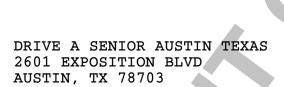
OLIVER, RAINEY, & WOJTEK LLP 2909 SHERWOOD WAY, SUITE 300 SAN ANGELO, TX 76901



Haalladdaalllaaalladd

orw.cpa

Ph: (325) 942-6713 Fax: (325) 944-9591

2909 Sherwood Way, Ste 300 San Angelo, TX 76901

November 8, 2023

Drive A Senior Austin Texas 2601 Exposition Blvd Austin, TX 78703

Ms. Skinner

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

We appreciate the opportunity to serve you. If you have any tax, accounting, or financial needs in the future, we would be happy to help you.

Thank you for your business.

Sincerely,

William J Taylor, CPA

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

r calendar year 2022, or fiscal year beginning	, 2022, and ending	, :	2

OMB No. 1545-0047

Fo Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN **-***7556 DRIVE A SENIOR AUSTIN TEXAS JILL SKINNER Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 440, 517. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5a b Total tax (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 75467635987 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. OLIVER, RAINEY, & WOJTEK LLP ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Filing Instructions

Prepared for: Drive A Senior Austin Texas 2601 Exposition Blvd Austin, TX 78703 OLIVER, RAINEY, & WOJTEK LLP 2909 Sherwood Way, Suite 300 San Angelo, TX 76901

Electronic Filing:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning and	ending		
B c	heck if pplicable	C Name of organization		D Employer identifie	cation number
	Addres	DRIVE A SENIOR AUSTIN TEXAS			
	Name change		**-***75	56	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	2601 EXPOSITION BLVD		512-472-	
	termin- ated			G Gross receipts \$	440,517.
	Amend return			H(a) Is this a group re	
	Application	F Name and address of principal officer: JILL SKINNER		for subordinates	
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	empt status: \mathbf{X} 501(c)(3) \mathbf{S} 501(c) () (insert no.) \mathbf{A} 4947(a)(1) or	or 527		list. See instructions
J۷	Vebsit			H(c) Group exemptio	n number
K F	orm of	organization; X Corporation Trust Association Other	L Year	of formation: 1985 N	1 State of legal domicile: TX
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${ m { t TO} \ { t EI}}$	NHANCE	THE QUALITY	OF LIFE
nce		OF OLDER PERSONS AND TO MAXIMIZE THEIR AB	IILITY	TO CONTINU	E LIVING
Activities & Governance	2 (Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12
S S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	16
Viţi.	6	Total number of volunteers (estimate if necessary)		6	259
Ç	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)	·	345,747.	354,073.
	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		126.	234.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,712.	86,210.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		397,585.	440,517.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		217,982.	273,152.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
х	þ.	Total fundraising expenses (Part IX, column (D), line 25) 67, 34	<u>46. </u>		
Ĥ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		131,449.	158,635.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		349,431.	431,787.
	19	Revenue less expenses. Subtract line 18 from line 12		48,154.	8,730.
s or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		268,136.	247,747.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		35,038.	5,919.
	22	Net assets or fund balances. Subtract line 21 from line 20		233,098.	241,828.
	rt II	Signature Block			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.	
	}	Signature of officer		Date	
Sign				Date	
Her	e	JILL SKINNER, EXECUTIVE DIRECTOR			
		Type or print name and title		Date Check	PTIN
n-' '		Print/Type preparer's name Preparer's signature		if L	- '
Paid	1	WILLIAM J TAYLOR, CPA WILLIAM J TAYLOR	x, CP	self-employ	ed P01321346 *-***8464
Prep	1	Firm's name OLIVER, RAINEY, & WOJTEK LLP		Firm's EIN *	<u>8404</u>
use	Only	Firm's address 2909 SHERWOOD WAY, SUITE 300],, 30	5 012 6712
N 4		SAN ANGELO, TX 76901		Phone no. 3 2	5-942-6713 X Yes No
IVIA	me in	so discuss this return with the preparer snown above? See instructions			43 Yes NO

