



# City of Harrisonburg APPLICATION FOR TAX EXEMPTION

FOR OFFICE USE ONLY:
PAYMENT AMOUNT: <u>50.00</u>
RECEIVED ON: <u>1/30/19</u>
CHECK NUMBER: <u>2116</u>

The information requested on this application must be filled out completely and returned to the City Manager's office on or before January 30. Include a \$50 application fee made payable to City of Harrisonburg. Applicant must pay the cost of the public hearing ad or their share if multiple applicants.

Please attach a copy of your current (1) 501(c)(3) certificate; (2) By-Laws; (3) Articles of Incorporation; (4) most recent financial statement (audited, if available); (5) most recently filed IRS Form 990 or 990EZ.

**ORGANIZATION NAME:** Way to Go, Inc. Reviewed By  
COR KDR

**MAILING ADDRESS:** P. O. Box 946 Treasurer JK  
Harrisonburg, VA 22803 Finance WB

**CONTACT PERSON AND PHONE:** Ben Craig, Exec Director (540) 705-6201

Type of property for which request is made (circle applicable) **PERSONAL PROPERTY** REAL ESTATE

If requesting a personal property exemption, please attach a detailed itemized listing of the specific item(s) for which the exemption is sought.

If requesting a real estate exemption, complete the following on each parcel for which exemption is sought:

Name in which property is held NA

Property address \_\_\_\_\_

Map identification number \_\_\_\_\_

Taxes paid for the preceding three (3) years \_\_\_\_\_

Name in which property is held \_\_\_\_\_

Property address \_\_\_\_\_

Map identification number \_\_\_\_\_

Taxes paid for the preceding three (3) years \_\_\_\_\_

Name in which property is held \_\_\_\_\_

Property address \_\_\_\_\_

Map identification number \_\_\_\_\_

Taxes paid for the preceding three (3) years \_\_\_\_\_

**If requesting a personal property exemption, complete the following for each account for which exemption is sought:**

Name assessed Way to Go, Inc.  
 Account number Prop ID 612118  
 Asset type and location address Used (donated) office furniture & equip. 317 S. Main Street  
 Taxes paid for the preceding three (3) years 142.80 located in County prior

Name assessed Way to Go, Inc.  
 Account number Prop ID 61245  
 Asset type and location address donated used vehicles, physical location varies  
 Taxes paid for the preceding three (3) years \$ 111.34 located in County prior  
\$ 122.80  
No Vehicle Fee

**Please complete the following questions as referenced in City Ordinance 4-2-17 (copy enclosed) and Code of Virginia § 58.1-3651.**

1. Do you currently own property in the City that is already tax-exempt?  
 \_\_\_\_\_ Yes      X No  
 If yes, what is the property Map ID #? \_\_\_\_\_  
 On what date was the exemption granted? \_\_\_\_\_  
 How/By whom was the exemption granted? \_\_\_\_\_
  
2. Does the organization have any rule, regulation, policy, or practice that unlawfully discriminates on the basis of religious conviction, race, color, sex, or national origin? \_\_\_\_\_ Yes      X No
  
3. Does the organization hold a current annual alcoholic beverage license from the Virginia Alcoholic Beverage Control Board for serving alcoholic beverages on the property? If yes, please attach a copy.  
 \_\_\_\_\_ Yes      X No
  
4. What compensation is paid to each director, officer, and employee of the organization?  
No compensation is paid to directors or officers. We have one staff person - an Executive Director, who is paid a competitive salary
  
5. What services does each director, officer, and employee render?  
Board directors and officers meet on a regular basis to establish policies and monitor client services. The Exec Dir carries out all client referral services and office activities.
  
6. Does any part of the net earnings of the organization benefit any individual? If so, please explain.

Yes, We serve approximately 200 different low-income working families each year as they are referred from local agencies. Services range from our paying for an inspection sticker to our helping a family actually get a good used vehicle. (see #8)

7. What percentage of the services provided by this organization is generated by funds received from donations, contributions, or local, state, or federal grants or funds? For purposes of this question, donation may include the providing of personal services or the contribution of in-kind or other material services. 90% %
8. What specific services does the organization provide for the common good of the public?  
We provide services that keep low-income working families mobile and employed  
Way to Go helps low-income working vehicle or helping families who do not have a vehicle obtain one. Services include repairs, gas, DMV fees, car payments, driving lessons, etc. -whatever it takes to keep them mobile.
9. What percentage of the activities of the organization involves carrying on propaganda or otherwise attempting to influence legislation?  
NONE
10. Does the organization participate or intervene in any political campaign on behalf of any candidate for public office?  
                     Yes        X   No

I, Betty L. Newell (printed name), do hereby certify that the information provided and/or attached to this Application for Tax Exemption, is true and accurate, to the best of my knowledge. I acknowledge that knowingly providing false information will result in criminal charges pursuant to *Code of Virginia* § 58.1-11. I acknowledge that the organization I represent may be subjected to audit by the Commissioner of the Revenue, or an appointed employee of the Commissioner of the Revenue, to ensure that all information provided is true and correct.

