

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A For the 2016 calendar year, or tax year beginning , 2016, and ending 20 D Employer identification number C Name of organization B Check if applicable DRIVE-TO-WORK 20-8612550 Address Doing business as change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite P.O. BOX 14526 (804) 358-6727 Initial return Final return City or town, state or province, country, and ZIP or foreign postal code Amended RICHMOND, VA 23221 G Gross receipts \$ 488,616. return Application pending F Name and address of principal officer: O. RANDOLPH ROLLINS H(a) Is this a group return for subordinates? Yes X P.O. BOX 14526 RICHMOND, VA 23221 H(b) Are all subordinates inclu No X | 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 527 501(c) ((insert no.) 4947(a)(1) or Website: DRIVETOWORK.ORG H(c) Group exemption number Form of organization: X Corporation L Year of formation: 2007 M State of legal domicile: Association Other > VA Summary Part I Briefly describe the organization's mission or most significant activities: TO ASSIST LOW-INCOME AND PREVIOUSLY INCARCERATED PERSONS IN RESTORING DRIVING PRIVILEGES SO THEY CAN DRIVE Governance TO WORK AND HOLD A JOB if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 14. 3 Activities & 14. Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a)...... 16. 5 6 Total number of volunteers (estimate if necessary) 25. 6 7. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 272,379. 250,449. Contributions and grants (Part VIII, line 1h) Revenue 238,160. Program service revenue (Part VIII, line 2g) 153,141. 9 26 7. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 425,546. 488,616. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 179,781. 201,818. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 201,146. 232,054. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 380,927. 433,872. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 44,619. 54,744. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 169,280. 221,855. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 15,173. 13,004. 154,107. 208,851. Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signatur Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid SCOTT M WILLIAMS self-employed P01352414 Preparer Firm's EIN ▶ 13-5381590 Firm's name BDO USA, LLP Use Only 804-330-3092 Firm's address ▶300 ARBORETUM PLACE SUITE 520 RICHMOND, VA 23236 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Form 990 (2016) For Paperwork Reduction Act Notice, see the separate instructions.

The Real Property lies	rm 990 (2016)	Page 2
F	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to enviling in this Part. III	
1	Check if Schedule O contains a response or note to any line in this Part III	
	TO ASSIST LOW-INCOME AND PREVIOUSLY INCARCERATED PERSONS IN RESTORING	
	DRIVING PRIVILEGES SO THEY CAN DRIVE TO WORK AND HOLD A JOB	
2	Did the organization undertake any significant program consider during the constitution of the constitutio	
_	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	ed hy
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	thers
	(Code:) (Expenses \$340,513. including grants of \$) (Revenue \$38,160)	
	ASSIST LOW-INCOME AND PREVIOUSLY INCARCERATED INDIVIDUALS TO RESTORE DRIVING PRIVILEGES THROUGH REINSTATEMENT OF LICENSES OR	
	OBTAINING RESTRICTED DRIVING PERMITS.	
		-
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	(Nevenue \$)	
_		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e JSA	Total program service expenses ► 340,513.	
	020 1.000 Form 990 0 02669T 702K 5/9/2017 2:44:27 PM V 16-4.6F 173848 PA	
	02669T 702K 5/9/2017 2:44:27 PM V 16-4.6F 173848 PF	AGE

Part IV

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?. 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 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............. X 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, X 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 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 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more X 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a 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 . X 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. X 14a Did the organization maintain an office, employees, or agents outside of the United States?......... X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X

Part IV Checklist of Required Schedules (continued) No X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a 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? 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III............ X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV...... X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)?...... X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. X

Form 990

Part V

9

10

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	DRIVE-TO-WORK			
orm	990 (2016) DRIVE-TO-WORK 20-861:	2550		-
Pai	Statements Regarding Other IRS Filings and Tax Compliance			Page 5
	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			E. C.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 .			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	NAME AND DESCRIPTIONS	INC. TO SEC.
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 16			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		No. 1 Section
	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	_		v
h	and services provided to the payor?	7a		X
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
•	required to file Form 8282?	7.0		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		71
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1200	Х
f	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		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b

b Gross income from other sources (Do not net amounts due or paid to other sources

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b

a Is the organization licensed to issue qualified health plans in more than one state?.....

Note. See the instructions for additional information the organization must report on Schedule O.