Pai	t III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	
1		ly describe the organization's mission:	
		ENHANCE THE QUALITY OF LIFE OF OLDER PERSONS AND TO MAXIMIZE THEIR	
	ABI	IILITY TO CONTINUE LIVING INDEPENDENTLY.	
	D:4 H		
2		he organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? Yes X	NI.
		Form 990 or 990-EZ? LYes X es," describe these new services on Schedule O.	NO
3		he organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
3		es," describe these changes on Schedule O.	NO
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
-		ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
		nue, if any, for each program service reported.	
4a	(Code:	202 000	
ти		RVICES PROVIDED TO OLDER ADULTS TO ENHANCE THEIR QUALITY OF LIFE,	— <i>'</i>
		COURAGE OLDER ADULT CLIENTS TO CONTINUE LIVING IN THEIR OWN HOMES,	
		PROMOTE SELF-SUFFICIENCY. DURING THE YEAR, APPROXIMATELY 11,000	
	VOI	LUNTEER HOURS WERE RECEIVED PROVIDING RIDES TO THE ELDERLY IN THE	
	COM	MUNITY.	
4b	(Code:	:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:	:) (Expenses \$ including grants of \$) (Revenue \$	
	(0000.	/ (LApprisod	— ′
4d	Othe	r program services (Describe on Schedule O.)	
	(Expen		
4e	Total	program service expenses 303,820.	
		Form 990 (2	U22)

Form 990 (2022) DRIVE A SENIOR AUSTIN TEXAS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1115		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	13		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2022) DRIVE A SENIOR AUS
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	37	_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_		38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O To V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	(2022)

232004 12-13-22

Form 990 (2022) DRIVE A SENIOR AUSTIN TEXAS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110
	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
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	อม		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		_X_
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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 supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		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 the			.,
C	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b		40-	v	
12a		12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	on Schedule O how this was done	12c 13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	-2	Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·ou	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole
·	for public inspection. Indicate how you made these available. Check all that apply.	.,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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 records			
	JILL SKINNER - 512-472-6339			
	2601 EXPOSITION BLVD, AUSTIN, TX 78703	_		

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

 See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do	not c	Pos heck	ition more	than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer Officer			tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) STEPHANIE LANE EXECUTIVE DIRECTOR	40.00	x						70,741.	0.	0.
(2) BROOKE OSTROM	2.00	^						70,741.	0.	0.
MEMBER	2.00	x						0.	0.	0.
(3) RANDY KERKMAN	1.00	1							•	
VICE-PRESIDENT		Х		X				0.	0.	0.
(4) MARILYN ROSS	2.00									
CONGREGATIONAL		X		X				0.	0.	0.
(5) MITCHELL BROWN	1.00									
TREASURER		X		X				0.	0.	0.
(6) KIT CHENAULT	2.00									
PRESIDENT		Х						0.	0.	0.
(7) PATREASE ROGERS	1.00									
MEMBER	1 00	X						0.	0.	0.
(8) JENNIFER PARKER	1.00	1		,,						0
SECRETARY (9) DAVID DOLLING	1.00	Х		Х				0.	0.	0.
MEMBER	1.00	х						0.	0.	0.
(10) VIRGINIA JONES	3.00	^						0.	0.	<u> </u>
MEMBER	3.00	х						0.	0.	0.
(11) SHARON HALL	1.00	25						•	•	
MEMBER		х						0.	0.	0.
(12) RAJ MEHTA	1.00								-	-
MEMBER		Х						0.	0.	0.
(13) KELLY CAPE	1.00									
MEMBER		Х						0.	0.	0.
		1								
		<u> </u>	_	_		_	<u> </u>			
		4								
		-	\vdash			\vdash				
		1								
-	<u> </u>			l		<u> </u>		<u> </u>		= 000 (acce)