Betty L. Newell  
Signature

January 30, 2019

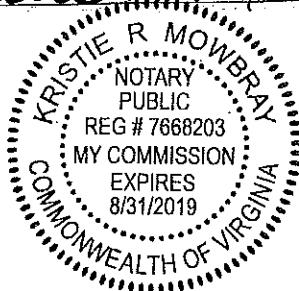
Date

President, Board of Directors

Title

Kristie R. Mowbray  
Notary

My commission expires: 8/31/2019





Department of the Treasury  
Internal Revenue Service  
EO RULINGS AND AGREEMENTS  
PO BOX 2508  
CINCINNATI OH 45201

TE3

611487268

Date of this notice: March 16, 2009  
Notice Number: CP-158  
Taxpayer Identification Number:  
61-1487268

020172.588450.0090.002 1 AB 0.351 535  
[Barcode]

Advance Ruling Period Ending Date:  
December 31, 2009



WAY TO GO INC  
% BETTY L NEWELL  
3142 LANIER LN  
MASSANUTTEN VA 22840-3303429

For assistance, call:  
1-877-829-5500

020172

Our records indicate that you were issued an advance ruling letter that treated you as a public charity, rather than a private foundation, during an advance ruling period that ends on the date indicated above. That letter required you to file IRS Form 8734 at the end of your advance ruling period to establish that you qualify as a public charity.

New IRS regulations changed the procedures governing your public charity status. You are no longer required to file Form 8734 at the end of the ruling period. The regulations also provide that donors can rely on your advance ruling letter with respect to your public charity status unless the IRS changes that status, based on the organization no longer meeting an applicable public support test, and publishes notice of the change.

If you have received Form 8734 from the IRS, please do not file it. Please keep your advance ruling letter along with this letter for your permanent records.

The regulations also changed the rules for computing public support, consistent with the redesigned Form 990, Return of Organization Exempt from Income Tax. For more information regarding those rules and the redesigned Form 990, please see the IRS website at [www.irs.gov/eo](http://www.irs.gov/eo).

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JUN 20 2005**

WAY TO GO INC  
3142 LANIER LN  
MASSANUTTEN, VA 22840-3303

Employer Identification Number:  
61-1487268  
DLN:  
17053137032045  
Contact Person:  
RENEE RAILY NORTON ID# 31172  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
DECEMBER 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
YES  
Effective Date of Exemption:  
APRIL 25, 2005  
Contribution Deductibility:  
YES  
Advance Ruling Ending Date:  
DECEMBER 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

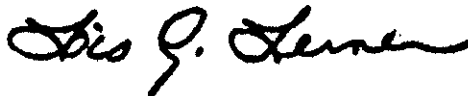
Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

WAY TO GO INC

Sincerely,

A handwritten signature in black ink that reads "Lois G. Lerner". The signature is written in a cursive style with a large, prominent "L" and "G".

Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

Way to Go, Inc.  
Bylaws

**Article 1**

**Name and Authority**

**Section 1: Name**

The name of the organization shall be Way to Go, Inc.

**Section 2: Authority**

Way to Go shall operate under a not-for-profit status as confirmed by the Virginia State Corporation Commission.

The organization is organized exclusively for charitable purposes. Goods or services provided by the Corporation shall be for the purpose of assisting poor, distressed, or underprivileged persons to become more self-sufficient with the goal of improving the quality of life for them and their families. Assistance with transportation needs shall be a primary purpose of the Corporation.

**Article II**

**Membership**

**Section 1: Board membership**

The membership of the Board shall consist of no more than twenty (20) members and should include representatives from community agencies who have self-sufficiency as a major part of their overall mission.

Each member shall have one vote on all matters coming before the Board.

**Section 2: Terms of the office**

The normal term of office is three years. A member may be re-elected to the Board provided the member has given permission for his or her name to be offered in nomination.

**Section 3: Election to the Board**

A Nominating Committee, appointed by the President, shall present a slate of nominees to the Board at its Annual Meeting, the month of which shall be determined by current members.

Nominations from the floor may be made in addition to the slate offered, if those nominated have agreed to serve.

#### Section 4: Board vacancies

Vacancies on the Board will be filled for the unexpired terms in the same manner.

#### Section 5: Membership suspension

Members of the Board shall not be denied membership on that Board, or be denied the rights and privileges of membership described herein, unless said member violates these bylaws to which he or she has agreed.

Board members who are absent at two consecutive meetings without legitimate reasons may be dismissed from the Board by an action of the Board.