Form 990 (2016)

13a

14a

Section 501(c)(12) organizations. Enter:

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

X

Par		, and	for	a "No
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstrud	ctions
Sect	ion A. Governing Body and Management			
	and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14	L		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its several and an additional formula or other person?	4		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
_	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		v
L	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			37
•	stockholders, or persons other than the governing body?	7b	Table 1	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Cast	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	inapopron	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Toa		
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	AND S	
Secti	on C. Disclosure	100		
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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only
40				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest in the control of the conflict of interest in the conf	erest	policy	, and
- 1	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record THE CORPORATION 1735 SUMMIT AVENUE RICHMOND, VA 23230	s: 🕨		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	0 -	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)O. RANDOLPH ROLLINS, ESQ.	40.00									
PRESIDENT EX OFFICIO	0.	Х		X				45,417.	0.	0.
(2)GEORGE W. FORESMAN	0.									
CHAIRMAN	0.	Х		X				0.	0.	0.
(3)JULIEN G. PATTERSON	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(4)S. PRESTON DILLARD,	0.									
TREASURER	0.	Х		X				0.	0.	0.
(5)DIANNE REYNOLDS-CANE, MD	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(6)CHARLES J. KEHOE	0.									
VICE CHAIRMAN	0.	X		X				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	0.	X						0.	0.	0.
(10) CASSANDRA S. CONOVER, ESQ.	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(11)G. M. ""MANOLI"" LOUPASSI, ESQ	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(12)F. STEPHEN FISHEL	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(13) YVONNE PATRICIA HAYNES, LCSW	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(14) RAY BROWN DUGGINS	0.									
BOARD MEMBER	0.	X						0.	0.	0.

JSA 6E1041 1.000 Form **990** (2016)

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ed Employees	(continued)	
(A) Name and title	Average hours per week (list any hours for	box,	unle er an	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	(F) Estimated amount of other compensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC		n
5) CAROLYN KALANTARI BOARD MEMBER	0.										-
DOMES MEMBER	0.	X						0.	().	
											_
											_
1b Sub-total	Section A .						▶ ▶	45,417. 0.	0		
d Total (add lines 1b and 1c)	limited to the	nose I	iste	d at	 DOVE	e) who	re	45,417. ceived more than	\$100,000 of		
B Did the organization list any former office		0.		-4-	- 1					Yes	N
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the	dule J for suc	h ind	ividu	ıal ,						3	
organization and related organizations gr	reater than	\$15	0.00	900?	If	"Yes	." (complete Schedul	e .l for such	4	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor	npen	satio	on f	rom	anv	unr	elated organization	n or individual	5	2
Section B. Independent Contractors 1 Complete this table for your five highest con											
1 Complete this table for your five highest con compensation from the organization. Report year.	npensated ir compensatio	ndepe on for	the	nt c	end	racto ar yea	rs th ar e	nat received more nding with or with	than \$100,000 in the organizat	of ion's tax	
(A) Name and business ad	dress							(B) Description of ser	vices	(C) Compensation	
											_
											_
2 Total number of independent contractors (i more than \$100,000 in compensation from the contractors of t	ncluding bu	t not	lim	ited	l to		e lis	sted above) who	received		

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	Check if Schedule O contains a response	or note to any				
		28 - 18 h 18 h 18 h	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512-514
and Other Similar Amounts	Federated campaigns 1a					
DO b	Membership dues 1b					
Z c	Fundraising events 1c					
<u>ia</u> d						
is e	Government grants (contributions) 1e	100,000.				
f her	gine, grante,					
5	and similar amounts not included above . 1f	150,449.				
ang a						
h		Business Code	250,449.			
	ADVITATION AND ADDRESS OF THE PARTY OF THE P	561000	167, 202	165.000		
2a b	COMMUNICATION OF THE COMMUNICA	561500	167,203. 70,957.	167,203. 70,957.		
2 0		301300	70,957.	70,957.		
2 4						
2a b c d e e f g						
g f	All other program service revenue					
g		▶	238,160.		医发生性皮肤	
3	Investment income (including dividends,					
	and other similar amounts). ATTACHMENT 1	▶ 💄	7.		7.	
4	Income from investment of tax-exempt bond pro		0.			
5	Royalties		0.			
	(i) Real	(ii) Personal				
6a	Gross rents					
b	Less: rental expenses					3. 6.103
С	. ()					
d		100	0.			
7a		(ii) Other				
١.	assets other than inventory					
b						
	and sales expenses					
d	Gain or (loss)		0.			
			0.			
S Oa	Gross income from fundraising events (not including \$					
5	of contributions reported on line 1c).					
5	See Part IV, line 18 a					
b Ba						
c		▶	0.			
9a						
	See Part IV, line 19 a					
b	Less: direct expenses b					
С	The state of the s		0.			
10a	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	returns and allowances a					
b	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
	wheth the second	usiness Code	0.			
11a						* * 1060 D & * 140
b						
C						
d	All other revenue					
е	Total. Add lines 11a-11d	▶	0.	100 PM (100 PM		
12	Total revenue. See instructions	W/ 18 18 18 18 18 18 18 18 18 18 18 18 18	488,616.	238,160.	7.	