-*7556

Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		s (continued)			
(A)	(B)			(((D)	(E)		(F)	
Name and title	Average		not c		more	than o		Reportable	Reportable		Estima	
	hours per week					s both or/trus		compensation	compensation		amour	
	(list any	tor					Ĺ	from the	from related organizations		othe compen	
	hours for	direc				- G		organization	(W-2/1099-MISC)/	from	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,		and rel	ated
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				organiza	ations
	line)	lnd	Inst	Officer	Key	E Hig	For			_		
										\neg		
										_		
										_		
										\dashv		
										\dashv		
					X							
di- Odina								70,741.		0.		0.
1b Subtotal c Total from continuation sheets to Part V	I Section A							0.		0.		0.
d Total (add lines 1b and 1c)			1					70,741.		0.		0.
Total number of individuals (including but r								•		• • 1		
compensation from the organization		4		4							Ye	0 s No
3 Did the organization list any former officer	director trust	oo k	ev e	mnl	OVE	e or	hia	hest compensated emp	ovee on		10.	110
line 1a? If "Yes," complete Schedule J for s		1		-	•		_	•	•		3	х
4 For any individual listed on line 1a, is the si				,						"		
and related organizations greater than \$15											4	х
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	nplete Schedul	e J fo	or su	ıch r	oers	on .					5	X
Section B. Independent Contractors	empenated in	lono			+			and reactived mare than C	100 000 of compa	nooti	ion from	
 Complete this table for your five highest co the organization. Report compensation for 										iisali	IOIT ITOITI	
(A)								(B)			(C)	
Name and business	address	NC	ONE	3			_	Description of s	ervices	Co	ompensat	ion
							\dashv					
2 Total number of independent contractors (ncluding but n	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ	zation				()						
										-	Form 990	(2022)

232008 12-13-22

Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	a in this Dart VIII			
			Check if Schedule O contains a response	e of flote to arry lift	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
					Total Tovolido	function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1 :	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1		Membership dues 1b					
ج و			Fundraising events 1c					
Ę,								
ig ig	,							
ns,	•		Government grants (contributions) 1e				A	
ž į	1	f	All other contributions, gifts, grants, and					
ള			similar amounts not included above 1f	354,073.				
받	9	g	Noncash contributions included in lines 1a-1f 1g \$	38,546.				
a C	-	h	Total. Add lines 1a-1f		354,073.			
				Business Code				
	2 8	_					7	
jč								
er re		b						
am Ser	•	С						
ran ev	•	d						
Program Service Revenue	•	е						
₽.	1	f	All other program service revenue					
	9	g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		234.			234.
	4		Income from investment of tax-exempt bond					
			·	<u>-</u>				
	5		Royalties(i) Real	(ii) Personal				
				(II) Personal	KAN			
	6 a	а	Gross rents 6a					
	ı	b	Less: rental expenses 6b					
	(С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities					
		_	assets other than inventory 7a					
		h	Less: cost or other basis					
an a		D						
Revenue			and sales expenses					
ě.			Gain or (loss) 7c					
æ	•	d	Net gain or (loss)					
her	8 8	а	Gross income from fundraising events (not					
ᅗ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a 86,210.				
		h	Less: direct expenses					
			Net income or (loss) from fundraising events	<u> </u>	86,210.			86,210.
					00,210.			00,210.
	9 8	а	Gross income from gaming activities. See					
			Part IV, line 19					
	ı	b	Less: direct expenses 9	b				
	(С	Net income or (loss) from gaming activities_					
	10 a	а	Gross sales of inventory, less returns					
			and allowances 10)a				
		h	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
			THE INCOME OF (1033) HOM SAICS OF INVENTORY	Business Code				
SI								
eor Pe	11 a	а						
lan	ı	b						
Miscellaneous Revenue	(С						
Ais	(d	All other revenue					
_	(Total. Add lines 11a-11d					
	12		Total revenue. See instructions		440,517.	0.	0.	86,444.

Form 990 (2022) DRIVE A SENIOR AUSTIN TEXAS Part IX Statement of Functional Expenses