### Article III

#### **Powers and Duties**

The powers and duties of the Board of Directors shall be to:

- A. Carry out the policies and procedures of Way to Go in a manner consistent with the Articles of Incorporation and bylaws.
- B. Adopt such rules for the transaction of its business as may be deemed necessary.
- C. At its discretion, appoint and hire such personnel (staff or consultants) as determined necessary for the proper functioning of Way to Go.
- D. Exercise general responsibility in the formulation of programs and actions.
- E. Create such committees and delegate such authority to these committees as it may deem expedient for carrying out the objectives of this organization.
- F. In general, take such action, adopt such policies, and cause the execution of such documents as might be reasonable in accordance with the purpose of Way to Go.

### Article IV

#### **Officers**

#### Section 1: Officers

The officers of Way to Go shall be a President, Vice President, Secretary and Treasurer. A single person may serve in one or more offices at the discretion of the Board. Officers shall be elected annually by the Board of Directors at the Annual Business meeting. Terms of office shall be for one year or until a successor is duly elected. An officer may be re-elected for additional terms provided the officer has given permission for his or her name to be offered in nomination. Newly elected officers shall assume office on the first day of the fiscal year.

#### Section 2: Election procedure for officers



A Nominating Committee appointed by the President will present a slate of nominees for the officers' positions at the Annual Meeting each year. Additional nominations may be made from the floor during the meeting provided the person nominated has agreed to serve in the capacity for which he/she is being nominated. If more than one name is placed in nomination for any elected office, the vote for that office shall be made by a secret written ballot.

### Section 3: President

The President of the Board shall serve as Chief Executive Officer of Way to Go and shall be in general supervision and control of all the business affairs of Way to Go subject to the control of the Board. He/she shall, when present, preside at all meetings of the Board. He/she may sign, on behalf of the Board, deeds, mortgages, bonds, contracts, or other instruments, which the Board has authorized to be executed, except where the signing and execution shall be expressly delegated by the Board to some other officer or agent of the Board.

### Section 4: Vice-president

The Vice-president shall have such powers and shall perform such duties in the absence of disability of the President. The duties of the office of the President shall be performed by the Vice-president, unless and until, the Board of Directors shall otherwise direct.

### Section 5: Secretary

The secretary, or his/her designated representative, shall (a) keep the minutes of the meetings of the Board of Directors in one or more books for that purpose; (b) see that all notices are given in accordance with the provisions of these bylaws or that is required by law; (c) unless otherwise provided by the Board of Directors, acts as the custodian of the official records of the Board; and (d) in general perform all duties incident to the office of Secretary and others as shall from time to time be assigned to him/her.

### Section 6: Treasurer

The Treasurer, or his/her designated representative, shall, in compliance with systems, manuals or financial and accounting procedures as determined by the Board of Directors; (a) have charge and custody of and be responsible for all funds and securities of Way to Go; (b) give receipts for monies due and payable to Way to Go from any source whatsoever, and deposit all such monies in the name of Way to Go in such banks, trust companies, and other depositories as shall be elected in accordance with the provisions of these bylaws and the applicable law; and (c) in general perform all duties as from time to time be assigned to him/her.

### Section 7: Officers' vacancies

A vacancy in any officer's position shall be filled for the unexpired term by the Board of Directors at its next regular meeting following occurrence of the vacancy. A member elected to fill an unexpired term may be elected to a successive term in that office.

## Article V

### Receipts, Expenditures, and Budget

### Section 1: Fiscal year

The fiscal year for Way to Go shall be from January 1 through December 31.

### Section 2: Board authority

Way to Go may make application for and accept loans and grants of money or materials or property at any time from any private or public charitable source of the United States of America or the Commonwealth of Virginia, or any agency or instrumentally thereof.

The Board may authorize any officer or officers to enter into any contract or execute and deliver any instrument in the name of and behalf of Way to Go and such authority may be general or confined to specified instances.

### Section 3: Procedures for expenditures of resources

All payments, except by petty cash, shall be made by checks against funds on deposit in a bank or by credit card. Checks in the amount of less than \$1,000 may be signed by one board member. All checks in excess of \$1,000 shall be signed by two Board members.

### Section 4: Role of Board in the expenditure of resources

All payments of a special or non-recurring nature shall be approved by the Board of Directors. This includes items such as the award of donated or purchased automobiles, or the payment of a down payment on a vehicle. Smaller expenses such as repairs, insurance, etc. may be approved by the Board or requested by a referring agency case manager or social worker. The Board shall receive a summary of assistance provided at each Board meeting.

### Section 5: Program planning

A draft of the proposed programs and budget will be mailed to Board members ten days prior to the Annual Meeting for consideration by the directors.

## Article VI

### **Committees**

#### Section 1: Establishment of standing and other committees

From time to time, the Board may appoint from their own number, or others not members of the Board, any standing or other committees for any purpose. These committees shall have the powers and duties specified in the resolution or appointment.

#### Section 2: Standing committees

The Executive Committee shall be the only standing committee of the Board.

#### Section 3: Executive committee

The Executive Committee shall be composed of the Board officers and have the power to act for the Board between Board meetings in matters expressly delegated to it by the Board. Action taken by the committee shall be subject to ratification by the Board at its next meeting.