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 res	ponse 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				5.1p 5.11000
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	45,417.	31,792.	9,083.	4,542
6 Compensation not included above, to disqualified	13/11/	31,732.	5,005.	4,542
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)	0.			
		100 170	F 420	
7 Other salaries and wages	141,922.	122,172.	5,439.	14,311
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	14,479.	11,900.	1,122.	1,457
11 Fees for services (non-employees):				
a Management	0.			
b Legal	58.		58.	
c Accounting	24,278.	11,896.	12,382.	
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.).	2,188.		2,188.	
12 Advertising and promotion	17,768.	17,768.	2,100.	
	0.	17,700.		
	0.			
9,	0.			
15 Royalties	25,297.	21,981.	1 (50	1 (50
16 Occupancy		21,981.	1,658.	1,658
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	10.		10.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	20,510.		20,510.	
23 Insurance ATCH 4	1,867.		1,867.	
24 Other expenses. Itemize expenses not covered				41 11
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	551.		551.	
bPAYROLL EXPENSE	6,655.	5,469.	516.	670
cSERVICE CHARGES	222.	222.		
d INFORMATION SYSTEMS EXPENSE	8,947.	7,605.	895.	447
e All other expenses ATCH 2	123,703.	109,708.	2,237.	11,758
25 Total functional expenses. Add lines 1 through 24e	433,872.	340,513.	58,516.	34,843
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	,		20,310.	34,043
fundraising solicitation. Check here if				
following SOP 98-2 (ASC 958-720)	0.			

6E1052 1.000

Form **990** (2016)

	rt X	Balance Sheet			Page 11
		Check if Schedule O contains a response or note to any line in this Pa	art X	_	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,775.	1	7,575
	2	Savings and temporary cash investments	53,079.	2	76,408
	3	Pledges and grants receivable, net	0.	3	0
	4	Accounts receivable, net	40,674.	4	82,971
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Port II of Cohedule I	0.	5	0
	6	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 organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
4	9	Prepaid expenses and deferred charges	0.	9	0
	10 a	Land, buildings, and equipment: cost or		3	
- 1		other basis. Complete Part VI of Schedule D 10a 78,222.			
	b	Less: accumulated depreciation 10b 28,615.	69,525.	10c	49,607.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.		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	227.	15	5,294.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	169,280.	16	221,855.
	17	Accounts payable and accrued expenses	14,649.	17	13,004.
	18	Grants payable	0.	18	0.
	19	Deferred revenue ATCH 3	297.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	0.	22	0.
-1	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	227.	25	0.
_	26	Total liabilities. Add lines 17 through 25	15,173.	26	13,004.

221,855. Form **990** (2016)

208,851.

208,851.

0.

0.

27

28

29

32

33

34

0. 30

0. 31

154,107.

154,107.

169,280.

Assets or Fund Balances

Net

27

32

33

Organizations that follow SFAS 117 (ASC 958), check here

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🛛 🗓 and

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

complete lines 27 through 29, and lines 33 and 34.

Total liabilities and net assets/fund balances.....

complete lines 30 through 34.

STREET, SQUARE, SQUARE	90 (2016)				Pa	ge 12			
Part	Reconciliation of Net Assets					3			
	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		4	88,	516.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		433,872					
3	Revenue less expenses. Subtract line 2 from line 1	3			54,	744.			
4									
5									
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		2	08,8	351.			
Part	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," e	explair	ı in						
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis				l.				
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 aud	ited o	n a		Till Till				
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight						
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s	counta	ant?	2c					
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in						
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	n in						
	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 und	lergo	the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b					
				Form	990	(2016)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
DRIVE-TO-WORK

