining Donor Advised Funds or Other Similar Funds or	
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
		(b) I dilas dila salar associatio
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	
6	funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fundamental property.	
0	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	Int I Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated 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	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	-
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	at statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
12		evenue statement and halance sheet
ıu	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	ation, or research in futilierance or
	(i) Revenue included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶\$
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs a Scholarly research b Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No **Escrow and Custodial Arrangements.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance c Net investment earnings, gains, and losses........ d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?........ Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) depreciation 1a Land b Buildings Leasehold improvements..... 58,000. 1,931 56,069. d Equipment 19,630. 6,174 13,456. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 69,525.

Schedule D (Form 990) 2015

Part VII	Investments - Other Securities. Complete if the organization answered	"Ves" on Form 000	, Part IV, line 11b. See Form 990, Part X, line	40
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	9 12.
(1) Financia	al derivatives		Cost or end-or-year market value	
(2) Closely	-held equity interests			
			7. F	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line	13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	. 10.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)		· ·	
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Failix		"Ves" on Form 000	Part IV, line 11d. See Form 990, Part X, line	4.5
	(a) Des			
(1)	(a) Des	Сприоп	(b) Book v	/alue
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X	Other Liabilities.		Part IV, line 11e or 11f. See Form 990, Part	Χ,
1.	(a) Description of liability	(b) Book value		
(1) Federa	al income taxes	(2) 2001 14140		
(2) OTHER	LIABILITIES	2	27.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 25.)	2:	27.	
2. Liability for	r uncertain tax positions. In Part XIII, provide the to	ext of the footnote to the	e 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 XI	П

JSA

20-8612550

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2015

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

►Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public

	f the organization							Employe	identi	fication	numb	er	
STATE OF THE PARTY OF	E-TO-WORK									1255	0		
Part		Transactions organization a	(section 50 answered "Y	1(c)(3 es" o), sect n Form	ion 501(c)(4), and 990, Part IV, line	501(c)(29) orga 25a or 25b, or Fo	nizations orm 990-	only) EZ, P	art V,	line 4	0b.	
1	(a) Name of disqualified		(h) Polotionabia between discusting to) Correcte	
(4)			-		organiz	ation	(6) 5		or truit	Jaction		Ye	es No
(1)													\perp
(3)												\perp	\perp
(4)			-									\perp	\perp
(5)			-										\perp
(6)													_
	Entar the amount of		41-									\perp	\bot
_	Enter the amount of t	iax incurred by	rine organiz	ation	manag	gers or disqualified	d persons during t	he year					
2	under section 4958			٠					🕨	\$ _			
3	Enter the amount of t	tax, if any, on l	line 2, above	e, rein	nburse	d by the organization	on		🕨	\$_			
Do 4													
Part					_								
	Complete if the	organization a	answered "Y	es" or	n Form	990-EZ, Part V,	line 38a or Form 9	990, Par	t IV, Iir	ne 26;	or if t	he	
	organization rep	orted an amo	unt on Form	990,	Part X	, line 5, 6, or 22.							
(a) N	lame of interested person	(b) Relationship	(c) Purpose of	(d) Lo	an to or	(e) Original	(f) Balance due	(a) In	default?	(h) Ar	proved	(i) Wr	ritten
		with organization	Ioan		m the	principal amount		(3)		by board or a		agreen	
				organ	ization?					comn	nittee?		
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)		-											
(3)													
(4)													
(5)					-								
(6)				-	-								
(7)					-								
(8)					-								
(9)				-									
(10)													
						<u></u>	\$						
Part		tance Benefit	ing Intereste	ed Pe	rsons.								
						990, Part IV, line 2	7.						
(a) N	lame of interested person	(b) Relationship	p between intere) Amou	nt of assistance	(d) Type of assistance		(e)	Purpos	se of as	sistance	

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

Schedule L (Form 990 or 990-EZ) 2015

(1) (2) (3) (4)(5) (6) (7)(8) (9) (10)

Schedule L (Form 990 or 990-EZ) 2015

Page 2

Part IV	Business	Transactions	Involving	Interested	Persons.
---------	----------	--------------	-----------	------------	----------

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization's revenues?	
				Yes	No
(1) O. RANDOLPH ROLLINS, PLC	BOARD MEMBER & OFFICER	45,001.	LEGAL SERVICES		Х
(2)					
(3)				1	
(4)				1	
(5)				1	
(6)				+	
(7)				1	
(8)					
(9)					
(10)				+	_