## **Article VII**

### **Staffing**

**Section 1:** It shall be the responsibility of the Board of Directors to determine when staff support for Way to Go is necessary and appropriate. Should the Board of Directors determine that staff is needed, the President shall appoint a Search Committee to develop job description, advertise, interview, and hire staff necessary to carry out the work of the organization. The Board of Directors shall evaluate staff on an annual basis.

## **Article VIII**

### **Offices**

The principal offices of Way to Go shall be located at 3142 Lanier Lane, Massanutten, VA 22840 or at such other places within the area served by Way to Go as designated by the Board.

## **Article IX**

### **Auditing of Books and Bonding of Officers and Employees**

All proceedings of the Corporation and of the Board shall be entered into a permanent file, properly indexed, and the same be preserved by the Secretary or other appropriate persons as designated by the Board. Official records and the books of accounts and other accounting operating records shall be kept at such office or offices or places as the Board may provide.

These bylaws are subject to any applicable federal or state statute that regulated the publication or dissemination of such records, namely official record and the books of account and other accounting operating records.

## **Article XI**

### **Meetings**

#### **Section 1: Regular meetings**

The Board of Directors shall meet at least four times per year at such time and place as the President shall direct. The date, time, and place shall be set forth in the notice sent to members of the Board by the President or the Secretary. The President may change the date, time, and place of the regular meeting by so notifying the other members of the Board in writing.

#### **Section 2: Special meetings**

Special meetings of the Board may be called by the President or by two members upon written request to the Secretary and notification of all members.

### Section 3: Electronic Meetings

The Board may hold meetings using electronic mail or telephone conference calls and may vote on issues using either of these methods. However, if any member prefers not to vote on an issue without a regular or called meeting of the Board, this preference shall be honored and a meeting called to discuss the issue.

### Section 4: Quorum

One third of the directors of the Corporation shall constitute a quorum for the transaction of business at any regular or called meeting of the Board. The vote of a majority of all members present at any meeting of the Board shall be necessary to take any action.

Any two members of the Executive Committee will constitute a quorum for that committee.

## Article XII

### **Rules of Order**

Robert's Rules of Order, revised, shall be the parliamentary authority for all matters of procedure as may be adopted by the Board.

## Article XIII

### **Amendments**

These bylaws may be adopted, amended, or repealed, if not inconsistent with the Articles of Incorporation of Way to Go, at any meeting of the Board of Directors, provided that the members of the Board of Directors were informed, in writing, that a change in the bylaws is to be considered during the meeting.

## Article XIV

### **Effective Date**

These bylaws, and any amendments thereof, shall become effective immediately upon adoption.

**Articles of Incorporation  
of  
Way to Go, Inc.**

The undersigned, pursuant to Chapter 10 of Title 13.1 of the Code of Virginia, states as follows:

**Article 1: Name**

The name of the Corporation shall be Way to Go, Inc.

**Article 2: Members**

The Corporation shall have no members.

**Article 3: Director selection**

The directors of the Corporation shall elect their successors as provided for in the Bylaws of the Corporation.

**Article 4: Registered agent**

The initial registered agent is Betty L. Newell, a resident of Virginia and an initial director of the Corporation.

**Article 5: Registered office**

The Corporation's initial registered office address is 3142 Lanier Lane, Massanutten, VA 22840. This is the address of the initial registered agent and is located in Rockingham County, Virginia.

**Article 6: Directors**

The names and addresses of the initial directors of the corporation are:

Betty L. Newell, 3142 Lanier Lane, Massanutten, VA 22840  
Sherry Black, P. O. Box 1071, Harrisonburg, VA 22801  
Neal Frankel, 2405 A Isaac Lane, Harrisonburg, VA 22801  
Elizabeth Estep, 250 E. Elizabeth Street, Suite 117, Harrisonburg, VA 22802

**Article 7: Incorporator**

The incorporator of the Corporation is Betty L. Newell and her signature appears below.

**Article 8: Purpose**

Said corporation is organized exclusively for charitable purposes. Goods or services provided by the Corporation shall be for the purpose of assisting poor, distressed, or underprivileged persons to become more self-sufficient with the goal of improving the quality of life for them and their families. Assistance with transportation needs shall be a primary purpose of the Corporation.

Way to Go, Inc. 61-1487268

**Article 9: Distribution of earnings**

No part of the net earnings of the corporation shall inure to the benefit of, or be distributed to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above.

**Article 10: Legislative and political action**

No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

**Article 11: Limitation or elimination of liability**

To the full extent that the Virginia Code or the Virginia Nonstock Corporation Act permits the limitation or elimination of the liability of directors or officers, a director or officer of the Corporation shall not be liable for damages in any proceeding against him or her.

**Article 12: Distribution of assets upon dissolution**

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

Given under my hand this 19<sup>th</sup> day of April 2005.