Employer identification number

	T V I						20-86125	50
Pa	art I	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	
The	org	anization is not a private fou	indation because i	t is: (For lines 1 throu	gh 12, ch	neck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in	section 1	70(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990)-EZ).)	
3		A hospital or a cooperative						
4		A medical research organiz						(iii). Enter the
		hospital's name, city, and s		•				(). =
5		An organization operated	for the benefit of	a college or universi	tv owne	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (0					, . ,	
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sec	tion 170(b)(1)(A)(v).	
7	X	An organization that norm	ally receives a sub	ostantial part of its su	apport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)(1)(A)(vi). (Compl	lete Part II.)		3		and general public
8		A community trust describe			e Part II.)	1		
9		An agricultural research or					in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruc	tions). E	nter the	name, city, and state of	f the college or
		university:			,		,,	and demograph
10		An organization that normal receipts from activities rela support from gross investing acquired by the organization.	nent income and u on after June 30, 1	nrelated business tax 975. See section 509	able inco (a)(2). ((ome (les: Complete	s section 511 tax) from Part III.)	nip fees, and gross n 331/3 %of its businesses
11		An organization organized						
12		An organization organized	and operated excli	usively for the benefit	of, to p	erform th	e functions of, or to o	arry out the purposes
		of one or more publicly su	pported organizati	ions described in sec	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box in lines 12a t						
а		Type I. A supporting org						
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.						
b		Type II. A supporting org						
		control or management of			the sam	ne persor	ns that control or man	age the supported
		organization(s). You must						
С	L	Type III functionally inte						ly integrated with,
		its supported organization						
d								
		that is not functionally into						an attentiveness
		_ requirement (see instruct						
е	L	_ Check this box if the orga						I, Type III
	_	functionally integrated, or	Type III non-funct	ionally integrated sup	porting (organizat	ion.	
Ť		ter the number of supported						
g		ovide the following information						
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of
				above (see instructions))		ment?	instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	157,969.	164,032.	217,138.	272,379.	250,449.	1,061,967.
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	157,969.	164,032.	217,138.	272,379.	250,449.	1,061,967.
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.						1,061,967.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	157,969.	164,032.	217,138.	272,379.	250,449.	1,061,967.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13.	9.	9.	26.	7.	64.
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						1,062,031.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	856,568.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, secon	d. third. fourth.	or fifth tax vea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2016 (lin	ne 6, column (f	divided by line	11, column (f))		14	99.99%
15	Public support percentage from 2015	Schedule A, Pa	rt II, line 14			15	99.99%
16a	331/3% support test - 2016. 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	on qualifies as a	publicly suppor	ted organization	n		X
b	331/3% support test - 2015. If the o	rganization did	not check a bo	x on line 13 o	r 16a, and line	15 is 331/3 % c	or more,
	check this box and stop here. The orga	anization qualifi	es as a publicly s	supported organ	nization		. ▶
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t	meets the "fac	cts-and-circumst	ances" test, che	eck this box ar	d stop here. Ex	oplain in
b	organization	015. If the organization meets on meets the	panization did not the "facts-and facts-and-circum	ot check a box -circumstances" stances" test.	on line 13, 16a test, check the	a, 16b, or 17a, and sto	and line p here. publicly
18	Private foundation. If the organization instructions	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	

STATE OF THE REAL PROPERTY.		
Part III	Support Schedule for	Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						(7
	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						
. <i>1</i> a	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						
8 8	Add lines 7a and 7b						
0	Public support. (Subtract line 7c from						
500	line 6.)						
	tion B. Total Support	(a) 2012	(h) 2012	(-) 0044	(1) 0045	4.10040	(n =
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
IVa	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	ond, 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	port Percenta	age				
15	Public support percentage for 2016 (line 8,	column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2015 Sche	dule A, Part III, lin	ne 15			16	%
Sect	tion D. Computation of Investmen					-	,,,
17	Investment income percentage for 2016 (lin			13, column (f))		17	%
18	Investment income percentage from 2015					18	%
19 a	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2015. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of						
JSA			20 011 11110	,		Schedule A (Form 9	
6E122		:44:27 PM	V 16-4.6F	1	.73848	. ,	PAGE 1

Part IV **Supporting Organizations**

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

Section	A.	All	Supporting	0	rganizations
---------	----	-----	------------	---	--------------

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

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .			
Secti	on B. Type I Supporting Organizations	11c		
	The state of the s		Yes	No
1	Did the directors trustees as many hand in a		165	NO
'	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Pild.		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	1 490				
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			n in Part \/I\ Soo				
instructions. All other Type III non-functionally integrated supporting organi	zations	nust complete Section	ns A through F				
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1 Net short-term capital gain	1 Net short-term capital gain 1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other							
factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting	organization (see				
instructions).		7F F Pot 111 8					

Schedule A (Form 990 or 990-EZ) 2016

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	tions (continued)	Page I
Sect	ion D - Distributions		are (common)	Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		ourient rear
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	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 2016 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-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
_ <u>i</u> _	Carryover from 2011 not applied (see instructions)			
J	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
a	Section D, line 7: \$			
a	Applied to underdistributions of prior years Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
٠	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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

► Attach to Form 990.