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting 4, 335. 4, 335. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schot 0). 12 Advertising and promotion 13 Office expenses 13, 012, 21, 310. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials lost or any federal, state, or local public officials lost or any federal, state, or local public officials for any feder	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	mplete column (A).	
Total expenses		Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
and domestic povernments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4658(f) (1) and persons discribed in section 4858(f) (1) and persons (as defined under section 4858(f) (1) and persons discribed in section 4858(f) (1) and 493(f) and 493((A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 4 Benefits paid to or for members 5 Compensation on trinclused above to disqualified persons (as defined under section 4958(I)(3)(B) 6 Payroll taxes 8 Pension plan accrusis and contributions (include section 4958(I)(3)(B) 9 Other employees benefits 10 Payroll taxes 11 Fees for services (nonemployees): 1	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers directors, trustees, and key employees 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 409(ft)) and 403(b) employer contributions) 9 Other employee benefits 1 Peas for services (nonemployees): a Management b Logal C Accounting d Lobbying e Professional fundialising services. See Part IV, line 17 I Investment management fees 9 Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 19 spenses on Sch O.) 24 Advertising and promotion 10 Office expenses 10 Occupancy 11 Tavel 10 Occupancy 11 Spyria		and domestic governments. See Part IV, line 21				
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organizations, foreign governments, and foreign involviduals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as offinied under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 9 Pension plan acruals and contributions (include section 401(k) and 403(b) employer co		individuals. See Part IV, line 22				
individuals. See Part V, lines 15 and 16	3	Grants and other assistance to foreign			A	
## Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under scion 4958(c)(3)(B) 7 Other salaries and wages Person plan acrusis and contributions (include section 401(k), and 403(b) employer contributions) Other employee benefits Payroll taxes 19 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbyring e Professional fundraising services. See Part IV, line 17 investment management fees. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Tavel 18 Payments to affiliates 19 Conferences, conventions, and meetings for any federal, state, or local public officials 19 Conferences, conventions, and meetings for any federal, state, or local public officials 19 Payments to affiliates 19 Payments to affiliates 19 Payments to fravel or entertainment expenses for any federal, state, or local public officials 19 Payments to affiliates 10 Payrents to affiliates 10 Payrents to affiliates 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 VAN AND TAXIS 14 SPECIAL EVENT EXPENSE 14 599. 2, 012. 15 VALUTEER TRAINING/SCRE 15 Tatal functional expenses. Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e 15 Total functional expenses. Add lines 1 through 24e		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees trustees to a 485(8)(1) and persons described in section 485(8)(3)(8) 7 Other salaries and wages 253,879. 167,560. 38,082. 48,23 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 19,273. 12,720. 2,891. 3,66 10 Payroll taxes 19,273. 12,720. 2,891. 3,66 11 Fees for services (nonemployees): a Management b Legal 4,335. 4,335. d Lobbying 4,335. 4,335. d Lobbying 9 Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch. 0). 15,923. 15,923. 13 Office expenses 11 High expenses on Sch. 0). 15,923. 13,957. 16 Royalties 23,012. 21,310. 851. 85 16 Information technology 13,957. 13,957. 17 avel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 19 Payments to affiliates 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 23,174. 23,174. 23,174. 25,599. 25 ONLONTEER TRAINING/SCRE 6,880. 6,880. 431,787. 25,587. 25		individuals. See Part IV, lines 15 and 16				
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6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 40)(8) and 403(9) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting 4 J. 335. 4 J. 335. d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceds 10% of line 25, column (A), amount, list line 11g expenses on School, 13, 957. 13 Office expenses 10 Coccupancy 13 J. 957. 13 J. 957. 15 Royaties 10 Coccupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Interest above, (1st inic 24e, tiling 24e amount exceds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 23 J. 174. 23 J. 174. 23 J. 174. 25 Total functional expenses Add lines 1 through 24e 4 All other expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e	5	Compensation of current officers, directors,				
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Person described in section 4958(c)(3)(B) 253,879. 167,560. 38,082. 48,23	6	Compensation not included above to disqualified				
7 Other salaries and wages 8 Pension plan accruais and contributions (include section 40 (k)) and 403(l) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting 4 4,335. 4 4,335. d Lobbying e Professional fundraising services. See Part IV, line 17 I Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on School, or any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Insurance 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Information texpenses on covered above. (Ist miscellaneous expenses on tovered above. (Ist miscellan		persons (as defined under section $4958(f)(1)$) and				
8 Pension plan accruals and contributions (include section 401(k) and 403(h) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting 4 , 335. 4 , 335. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 13 , 357. 13 , 957. 13 , 957. 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on to covered above, (cit miscellaneous expenses on the 24e. It line 24e amount excepts 10% of line 25, column (A), amount, list line 24e expenses on Schedule (), and the 24e expenses on Schedule (), amount, list line 24e expenses on Schedule (), amount, list line 24e expenses on Schedule (), and the 24e expense on Schedule (), and the 24e expens						
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9 Other employee benefits 10 Payroll taxes 11 Pees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 13 Office expenses 23 ,012 21, 310 851 85 14 Information technology 13 ,957 13 ,957 . 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Experication, depletion, and amortization 10 Insurance 21 Other expenses Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule (I) amount, list line 24e expenses on Sc	8	,				
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					60,621.	67,346.
ZO JUINI CUSIS. COMPRER THIS THE ONLY IT THE OF CAMERATION I	26	Joint costs. Complete this line only if the organization	,	,	.,,	
reported in column (B) joint costs from a combined		,				
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)						