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Betty L. Newell

# Balance Sheet

As of December 31, 2018

Dec 31, 18

<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
Bank of America	
Business Savings	200.00
Checking - Non-TANF	
Reserved for Rent	1,600.00
Exec. Director Salary Reserved	7,500.00
United Way Veh. Subsidies Fun...	10,864.23
Unrestricted	9,301.89
Total Checking - Non-TANF	29,266.12
Checking - TANF	-12,149.73
Total Bank of America	17,316.39
Total Checking/Savings	17,316.39
Accounts Receivable	
TANF Receivable	18,066.98
Total Accounts Receivable	18,066.98
Other Current Assets	
Donated Vehicles	8,395.00
Total Other Current Assets	8,395.00
Total Current Assets	43,778.37
<b>Fixed Assets</b>	
Computer Equipment	184.99
Furniture & Furnishings	7,154.98
Total Fixed Assets	7,339.97
<b>TOTAL ASSETS</b>	<b>51,118.34</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	
VISA Payable - Non-TANF	2,439.67
VISA Payable - TANF	2,073.45
Total Accounts Payable	4,513.12
Other Current Liabilities	
Other Liabilities	6,000.00
Payroll Liabilities	
State Withholding Tax	170.00
Federal Payroll Taxes	584.50
Total Payroll Liabilities	754.50
Total Other Current Liabilities	6,754.50
Total Current Liabilities	11,267.62
Total Liabilities	11,267.62
<b>Equity</b>	
Retained Earnings	9,612.81
Temporarily Restricted Funds	
United Way Veh. Subsidies Funds	10,864.23
Total Temporarily Restricted Funds	10,864.23
Unrestricted Fund Balance	9,172.51
Net Income	10,201.17
Total Equity	39,850.72
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>51,118.34</b>

**NON-TANF FUND BALANCE 12/31/18**

Non-TANF Unrestricted	
Checking Account Balance	\$ 17,116.39
Less Un. Way Veh. Subsidy Funds	(10,864.23)
Less Rent funds reserved	(1,600.00)
Less Newell Loan Payable	(6,000.00)
Less Exec. Director Reserved Funds	(7,500.00)
Less Visa Payable	(2,439.67)
Non-TANF Available Funds	<b>\$ (11,287.51)</b>

**TANF GRANT 7/1/18 - 6/30/19**

Grant	\$ 83,438.00
Invoices: July-Dec.	\$ (61,054.76)
Unused Balance	
12/31/18	\$ 22,383.24

01/13/19  
Accrual Basis

**WAY TO GO, INC.**  
**TANF Profit & Loss Budget vs. Actual**  
July through December 2018

	Jul - Dec 18	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>Grants</b>				
<b>TANF</b>	61,054.76	41,719.02	19,335.74	146.3%
<b>Total Grants</b>	61,054.76	41,719.02	19,335.74	146.3%
<b>Total Income</b>	61,054.76	41,719.02	19,335.74	146.3%
<b>Expense</b>				
<b>Expense</b>				
<b>TANF Expenses</b>				
Driving School	1,455.00			
Gas Cards	5,085.00	2,500.02	2,584.98	203.4%
Insurance	2,669.15	3,600.00	-930.85	74.1%
Printing/Postage	0.00	249.96	-249.96	0.0%
Program Coordinator				
Payroll Taxes	754.80			
Bank Transfer Fees	5.00			
Health Insurance	1,400.00			
Worker's Comp. Insurance	238.64			
Professional Services	20,312.20	15,210.00	5,102.20	133.5%
Travel	371.06	582.00	-210.94	63.8%
Telephone	198.32	300.00	-101.68	66.1%
<b>Total Program Coordinator</b>	23,280.02	16,092.00	7,188.02	144.7%
Purchased Services (Databas...	0.00	250.02	-250.02	0.0%
Office Supplies & Expense	389.25	157.02	232.23	247.9%
Other Assistance	75.00	499.98	-424.98	15.0%
Repairs and Towing	19,814.87	10,000.02	9,814.85	198.1%
Taxi Fares	477.32	375.00	102.32	127.3%
Vehicle Fees	102.75	750.00	-647.25	13.7%
Vehicle Loan Payments	2,096.50	645.00	1,451.50	325.0%
Workcars Dealer Prep Fees	0.00	0.00	0.00	0.0%
Workcars Down Payments	3,300.00	4,800.00	-1,500.00	68.8%
Workcars Vehicle Fees	2,662.40	1,800.00	862.40	147.9%
<b>Total TANF Expenses</b>	61,407.26	41,719.02	19,688.24	147.2%
<b>Total Expense</b>	61,407.26	41,719.02	19,688.24	147.2%
<b>Total Expense</b>	61,407.26	41,719.02	19,688.24	147.2%
<b>Net Ordinary Income</b>	-352.50	0.00	-352.50	100.0%
<b>Net Income</b>	-352.50	0.00	-352.50	100.0%