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

Name of the organization

DRIVE-TO-WORK

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20-8612550 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Part II 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). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation 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 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: \$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016 JSA

Schedule D (Form 990) 2016 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 а Loan or exchange programs b Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 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? Yes No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 1f 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 (d) Three years back (e) Four years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses........ Grants or scholarships Other expenditures for facilities Administrative expenses f 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 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 organization by: Yes No 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. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value depreciation **b** Buildings Leasehold improvements..... 58,000. 16,931 41,069. d Equipment 20,222. 11,684 8,538. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 49,607.

Schedule D (Form 990) 2016

Part VII	Investments - Other Securities.	\/ F 000	D 4 N/ II 441 0 5 000	
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)			1	
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
T art viii	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 valuate Cost or end-of-year mark	tion: et value
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
Tartix	Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 000	Part Y line 15
		scription	, rattiv, interra. Occironni 990,	(b) Book value
(1)	(a) Doc	Jonphon		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value	e	
(1) Feder	al income taxes	(4) 2001 (41)		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to the	he organization's financial statements th	at reports the
organization's	s liability for uncertain tax positions under FIN 48	(ASC 740). Check here	if the text of the footnote has been provi	rided in Part XIII

DRIVE-TO-WORK 20-8612550 Schedule D (Form 990) 2016 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Donated services and use of facilities 2b 2c 2d е 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 a Investment expenses not included on Form 990, Part VIII, line 7b...... 4a Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2b c Other losses..... 2c 2e 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

02669T 702K 5/9/2017

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2016

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► 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.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ►Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Co	mected?
		organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred	by the organization managers or disqualified per	sons during the year		_
		· · · · · · · · · · · · · · · · · · ·			
3	Enter the amount of tax if any on	line 2, above, reimbursed by the organization	· · · · · · · · · · · · · · · · · · ·		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In d	efault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)							_				-	

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016

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	organi	aring of ization's nues?
				Yes	No
(1) O. RANDOLPH ROLLINS, PLC	BOARD MEMBER & OFFICER	46,539.	LEGAL SERVICES		X
(2)					
(3)					
(4)			8		
(5)					
(6)					
(7)					
(8)				_	
(9)					
(10)					

Supplemental Information

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

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

DRIVE-TO-WORK

20-8612550

GENE				
THIS ENTITY HAS NO UNIQUE OR SPECIAL CIP	CUMSTANCES		ATTACHMENT 1	
FORM 990, PART VIII - INVESTMENT INCOME	_			
DESCRIPTION	(A) TOTAL REVENUE E	(B) RELATED OR XEMPT REVENUE	(C) UNRELATED BUSINESS REV	(D) EXCLUDED . REVENUE
INTEREST INCOME	7.		7.	
TOTALS =	7.		7.	
			ATTACHMENT 2	
FORM 990, PART IX - OTHER EXPENSES				
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.		(D) FUNDRAISING EXPENSES
CASE MANAGEMENT EXPENSE	46,539.	46,539.		
ENTERTAINMENT EXPENSES	326.		163.	163.
MERCHANT FEES	572.	515.		57.
SHIPPING AND POSTAGE	2,670.	1,469.	267.	934.
PRINTING	4,988.	3,410.	748.	830.
TELEPHONE EXPENSE	12,129.	10,916.	606.	607.
MISCELLANEOUS	32,383.	31,912.	453.	18.
LITERACY COURSE EXPENSE	5,590.	5,590.		
FUNDRAISING	13,814.	4,665.		9,149.

12.

4,680.

123,703.

2,237.

TOTALS

BAD DEBT EXPENSE

DTW DRIVING SCHOOL

12.

4,680.

109,708.

11,758.

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

BEGINNING BOOK VALUE

ACCRUALS 297.

TOTALS 297.