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			141,758.	1	118,359.
	2	Savings and temporary cash investments		91,705.	2	91,939.	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial (contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	*
Ä	9	B				9	
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	55,211.			
	b	Less: accumulated depreciation	. 10b	31,108.	34,673.	10c	24,103.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	13,346.
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			268,136.	16	247,747.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue			30,500.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer offic	er, director,			
litie		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela-				24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24	Complete Part X			
		of Schedule D		,	4,538.	25	5,919.
	26	Total liabilities. Add lines 17 through 25			35,038.	26	5,919.
"		Organizations that follow FASB ASC 958, c	heck her	e X			
ces		and complete lines 27, 28, 32, and 33.			100.000		101 000
ılan	27	Net assets without donor restrictions			183,098.	27	191,828.
l Ba	28	Net assets with donor restrictions			50,000.	28	50,000.
nuc		Organizations that do not follow FASB ASC	958, ch	eck here			
Ϋ́		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
t As	31	Retained earnings, endowment, accumulated			022 022	31	0.44 0.00
Se	32	Total net assets or fund balances			233,098.	32	241,828.
	33	Total liabilities and net assets/fund balances			268,136.	33	247,747.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		8,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	3,0	98.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24	1,8	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form	990	(2022)

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

			AUSTIN TEXAS				*-***/556	
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The orga	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental unit describ	ed in	
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	ılly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from the general	public described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college	
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or	
	university:							
10 X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from	
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or	
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	rsection	509(a)(2).	See section 509(a)(3). (Check the box on	
_	lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and 12g.		
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving	
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting	
_	organization. You must o	complete Part IV, Se	ections A and B.					
b _	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by have	/ing	
	control or management o			ame perso	ns that co	ntrol or manage the sup	oorted	
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С	Type III functionally inte						ed with,	
_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d L	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)	
	that is not functionally int	-		-		<u>-</u>	veness	
_	requirement (see instruct		7					
e L	Check this box if the orga					Type I, Type II, Type III		
	functionally integrated, or							
	ter the number of supported of							
g Pro	ovide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other	
	organization	(II) LIIV	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)	
			above (see instructions))	Yes	No	Tappen (coo mensionens)	l cappear (coe mendenene)	
		1						

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

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			·			
10	Other income. Do not include gain						
	or loss from the sale of capital	`					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the d						
_	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	•	• • •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			=		_	
	meets the facts-and-circumstances te	-	· ·	*	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	ni dia not check a	DUX ON IINE 13, 168	a, 100, 1/a, 0r 1/b	o, check this box a		
						ochedule A	(Form 990) 2022