8:21 AM

01/13/19

Accrual Basis

**WAY TO GO, INC.**  
**Non-TANF Profit & Loss Prev Year Comparison**  
 January through December 2018

	Jan - Dec 18	Jan - Dec 17	\$ Change	% Change
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>Contributions</b>				
In-Kind	0.00	7,050.00	-7,050.00	-100.0%
Nonprofits	3,480.00	2,669.86	810.14	30.3%
Business	596.00	2,784.00	-2,188.00	-78.6%
Foundations	17,000.00	1,000.00	16,000.00	1,600.0%
Individuals	13,819.31	20,888.00	-7,068.69	-33.8%
Other	11,016.20	2,000.00	9,016.20	450.8%
Vehicle Donations	26,627.00	23,221.00	3,406.00	14.7%
<b>Total Contributions</b>	72,538.51	59,612.86	12,925.65	21.7%
<b>Grants</b>				
<b>TANF</b>	106,982.68	103,875.64	3,107.04	3.0%
<b>United Way</b>				
Unrestricted	8,441.54	9,158.76	-717.22	-7.8%
Vehicle Subsidies	5,490.64	6,000.00	-509.36	-8.5%
<b>Total United Way</b>	13,932.18	15,158.76	-1,226.58	-8.1%
<b>Total Grants</b>	120,914.86	119,034.40	1,880.46	1.6%
<b>Other Income</b>				
Fund Raising	238.63	460.58	-221.95	-48.2%
HRDSS Reimbursements	90,857.57	126,596.16	-35,738.59	-28.2%
VISA Rewards	1,000.00	850.00	150.00	17.7%
<b>Total Other Income</b>	92,096.20	127,906.74	-35,810.54	-28.0%
<b>Total Income</b>	285,549.57	306,554.00	-21,004.43	-6.9%
<b>Expense</b>				
<b>Administrative</b>				
Fundraising Expense	11.94	0.00	11.94	100.0%
Office Rent	4,400.00	1,200.00	3,200.00	266.7%
Website	191.05	21.57	169.48	785.7%
Accounting Fees	1,750.00	1,750.00	0.00	0.0%
Administrative	2,603.10	490.10	2,113.00	431.1%
Bank Charges	44.49	140.36	-95.87	-68.3%
Coalition/Board Meeting Exp.	644.06	753.36	-109.30	-14.5%
Insurance	143.33	236.00	-92.67	-39.3%
Office Supplies	648.20	246.39	401.81	163.1%
Postage/Mailing Service	264.74	76.00	188.74	248.3%
Taxes and Licenses	35.00	25.00	10.00	40.0%
<b>Total Administrative</b>	10,735.91	4,938.78	5,797.13	117.4%
<b>Non-TANF Expenses</b>				
Gas Cards	13,875.00	7,400.00	6,475.00	87.5%
Insurance	6,681.38	8,513.15	-1,831.77	-21.5%
Other	300.00	35.00	265.00	757.1%
Repairs and Towing	29,103.85	34,726.86	-5,623.01	-16.2%
Taxi Fares	1,260.30	393.00	867.30	220.7%
Vehicle Fees	2,805.99	3,385.77	-579.78	-17.1%
Vehicle Loan Payments	5,336.47	8,399.52	-3,063.05	-36.5%
Vehicle Subsidies				
Other	18,150.00	101,947.09	-83,797.09	-82.2%
United Way	5,360.05	7,000.00	-1,639.95	-23.4%
<b>Total Vehicle Subsidies</b>	23,510.05	108,947.09	-85,437.04	-78.4%
Vehicles Awarded	26,624.00	17,169.00	9,455.00	55.1%
Workcars Vehicle Fees	719.00	1,589.10	-870.10	-54.8%
Workcars Vehicle Subsidies	47,091.27	0.00	47,091.27	100.0%
<b>Total Non-TANF Expenses</b>	157,307.31	190,558.49	-33,251.18	-17.5%
<b>TANF Expenses</b>				
Driving School	2,055.00	3,950.00	-1,895.00	-48.0%
Gas Cards	9,050.00	7,650.00	1,400.00	18.3%
Insurance	5,552.92	7,050.66	-1,497.74	-21.2%