A T €-4.6F

*Assets Retired

TOTALS

amortization amortization Code amortization Life pasis service Asset description blaced in Current-year Accumulated Accumulated 10 **Ending** Cost Date **MOITAZITAOMA** TOTALS .012,05 .819,82 'SOI'8 .844,87 .844.87 Subtotals...... Less: Retired Assets, Listed Property .012,02 .819,82 'SOT'8 855'81 .844.487 Less: Retired Assets. · 69 T XН IG4. SOODB .818 000.001 .818 9102/51/10 HE P4K(C.HARDWARE) .000,82 .000 'SI . IE6, 9I .IE6,I .000,88 000.00 1/01/5012 PERSEHOLD IMPROVE SI 000.8 XH TS .621 XН · S L .828 000.00 .225 1/01/5012 DEFICE EQUIPMENT SOODB . 405 . 680,5 3.000 3,058. '610'T ·911'9 000.00 911'9 7/01/2015 COMPUTER SOFTWARE .652,6 1/01/5015 2,963. ST8'5 1,852. .622,6 000.001 COMPUTER HARDWARE 9 XH SOODB)1/01/2014 126. ХH L9 F 341. .959 000.00 .959 COMPUTER HARDWARE SOODB ·IS ΧH SOODB 19E .9IE . 200 000.00 . 544 01/01/5013 COMPUTER HARDWARE .85 ХH .ITS . 758 000.00 . TSE 1/01/5015 COMPUTER HARDWARE OODB 300 .88 000.00 . 88 7/01/2012 COMPUTER SOFTWARE 000: .88 TS . 88 XН SOODB . 422 . 452 .828 000.00 .828 1/01/2010 COMPUTER HARDWARE 000.€ TS ISO. ISO. ISO. 000.00 ISO. I/01/5009 COMPUTER SOFTWARE HX SOODE 452 452. .534 000.001 . 524 7/01/2008 OLEICE EĞNIBWENL 000.8 AH TS 9TI'I .9II'I .9II,I 000.00 .9II'I 7/01/2008 COMPUTER HARDWARE Reduction or basis Asset description depreciation exbeuse class class Life depreciation thod Conv. depreciation depreciation sissd ni % service Current-year 641 CES ACRS Accumulated Accumulated Me-Basis for Basis reduction Bus. Cost placed in Current-year Beginning 179 exp. Unadjusted Date AM Ending **DEPRECIATION** GENERAL DEPRECIATION ATTACHMENT 4 Description of Property

8 P 8 E L T

byce 36

ATTACHMENT 4

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return.

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

Attachment Sequence No. 179

OMB No. 1545-0172

Identifying number

DRIVE-TO-WORK

20-8612550

	iness of activity to which this form relates								
G	ENERAL DEPRECIATION					,			
Pa	Note: If you have any li	Certain Property I sted property, cor	Under Sect nplete Part	ion 179 V before	you comp	olete Part I.			
1	Maximum amount (see instructions)							1	
2	Total cost of section 179 property p	laced in service (see in	nstructions)					2	
3	Threshold cost of section 179 prope	erty before reduction i	n limitation (se	e instructio	ns)		[3	
4 5	Reduction in limitation. Subtract line	3 from line 2. If zero of	or less, enter -0)			[4	
6	separately, see instructions (a) Description				siness use only	(-) [5	
	(a) Description	r or property		(b) Cost (bu	isiness use only	y) (c) Elect	ted cost		
7	Listed property. Enter the amount from	om line 29			7			_	
8	Total elected cost of section 179 pro	operty Add amounts i	in column (c) I	ines 6 and	· · · · <u> </u>			_	
9	Tentative deduction. Enter the smalle	er of line 5 or line 8	iii colaitiii (c), i	ines o and	· · · · · ·			9	
10	Carryover of disallowed deduction fr	om line 13 of your 20	15 Form 4562					10	
11	Business income limitation. Enter th	ne smaller of busines	s income (no	t less than	zero) or line	5 (see instru	rtions)	11	
12	Section 179 expense deduction. Add	d lines 9 and 10, but of	don't enter mo	re than line	11	o (oco motrat	-	12	
13	Carryover of disallowed deduction to	2017. Add lines 9 ar	nd 10, less line	12	▶ 13		[12	
	e: Don't use Part II or Part III below fo				, ,,,				
	rt II Special Depreciation A				on't include	listed proper	tv.) (Se	e in	structions.)
14	Special depreciation allowance for								
	during the tax year (see instructions)							14	
15	Property subject to section 168(f)(1)	election						15	
16	Other depreciation (including ACRS)							16	2,039.
Pa	rt III MACRS Depreciation (Don't include listed	property.) (S	See instru	ctions.)				
			Sect	tion A					
17	MACRS deductions for assets place	d in service in tax yea	rs beginning be	efore 2016				17	18,307.
18	If you are electing to group any asset accounts, check here	assets placed in ser	vice during the	he tax yea	ar into one	or more gener	al		
	Section B - Assets	Placed in Service	During 2016	6 Tax Yea	r Using the	General Den	reciatio	n S	vstem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for of (business/inversionly - see in:	depreciation estment use	(d) Recovery period	(e) Convention	(f) Meth		(g) Depreciation deduction
19a	3-year property	SEE	O'ny See ni	structions)			-	_	
b	5-year property	DETAIL		818.	5.000	HY	2001)B	164.
С	7-year property						2001		101.
d	1 10-year property							_	
е	15-year property						1	_	
f	20-year property							_	
g	25-year property				25 yrs.		S/L		
h	Residential rental				27.5 yrs.	MM	S/L		
	property				27.5 yrs.	MM	S/L		
i	Nonresidential real				39 yrs.	MM	S/L		
	property					MM	S/L		
	Section C - Assets F	Placed in Service D	uring 2016	Tax Year	Using the A	Alternative De	preciat	ion	System
	Class life						S/L		*
	12-year				12 yrs.		S/L		
COLUMN TWO IS NOT THE OWNER.	40-year				40 yrs.	MM	S/L		
	rt IV Summary (See instruct								
	Listed property. Enter amount from li							21	
22	Total. Add amounts from line 12, I								
	and on the appropriate lines of your r	eturn. Partnerships an	d S corporation	ns - see ins	structions			22	20,510.
23	For assets shown above and place								
-	portion of the basis attributable to se	ection 263A costs			23				IX. III.