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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	etion A. Public Support	ciow, picade comp	ioto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not				• •	• •	
	include any "unusual grants.")	136,647.	142,542.	251,649.	397,459.	440,283.	1368580.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 organ- ization'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	136,647.	142,542.	251,649.	397,459.	440,283.	1368580.
	Amounts included on lines 1, 2, and 3 received from disqualified persons		5,000.			20,000.	25,000.
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						0.
c	Add lines 7a and 7b		5,000.			20,000.	25,000.
	Public support. (Subtract line 7c from line 6.)					•	1343580.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	136,647.	142,542.	251,649.	397,459.	440,283.	1368580.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	565.	850.	1,716.	126.	234.	3,491.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	565.	850.	1,716.	126.	234.	3,491.
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.)	137,212.	143,392.	253,365.	397,585.	440,517.	1372071.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
0 -	check this box and stop here						
	ction C. Computation of Publi						07.00
	Public support percentage for 2022 (li		•	.,,		15	97.92 %
	Public support percentage from 2021 ction D. Computation of Inves					16	99.20 %
	•			- 40 1 (0)		47	.25 %
	Investment income percentage for 20	•	_ `` *			17	
	Investment income percentage from 2 33 1/3% support tests - 2022. If the			on line 14, and line		18 3 1/3% and line 17	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	nd stop here. The	organization qualit	ïes as a publicly su	upported organizat	tion	X
	line 18 is not more than 33 1/3%, che		•	•		-	
20	Private foundation. If the organization	n did not check a l	nov on line 14 10s	or 10h check th	is hay and see inst	ructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
За		
3b		
0-		
3c		
4a		
4b		
40		
4c		
5a		
5b		_
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- 55		
10a		
10b		L

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Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
Sec	tion 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		100	110
	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		
Sec	tion D. All Type III Supporting Organizations			
	л 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. tion 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 instructions).			
a .	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	c)	
2	Activities Test. Answer lines 2a and 2b below.	ucuon	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> 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 on line 2a, above, 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 lines 3a and 3b below.	~		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must consider the supporting organizations and the supporting organizations are supported by the supporting organization of the support of the s			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		· ·
Sect	ion B - 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functionally	integra	ted Type III supporting orga	ınization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
<u>b</u>	From 2018				
c	From 2019				
d	From 2020)		
e	From 2021				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u> </u>	Applied to 2022 distributable amount				
<u>C</u> _	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
JOAN SHARPE	0.	5,000.	0.	0.	0.
AARP	0.	0.	0.	0.	5,000.
SIMON AND ANNA LEE	0.	0.	0.	0.	5,000.
JON AND SHARON PLUM	0.	0.	0.	0.	5,000.
SHARON HALL	0.	0.	0.	0.	5,000.
Total to Schedule A, Part III, Line 7a		5,000.			20,000.

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

DRIVE A SENIOR AUSTIN TEXAS **-***7556 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page

Name of organization

Employer identification number

DRIVE A SENIOR AUSTIN TEXAS

-*7556

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW FREEDOM (5310) GRANT 2910 EAST 5TH STREET AUSTIN, TX 78702	s148,969.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAIN FOUNDATION 4131 SPICEWOOD SPRINGS ROAD, SUITE A AUSTIN, TX 78759	\$ 7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ST. DAVID'S FOUNDATION 1303 SAN ANTONIO STREET AUSTIN, TX 78701	\$ 61,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TARRYTOWN UMC 2601 EXPOSITION BLVD AUSTIN, TX 78703	\$ 25,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	MOODY FOUNDATION 2302 POST OFFICE ST # 704 GALVESTON, TX 77550	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE ST #300 AUSTIN, TX 78751	\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

DRIVE A SENIOR AUSTIN TEXAS

-*7556

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TRIUMPHANT LOVE LUTHERAN 9508 GREAT HILLS TRAIL AUSTIN, TX 78759	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	P.O. BOX 5176 AUSTIN, TX 78763	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SHARON HALL 13513 ANAROSE LOOP AUSTIN, TX 78727	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SIMON AND ANNA LEE 9131 SOUTHERN BREEZE DR. ORLANDO, FL 32836	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	JON AND SHANNON PLUM 5806 TRAILBRIDGE DR. AUSTIN, TX 78731	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	AARP 7701 N LAMAR BLVD SUITE 319 AUSTIN, TX 78752	\$5,000.	Person X Payroll

Name of organization Employer identification number

DRIVE A SENIOR AUSTIN TEXAS

-*7556

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	IN KIND RENT	\$\$	_12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15-		\$	Schedule R (Form 990) (2022)

Name of organization **Employer identification number** **-***7556 DRIVE A SENIOR AUSTIN TEXAS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