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Accrual Basis

**WAY TO GO, INC.**  
**Non-TANF Profit & Loss Prev Year Comparison**  
 January through December 2018

	Jan - Dec 18	Jan - Dec 17	\$ Change	% Change
Printing/Postage	507.25	365.81	141.44	38.7%
Program Coordinator				
Payroll Taxes	754.80	0.00	754.80	100.0%
Bank Transfer Fees	5.00	0.00	5.00	100.0%
Health Insurance	1,400.00	0.00	1,400.00	100.0%
Worker's Comp. Insurance	238.64	0.00	238.64	100.0%
Professional Services	45,141.44	41,101.11	4,040.33	9.8%
Travel	996.38	972.00	24.38	2.5%
Telephone	533.94	524.26	9.68	1.9%
<b>Total Program Coordinator</b>	<b>49,070.20</b>	<b>42,597.37</b>	<b>6,472.83</b>	<b>15.2%</b>
Purchased Services (Databas...	450.00	650.00	-200.00	-30.8%
Office Supplies & Expense	791.48	533.39	258.09	48.4%
Other Assistance	118.00	1,182.50	-1,064.50	-90.0%
Repairs and Towing	25,159.17	23,871.18	1,287.99	5.4%
Taxi Fares	1,854.32	425.00	1,429.32	336.3%
Vehicle Fees	421.75	1,371.98	-950.23	-69.3%
Vehicle Loan Payments	3,451.39	2,323.46	1,127.93	48.6%
Workcars Down Payments	4,803.00	8,210.00	-3,407.00	-41.5%
Workcars Vehicle Fees	4,050.70	3,694.29	356.41	9.7%
<b>Total TANF Expenses</b>	<b>107,335.18</b>	<b>103,875.64</b>	<b>3,459.54</b>	<b>3.3%</b>
<b>Total Expense</b>	<b>275,378.40</b>	<b>299,372.91</b>	<b>-23,994.51</b>	<b>-8.0%</b>
<b>Total Expense</b>	<b>275,378.40</b>	<b>299,372.91</b>	<b>-23,994.51</b>	<b>-8.0%</b>
<b>Net Ordinary Income</b>	<b>10,171.17</b>	<b>7,181.09</b>	<b>2,990.08</b>	<b>41.6%</b>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
<b>Other Income/Expense</b>				
<b>Other Income</b>				
Gain (Loss) Sale of Vehicles	30.00	-2,875.00	2,905.00	101.0%
<b>Total Other Income</b>	<b>30.00</b>	<b>-2,875.00</b>	<b>2,905.00</b>	<b>101.0%</b>
<b>Total Other Income/Expense</b>	<b>30.00</b>	<b>-2,875.00</b>	<b>2,905.00</b>	<b>101.0%</b>
<b>Total Other Income</b>	<b>30.00</b>	<b>-2,875.00</b>	<b>2,905.00</b>	<b>101.0%</b>
<b>Net Other Income</b>	<b>30.00</b>	<b>-2,875.00</b>	<b>2,905.00</b>	<b>101.0%</b>
<b>Net Income</b>	<b>10,201.17</b>	<b>4,306.09</b>	<b>5,895.08</b>	<b>136.9%</b>

WAY TO GO, INC.

FINANCIAL STATEMENTS

For the Years Ended December 31, 2017 and 2016

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# GRAHAM AND POIROT CPAs, LLC

Certified Public Accountants

57 South Main Street, Suite 507, Harrisonburg, Virginia 22801

Phone 540.433.2001 Fax 540.433.2277

American Institute of Certified Public Accountants

Virginia Society of Certified Public Accountants

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## INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors of  
Way to Go, Inc.

We have reviewed the accompanying financial statements of Way to Go, Inc. (a nonprofit organization), which comprise the Statement of Financial Position as of December 31, 2017 and 2016, and the related statements of Activities, Cash Flows, and Functional Expenses for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

### Management's Responsibility for the Financial Statements

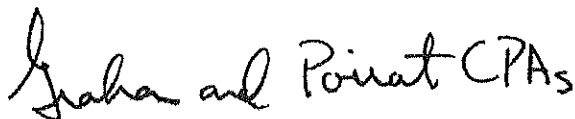
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

### Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

### Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.



Graham & Poirot CPAs, LLC

Harrisonburg, Virginia

April 12, 2018

**WAY TO GO, INC**  
**STATEMENT OF FINANCIAL POSITION**  
**FOR YEARS ENDED DECEMBER 31:**

	<b>2017</b>	<b>2016</b>
<b>ASSETS</b>		
CURRENT ASSETS		
CASH IN BANK	\$ 23,309	\$ 22,339
GRANTS RECEIVABLE	10,541	5,413
VEHICLES INVENTORY	8,902	5,900
OTHER CURRENT ASSETS	-	-
	<hr/>	<hr/>
TOTAL CURRENT ASSETS	<b>\$ 42,752</b>	<b>\$ 33,652</b>
FIXED ASSETS		
COMPUTER EQUIPMENT	290	-
FURNITURE	7,050	-
	<hr/>	<hr/>
TOTAL GROSS FIXED ASSETS	7,340	-
ACCUMULATED DEPRECIATION	(513)	-
	<hr/>	<hr/>
NET FIXED ASSETS	<b>\$ 6,827</b>	<b>\$ -</b>
<b>TOTAL ASSETS</b>	<b><u>\$ 49,579</u></b>	<b><u>\$ 33,652</u></b>
<b>LIABILITIES &amp; NET ASSETS</b>		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	\$ 13,242	\$ 8,308
NOTE PAYABLE	7,200	-
	<hr/>	<hr/>
TOTAL CURRENT LIABILITIES	<b>\$ 20,442</b>	<b>\$ 8,308</b>
NET ASSETS		
UNRESTRICTED	18,103	13,310
TEMPORARILY RESTRICTED	11,034	12,034
PERMANENTLY RESTRICTED	-	-
	<hr/>	<hr/>
TOTAL NET ASSETS	<b>\$ 29,137</b>	<b>\$ 25,344</b>
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b><u>\$ 49,579</u></b>	<b><u>\$ 33,652</u></b>