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

Name of the organization
DRIVE-TO-WORK

Employer identification number 20-8612550

GENE				
THIS ENTITY HAS NO UNIQUE OR SPECIAL C	IRCUMSTANCE	S		
FORM 990, PART VIII - INVESTMENT INCOM	Œ		ATTACHMENT 1	
DESCRIPTION	(A) TOTAL	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV	(D) EXCLUDED REVENUE
INTEREST INCOME	2	6.	26.	
TOTALS	2	6.	26.	
FORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 2	
	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	EXPENSES	SERVICE EXP.		
CASE MANAGEMENT EXPENSE		SERVICE EXP. 45,001.		
		45,001.		
CASE MANAGEMENT EXPENSE	45,001	45,001.	AND GENERAL	EXPENSES
CASE MANAGEMENT EXPENSE ENTERTAINMENT EXPENSES	45,001 276 876	45,001.	AND GENERAL	EXPENSES 138.
CASE MANAGEMENT EXPENSE ENTERTAINMENT EXPENSES MERCHANT FEES	45,001 276 876	45,001. 6. 788. 3. 1,436.	AND GENERAL 138.	138. 88.
CASE MANAGEMENT EXPENSE ENTERTAINMENT EXPENSES MERCHANT FEES SHIPPING AND POSTAGE	45,001 276 876 2,683	45,001. 6. 788. 3. 1,436. 5. 4,393.	AND GENERAL 138.	138. 88. 979.
CASE MANAGEMENT EXPENSE ENTERTAINMENT EXPENSES MERCHANT FEES SHIPPING AND POSTAGE PRINTING	45,001 276 876 2,683 6,145	45,001. 6. 788. 3. 1,436. 5. 4,393.	AND GENERAL 138. 268. 922.	138. 88. 979. 830. 519.

17,193.

116,189.

2,416.

TOTALS

FUNDRAISING

GRANT MANAGEMENT EXPENSE

5,098.

95,721.

12,095.

18,052.

Schedule O (Form 990 or 990-EZ) 2015		Page 2
Name of the organization		Employer identification number
DRIVE-TO-WORK		20-8612550
		ATTACHMENT 3
FORM 990, PART X - DEFERRED REVENUE		
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
ACCRUALS	77.	297.

TOTALS

77.

297.

20-8612550

2015

DRIVE-TO-WORK

38 85 210. 1,019. 1,852. 5,275. 1,931 Current-year depreciation Current-year amortization Current-year 179 expense MA CRS class 15 ACRS 3.000 3.000 3.000 15.000 Life Me-thod Conv. HY λH HY HY ΗX HY HY HY HΥ 200DB Code Beginning Ending Accumulated depreciation depreciation 316. 524. 341. 1,116. 120. Accumulated Accumulated amortization 1,019. 88 271. 1,852. 1,931. 75. 8,105. 8,105. ATTACHMENT 1,116. 432 120. 494. 73. 233. 231. 2,830. 2,830. 131 Basis for depreciation 525. 120 9,259. 6,116. 1,116 453 88 327 445 656 58,000 77,630. 77,630. Basis Reduction 179 exp. reduction in basis 100.000 100.000 000.00 100.000 100.000 100.000 100.000 100.000 100.000 100.000 Bus. 445. Unadjusted 327. 9,259. 6,116. 525. 120. 525. 88. Cost or basis 1,116. 453 656. 58,000. 77,630. 77,630 Cost or basis Date placed in service 7/01/2008 1/01/2009 01/01/2010 17/01/2012 Date placed in service 07/01/2008 7/01/2012 7/01/2013 7/01/2014 7/01/2015 7/01/2015 7/01/2015 07/01/2015 Less: Retired Assets........ Less: Retired Assets Subtotals.... Asset description **Description of Property** Asset description TOTALS **AMORTIZATION** DEPRECIATION COMPUTER HARDWARE COMPUTER SOFTWARE COMPUTER HARDWARE COMPUTER SOFTWARE COMPUTER HARDWARE COMPUTER HARDWARE COMPUTER HARDWARE COMPUTER HARDWARE COMPUTER SOFTWARE LEASEHOLD IMPROVE OFFICE EQUIPMENT OFFICE EQUIPMENT Listed Property *Assets Retired TOTALS

JSA 5X9024 1.000

5/12/2016 02669T 702K

9:02:36 AM

V 15-4.5F

PAGE 36 ATTACHMENT 4

173848

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment Sequence No. 179

Name(s) shown on return Identifying number DRIVE-TO-WORK 20-8612550 Business or activity to which this form relates