DRIVE A SENIOR AUSTIN TEXAS

Employer identification number **-***7556

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Acco	unts. Complete if the			
		(a) Donor advised funds	(b) F	unds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	sed funds				
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor ad			•			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990	, Part IV, line	7.			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).					
	Preservation of land for public use (for example, recreati	ion or education) Preservation	of a historica	ally 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 qualifie	ed conservation contribution in the form	n of a con <u>se</u> i	vation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements		2	a			
b			l	b			
С	Number of conservation easements on a certified historic structure	cture included in (a)	2	c			
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and not on a					
	historic structure listed in the National Register		2	d			
3	Number of conservation easements modified, transferred, rele			on during the tax			
	year						
4	Number of states where property subject to conservation ease	ement is located	_				
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	holds?		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation ea	asements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easem	ents during the year			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation			and			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stater	nents that de	escribes the			
	organization's accounting for conservation easements.						
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	ther Simi	lar Assets.			
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance	e sheet works			
	of art, historical treasures, or other similar assets held for publ	lic 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.						
b	b If the organization elected, as permitted under FASB 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 fur	therance of	public service,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
	(m)			•			
2	If the organization received or held works of art, historical treat	sures, or other similar assets for financi	al gain, prov	ide			
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1			\$			
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022			

232051 09-01-22

Par	t III Organizations Maintaining Co	ollections of Art	, Histo	orical Tre	asures, o	r Othe	r Similar As	ssets	(continued	d)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how th	ey further th	ne organizatio	on's exer	npt purpose ir	n Part 2	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, his	storical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		te if the	organizatio	n answered '	"Yes" on	Form 990, Pa	art IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia		•							
	on Form 990, Part X?							. L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing ta	able:						
									Amount	
	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance								1 -	
	Did the organization include an amount on Fo						ity?	L	」Yes	No
	If "Yes," explain the arrangement in Part XIII.								L	
Par	t V Endowment Funds. Complete if							haalı	(-) Four vos	ro book
		(a) Current year	(a) P	rior year	(c) Two yea	IS Dack	(d) Three years	BUACK	(e) Four yea	ITS DACK
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities		- 4							
_	and programs									
t	Administrative expenses									
g	End of year balance		(I) d		<u> </u>					
2	Provide the estimated percentage of the curre			i, column (a))) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%	M 7							
С		%								
2-	The percentages on lines 2a, 2b, and 2c should be there and authors the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentage of the percentage and the percentage of the perce		tion that	e ava bald am	d administa	ad for th				
Sa	Are there endowment funds not in the posses organization by:	ssion of the organizat	lion mai	are nelu ai	iu auministei	eu ioi ii	ie		Ye	s No
	· ·									110
	(i) Unrelated organizations								3a(i) 3a(ii)	+
h	(ii) Related organizations	tions listed as require	d on Sc	hedule R2					3b	
4	Describe in Part XIII the intended uses of the								- OD	
Par			VIIIOIIC IC	arido.						
	Complete if the organization answered		, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or ot			or other		ccumulated		(d) Book va	alue
		basis (investm			(other)		preciation		(-,	
1a	Land									
	Buildings									_
	Leasehold improvements									_
	Equipment			5	5,211.		31,108	•	24,	103.
	Other						-		<u> </u>	_
	. Add lines 1a through 1e. (Column (d) must ed		X colum	n (R) line 1	0c.)				24,	103.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	OR AUSTIN TEX		-***7556 Page
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) Book value	(b) Moniou of Valuation. Cool of Cite	Tor your market value
(0) 01 1 1 1 1 1 1 1 1 1			
(2) Closely held equity interests (3) Other			
(A) FIDELITY INVESTMENTS	13,346.	END-OF-YEAR MARKET	VALUE
(B)	,		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	13,346.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
	on Form 000 (Part IV) line 1	1d Con Form 000 Part V line 15	
Complete if the organization answered "Yes" (Description	Tu. See Form 990, Fart X, line 15.	(b) Book value
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.7		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYROLL LIABILITIES			5,919.
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

5,919.