20-8612550

Form 4562 (2016)

Page 2

Pa	art V Listed Prop	perty (Include a	automobile	es, ce	rtain o	ther v	ehicles	s, cer	tain air	craft, d	certain	comp	uters,	and p	roperty
	Note: For an	tertainment, recr	eation, or	amuse	ement.) tandard	milee	ac ret						1-1-	
	24b, columns	ny vehicle for wh s (a) through (c) of	Section A	all of S	s the s Section	tandard B. and S	milea: Section	ge rate Cifar	e or ded oblicable	ucting	lease	expense	e, comp	olete o	nly 24a,
		Depreciation and									r passe	enger al	ıtomobil	es)	
248	a Do you have evidence	to support the bus	iness/investr	nent use	claimed	? Y			24b If "\					Yes	X No
	(a)	(b)	(c)		(-1)		(e)		(f)		g)		(h)	T	(i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment u percentage	00	(d) or other b		sis for depr siness/inv use only	estment	Recovery	Met	hod/ ention	Depre	eciation uction	Elected s	section 179 ost
25	Special depreciation the tax year and use	n allowance for ed more than 50%	qualified list in a qualifi	sted pr	operty iness us	placed se (see	in servinstruct	vice du	uring		. 25				
26	Property used more	than 50% in a qu	ualified busi	ness us	se:						. 20				
				%											
				%											
				%											
27	Property used 50%	or less in a qualifi	ed busines:	s use:											
				%						S/L -					
_				%						S/L -					
_				%						S/L -					
28	Add amounts in colu	umn (h), lines 25	through 27	. Enter	here ar	nd on lir	ne 21, p	page 1,			. 28				
29	Add amounts in colu	umn (i), line 26. E	nter here a	and on I	line 7, p	age 1.							. 29		
_			Section	on B -	Inform	ation o	n Use	of Ve	hicles						
tov	mplete this section for rour employees, first ans	vehicles used by	a sole prop	orietor,	partner,	or othe	r "more	than	5% owne	er," or r	elated	person.	If you p	rovided	vehicles
	cui ciripioyees, mst ans	wer the questions if	i Section C t	1				compl							
	+				a) icle 1		b) icle 2	Ve	(c) hicle 3		d) icle 4		e) icle 5		(f) icle 6
30	Total business/investhe year (don't inclu	stment miles drive	en during										10.00	1	1010 0
31	Total commuting mi					-						-			
		-	mmuting)									-			
-	miles driven	,	• ,												
33	Total miles driver	during the ve	 aar Δdd									1			
	lines 30 through 32														
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty h							1.00	110	1.00	110	100	140	103	140
35	Was the vehicle u														
	than 5% owner or re														
36	Is another vehicle	available for	personal												
	use?														
		tion C - Questio		ploye	rs Who	Provi	de Vel	nicles	for Use	by Th	eir En	nplove	es		
Ans	swer these questions re than 5% owners or	to determine if	you meet	an exc	eption t	to com	pleting	Section	n B for	vehicle	s used	by em	ployees	who a	ren't
37	Do you maintain a your employees?	written policy s	tatement t	hat pro	ohibits	all pers	sonal u	se of	vehicles	, includ	ding co	mmutin	ıg, by	Yes	No
38	Do you maintain a	written policy s	statement	that pr	ohibits	person	al use	of vel	hicles, e	xcept c	commu	ting, by	/ your		
39	employees? See the Do you treat all use	of vehicles by on	rlovees us	ea by c	orporati	e officei	rs, direc	ctors, c	or 1% or	more o	wners				
40	Do you provide me						in info								
70	use of the vehicles,					s, obta	in inioi	matio	n irom	your er	прюуе	es abol	it the		
41						e demo	 nstratio	n use?	(See ins	truction	 ns.)				
-	Note: If your answe	er to 37, 38, 39, 4	0, or 41 is	"Yes," o	don't co	mplete	Section	n B for	the cove	ered veh	nicles.				
Pa	rt VI Amortization														
	(a) Description of	costs	(b) Date amore begin		An	(c) nortizable	(c) zable amount		(d) Code section		(e) Amortization period or		(f) Amortization for this yea		nis year
42	Amortization of cost	s that begins duri	ng your 20	16 tax	vear (se	e instru	ictions)	:			perce	ntage			
		2 - 3 - 5 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	3 , 0		, - 2. (00	2	2								
43	Amortization of cost											43			
44	Total. Add amounts					ere to re	port .				 	44			
JSA											`		Fo	rm 456	2 (2016)