	ENERAL DEPRECIATIO	N						
Pa	It I Election To Expense Note: If you have any I				VOLL COM	oloto Port I		
1	Maximum amount (see instructions)							
2	,						1	-
3	Total cost of section 179 property p	2						
4	Threshold cost of section 179 proper							
5	Reduction in limitation. Subtract line Dollar limitation for tax year. Subtract line 4 fro separately, see instructions	om line 1. If zero or less, enter	-O If married filing	` 		 	4	
6	(a) Description			(b) Cost (bu	isiness use onl	y) (c) Elec	ted cost	Management of the second
7	Listed property. Enter the amount fr	om line 29			7			
8	Total elected cost of section 179 pr	operty. Add amounts	in column (c), lin	nes 6 and	7		8	
9	Tentative deduction. Enter the small	ler of line 5 or line 8.					9	
10	Carryover of disallowed deduction f	rom line 13 of your 20	14 Form 4562				10	
11	Business income limitation. Enter t	he smaller of busines	s income (not	less than	zero) or line	e 5 (see instru	ctions) 11	
12	Section 179 expense deduction. Ad	d lines 9 and 10, but	do not enter me	ore than lir	ne 11		12	
13	Carryover of disallowed deduction t	o 2016. Add lines 9 ar	nd 10, less line	12	▶ 13			
34 F/ E	: Do not use Part II or Part III below							
Pa	rt II Special Depreciation							instructions.)
14	Special depreciation allowance f							
	during the tax year (see instructions)						14	
15	Property subject to section 168(f)(1)	election					15	
16	Other depreciation (including ACRS)						16	1,034.
Pa	rt III MACRS Depreciation (Do not include liste			ructions.)			
			Secti					
	MACRS deductions for assets place							383.
18	If you are electing to group any						al	
	asset accounts, check here	Discord in Commiss	D: 0045					
	Section B - Assets	s Placed in Service (b) Month and year	(c) Basis for de			e General Dep	reciation	System
	(a) Classification of property	placed in service	(business/inve	stment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property	SEE						
_	5-year property	DETAIL		9,259.	5.000	HY	200DB	1,852.
	7-year property			525.	7.000	HY	200DB	75.
	10-year property							
	15-year property		58	3,000.	15.000	HY	SL	1,931.
	20-year property							
	25-year property				25 yrs.		S/L	
h	Residential rental				27.5 yrs.	MM	S/L	
	property				27.5 yrs.	MM	S/L	
1	Nonresidential real property				39 yrs.	MM	S/L	
	Section C - Assets	Placed in Service F	Luring 2015 T	ov Voor	Hoing the	MM Alternative De	S/L	Custom
20a	Class life	riaced iii Service L	Juring 2015 1	ax rear	Using the A	Alternative De		System
	12-year				12 yrs.		S/L	
	40-year				40 yrs.	MM	S/L	+
-	rt IV Summary (See instruct	tions.)			70 yıs.	IVIIVI	S/L	
	Listed property. Enter amount from I						21	T
	Total. Add amounts from line 12,					line 21 Enter		
-	and on the appropriate lines of your							5,275.
23	For assets shown above and place					· · · · · · · ·	22	3,273.
	portion of the basis attributable to s							
	Panenwork Poduction Act Notice of							