(7) (8)

Pai	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d	()	• •		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а			-	
b	, , ,		-	
С.	Other losses		-	
d	, , , , , , , , , , , , , , , , , , , ,		-	
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a h	Other (Describe in Part XIII.)			
			4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information.			
Prov	ide 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; Pa	art XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			,

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** **-***7556 DRIVE A SENIOR AUSTIN TEXAS Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

-*755<u>6 Page 2</u> Schedule G (Form 990) 2022 DRIVE A SENIOR AUSTIN TEXAS Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPECIAL		NONE	(add col. (a) through
4)			EVENTS			col. (c))
			(event type)	(event type)	(total number)	001. (C))
Revenue						
eve	1	Gross receipts	86,210.			86,210.
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	86,210.			86,210.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
oeu	6	Rent/facility costs				
X						
ect	7	Food and beverages				
ä						
	8	Entertainment				
	9	Other direct expenses				
		3				06 010
Dr	rt I	Net income summary. Subtract line 10 from li				86,210.
Pa	ונו		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo, progressive binge		(c)
Вè	4	Cross revenue				
	'	Gross revenue				
	2	Cash prizes				
Expenses	_	Od311 p11203				
Sen	3	Noncash prizes				
Ä	Ŭ	Tronbadir prizod				
Direct	4	Rent/facility costs				
۵						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
						_
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990) 2022 232082 10-27-22

Sch	edule G (Form 990) 2022 DRIVE A SENIOR AUSTIN TEXAS	***7	<u>556</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		120	I	0.4
	The organization's facility	13a		<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
h	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	,		
_	of gaming revenue retained by the third party \$			
_	If "Yes," enter name and address of the third party:			
·	s in Tes, letter hame and address of the tillid party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	California in a market of the control of the contro			
	Description of convices provided			
	Description of services provided			-
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. lin	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a,	00 0, 1	55, 105,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instituctions.			

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Employer identification number

	DRIVE A SENIO	OR AUS'	TIN TEXAS		**_*	** 7!	556	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10								
11	Securities - Closely held stock							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles Food inventory							
20	Food inventory Drugs and medical supplies							
20 21								
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	X	1	25 200	FAIR RENTAL	777 1	TTD	
25	Other (OFFICE SPACE)	Δ	1	23,200.	CAIN NENIAL	VAI	106	
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organization of the state of the							
	for which the organization completed Form 828	33, Part V, D	onee Acknowleag	ement 29			V	
00-	During the constant of the constant of the			and and the Donat I. Donat of Albertain	- 00 H13		Yes	No
30a	During the year, did the organization receive by			,	•			
	must hold for at least 3 years from the date of t					00		v
	exempt purposes for the entire holding period?	,				30a		X
	If "Yes," describe the arrangement in Part II.	aliau Haat	autico the medicine	of any manatanalana a satura	iono?	0.4		v
31	Does the organization have a gift acceptance p	-	•	•	ons?	31		X
32a	Does the organization hire or use third parties of							v
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	tor which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DRIVE A SENIOR AUSTIN TEXAS

Employer identification number

DRIVE A SENIOR AUSTIN TEXAS	""="""/336
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
INDEPENDENTLY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
ORGANIZATION POLICY REQUIRES THAT THE TREASURER REVIEW THE	FORM 990 WITH
THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN WITH THE	INTERNAL REVENUE
SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS AND STAFF ARE REQUIRED TO DISCLOSE ANNUALLY,	AND AT THE TIME
OF THE EVENT, ANY POTENTIAL CONFLICTS OF INTERESTS. BOARD	MEMBERS
AREEXPECTED TO RECUSE THEMSELVES FROM ANY VOTES PERTAINING	TO TRANSACTIONS
ORDECISIONS WHERE A POTENTIAL CONFLICT OF INTEREST EXISTS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXECUTIVE DIRECTOR COMPENSATION IS APPROVED BY THE BOARD O	F DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF DOCUMENTS ARE AVAILABLE UPON REQUEST.	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print **-***7556 DRIVE A SENIOR AUSTIN TEXAS File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2601 EXPOSITION BLVD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions AUSTIN, TX 78703 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) JILL SKINNER The books are in the care of ► 2601 EXPOSITION BLVD -AUSTIN, TX 78703 Telephone No. ► 512-472-6339 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8868 (Rev. 1-2022)