ASU 000.1 4209X8

				-											
Current-year amortization					ЭÌiЛ	əpoə	Ending Accumulated amortization	Accumulated amortization					Cost or basis	Date placed in service	Asset description
		×													NOITAZITAOM
20,510							.219,82	.201,8	.844,87				.844,87		
															ess: Retired Assets
															ofers A besides in the
					-	-									
															isted Property
019'02							.219,82	.201,8	.844,87				.844,87		
		,				أللت									steas Assets
							30								
79 T		S		00010	XH	SOODB	. 491	170017	.818			000.001	.818	01/12/5016	5 P4K(C.HARDWARE)
000'SI		SI		000.8	_	TS	.166,81	.1.931.	.000,82			000.001	.000,88	01/07/5012	CASEHOLD IMPROVE
2,039		L		000.0	XH	SOODB	3,058.	.87	.828.			000.001	.822	01/07/5012	SEICE EQUIPMENT
E96'Z		S		000.8	ДH	SOODB	.218,4	.228,I	.811,8			000.001		01/07/5012 01/07/5012	ОМРОТЕЯ НАВОМАКЕ
126		S			ХH	SOODB	.794	.145	.929			000.001		07/01/2014	OMPUTER HARDWARE
IS .		S			ХH	SOODB	.738	.918	.244			000.001		07/01/2013	OMPUTER HARDWARE
38		5			ДH	SOODB	.608	.172	.728			000.001		07/01/2012	OMPUTER HARDWARE
				3.000		TS	.88	.88	.88			000.00T	.88	07/01/2012	OMPUTER SOFTWARE
		S			ZН	SOODB	.428	. 524.	.828			000.00T	.825.	01/01/2010	ОМРОТЕВ НАВРИАВЕ
				3.000		TS	120.	120.	.021			000.001	.02I	01/01/2009	OMPUTER SOFTWARE
		L			ДH	SOODB	.SS4	452.	.524			000.001	453.	07/01/2008	ELICE EĞNIBWENL
		S		000.2	ХH	TS	·911'1	.911,1	.911,1			000.001	.911,1	07/01/2008	OMPUTER HARDWARE
Current-year depreciation	Current-year 179 expense	CKS CHS	VCRS VCRS	θÌiΔ	Conv.	-əM bodt	Ending Accumulated depreciation	Beginning Accumulated depreciation	Basis for depreciation	Basis Reduction	179 exp. reduction in basis	.sua %	Unadjusted Cost sissd 10	Date placed in service	Asset description
										L					NOITAIDE
															ENERAL DEPRECIATION

2016