Forr	n 4562 (2015)												1-861		Page
Pa	used for er	perty (Include ntertainment, rec	reation, or	amus	ement.)									roper
	Note: For a 24b, column	any vehicle for whas (a) through (c) o	nich you ar of Section A	e usin	g the s Section	tandard B and	d milea	ge rat	e or de	ducting	lease	expense	e, com	plete o	nly 24
		Depreciation and									r passe	enger a	utomobi	les.)	
248	Do you have evidend	ce to support the bus	siness/investr	nent use	e claimed	? Y	'es		24b If "					Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)		(g)		(h)	T	(i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment u percentage		(d) t or other b		usiness/inv use onl	estment	Recovery period		thod/ vention		eciation uction	Elected	section 17
25	Special depreciati	on allowance for	qualified lis	sted pi	roperty	placed	in ser	vice d	uring						100
	the tax year and us	sed more than 50%	6 in a qualifi	ed bus	iness us	se (see	instruct	tions)			. 25				
26	Property used mor	re than 50% in a q	ualified busi	ness us	se:										
				%											
			-	%											
				%											
27	Property used 50%	6 or less in a qualif	ied business												
				%						S/L -					
			_	%						S/L -					
				%						S/L -					
28	Add amounts in co	lumn (h), lines 25	through 27	. Enter	here ar	nd on li	ne 21, p	page 1			. 28				
29	Add amounts in co	lumn (i), line 26. E	nter here a	ind on	line 7, p	age 1.							. 29		
_					Inform										
Con	plete this section for	or vehicles used by	a sole prop	orietor,	partner,	or othe	er "more	than	5% own	er," or r	elated p	person.	If you p	rovided	vehicle
to y	our employees, first an	swer the questions in	1 Section C to					compl	eting this	section	for those	vehicle	S.		
					(a) nicle 1		b) icle 2	Ve	(c) hicle 3		d) icle 4		e) icle 5		(f)
30	Total business/inve	estment miles driv	en during	V C I	iloic i	Ven	IICIC Z	"	illicie 3	Ven	ICIE 4	Ven	icie 5	ven	icle 6
	the year (do not in									-					
	Total commuting m	_													
32		ersonal (nonco	• ,												
	miles driven							-							
33	Total miles drive														
	lines 30 through 3				T					_					
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty									-					
35	Was the vehicle														
	than 5% owner or i				-				-	-					
36	Is another vehic														
	use?					L									
		ction C - Questic													
	wer these question				eption to	comp	leting S	Section	n B for v	ehicles	used b	y empl	oyees v	who are	e not
mor	e than 5% owners o														
37	Do you maintain	a written policy s	statement t	hat pr	ohibits	all pers	sonal u	se of	vehicles	, includ	ling co	mmutin	g, by	Yes	No
20	your employees?														
30	Do you maintain	a written policy s	statement t	nat pr	onibits	person	al use	or ve	nicles, e	except	commut	ing, by	your		
39	employees? See the Do you treat all use	e of vehicles by om	venicies use	ea by c	orporate										
40	Do you provide m						in info								-
70	use of the vehicles,														
41	Do you meet the re	and rotalli the lill	rning gualif	ied aut	omobile	domo	netratio			truction					-
• •	Note: If your answ	er to 37 38 39 4	O or 41 is	"Yes "	do not c	omplet	e Sectio	on R fo	the co	vered w	shicles				
Pa	rt VI Amortizat		2, 51 11 13	. 55,	20 1101 0	ompiet	5 55011	O 1 D 10	i tile co	vereu ve	1110165.			3	12 / 18
	Amortizat	1011									10				
	(a) Description o	of costs	(b) Date amortization begins		(c) Amortizable amount			(d) Code section				Amortiza	(f) ization for this year		
42	Amortization of cos	sts that begins duri	ing your 20	15 tav	vear (se	e instr	ictions)				percer	nage			
		that begins dull	g your 20	. o tax	Jean (Se	o mont	, cuons)	·							
	***************************************		1.1	_	-			-							
43	Amortization of cos	sts that began before	ore vour 20	15 tav	Vear							40			
	Total. Add amount					re to re	enort					43			
	can , iau unioun	00141111 (1). 06	o the motifi	400000	TOT WITE	10 10 16	port.					44			2 (2015

2015

1,019 1,931. 5,275 Current-year depreciation Current-year amortization Current-year 179 expense ACRS CRS class 3.000 3.000 Life 000 15.000 Beginning Ending Accumulated Accumulated Accumulated depreciation depreciation thod Conv. HY HY HY НΥ НΥ ΗX HY НΥ Code 524. Accumulated Accumulated amortization 316. 120. 1,019. 341. 1,852. 88 8,105. 8,105. 1,931 120. 494. 1,116. 432. 73. 233 231, 131 2,830. 2,830 Basis for depreciation 120. 525. 6,116. 327. 453 88 445 9,259. 656 58,000 77,630. 77,630. Basis Reduction 179 exp. reduction in basis 100.000 100.000 100.000 100.000 100.000 100.000 100.000 Bus. Unadjusted Cost or basis 120. 445. 656. 9,259. 6,116. 525. 453. 525. 88 327. 1,116. 58,000. 77,630. 77,630 Cost or basis Date placed in service Date placed in service 17/01/2008 17/01/2008 01/01/2009 01/01/2010 07/01/2012 7/01/2013 07/01/2015 7/01/2015 07/01/2015 07/01/2015 Subtotals........ 07/01/2012 7/01/2014 Less: Retired Assets..... Asset description Description of Property Asset description TOTALS **AMORTIZATION** DEPRECIATION COMPUTER HARDWARE COMPUTER SOFTWARE COMPUTER HARDWARE COMPUTER SOFTWARE COMPUTER HARDWARE COMPUTER HARDWARE COMPUTER HARDWARE COMPUTER HARDWARE COMPUTER SOFTWARE LEASEHOLD IMPROVE OFFICE EQUIPMENT OFFICE EQUIPMENT Listed Property TOTALS

JSA 5X9024 1.000

^{*}Assets Retired