**WAY TO GO, INC**  
**STATEMENT OF ACTIVITIES**  
**FOR YEARS ENDED DECEMBER 31:**

	2017	2016
<b>SUPPORT &amp; REVENUE:</b>		
IN-KIND DONATIONS	\$ 30,271	\$ 30,046
GRANTS AND OTHER ASSISTANCE:		
TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)	\$ 103,876	\$ 93,826
UNITED WAY - UNRESTRICTED	9,159	9,655
UNITED WAY - RESTRICTED VEHICLE SUBSIDIES	6,000	5,083
CONTRIBUTIONS	153,938	83,958
OTHER INCOME	3,311	3,500
<b>TOTAL SUPPORT &amp; REVENUE</b>	<b>\$ 306,555</b>	<b>\$ 226,068</b>
<b>EXPENSES</b>		
VEHICLES AWARDED	\$ 18,758	\$ 25,259
OTHER ADMINISTRATIVE EXPENSES	5,452	2,929
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) EXPENSES:		
REPAIRS & TOWING	\$ 23,871	\$ 23,573
PROGRAM COORDINATOR	42,597	32,872
INSURANCE	7,051	5,994
GASOLINE	7,650	9,142
CAB FARES	425	3,818
VEHICLE FEES	1,372	4,386
CAR PAYMENTS	10,533	10,043
VEHICLES AWARDED	3,694	2,242
OTHER	6,682	1,757
<b>TOTAL TANF EXPENSES</b>	<b>\$ 103,875</b>	<b>\$ 93,827</b>
NON - TANF EXPENSES:		
REPAIRS & TOWING	\$ 34,727	\$ 29,183
INSURANCE	8,513	3,451
GASOLINE	7,400	4,378
CAB FARES	393	3,021
VEHICLE FEES	3,386	4,673
CAR PAYMENTS	8,400	5,227
VEHICLE SUBSIDIES	108,947	67,527
OTHER	35	145
<b>TOTAL NON - TANF EXPENSES</b>	<b>\$ 171,801</b>	<b>\$ 117,605</b>
<b>TOTAL EXPENSES</b>	<b>\$ 299,886</b>	<b>\$ 239,620</b>
<b>(GAIN) LOSS ON SALE OF VEHICLES</b>	<b>\$ 2,875</b>	<b>\$ 280</b>
<b>EXCESS (DEFICIT) OF SUPPORT &amp; REVENUE OVER EXPENSES</b>	<b>\$ 3,794</b>	<b>\$ (13,832)</b>
<b>BEGINNING UNRESTRICTED NET ASSETS</b>	<b>\$ 13,310</b>	<b>\$ 24,825</b>
<b>CHANGE IN NET ASSETS:</b>		
UNRESTRICTED	\$ 3,793	\$ (13,832)
UNRESTRICTED - PRIOR PERIOD ADJUSTMENT	-	2,317
TEMPORARILY RESTRICTED	1,000	(2,317)
PERMANENTLY RESTRICTED	-	-
<b>TOTAL CHANGE IN NET ASSETS</b>	<b>\$ 4,793</b>	<b>\$ (13,832)</b>
<b>ENDING NET ASSETS:</b>		
UNRESTRICTED	\$ 18,103	\$ 13,310
TEMPORARILY RESTRICTED	11,034	12,034
PERMANENTLY RESTRICTED	-	-
<b>TOTAL ENDING NET ASSETS</b>	<b>\$ 29,137</b>	<b>\$ 25,344</b>

**WAY TO GO, INC**  
**STATEMENT OF CASH FLOWS**  
**FOR YEARS ENDED DECEMBER 31:**

	2017	2016
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
NET INCOME (LOSS)	\$ 3,793	\$ (13,832)
DEPRECIATION EXPENSE	513	-
UNRESTRICTED - PRIOR PERIOD ADJUSTMENT	1,000	2,317
TEMPORARILY RESTRICTED	(1,000)	(2,317)
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
DECREASE (INCREASE) IN GRANTS RECEIVABLE	(5,128)	(2,201)
DECREASE (INCREASE) IN INVENTORY	(3,002)	(1,587)
DECREASE (INCREASE) IN OTHER CURRENT ASSETS	-	-
(DECREASE) INCREASE IN ACCOUNTS PAYABLE	4,934	3,342
(DECREASE) INCREASE IN OTHER CURRENT LIABILITIES	-	-
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>1,110</u>	<u>(14,278)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
NET CASH USED IN INVESTING ACTIVITIES	<u>\$ (7,340)</u>	<u>\$ -</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
NET CASH USED IN FINANCING ACTIVITIES	<u>\$ 7,200</u>	<u>\$ -</u>
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	\$ 970	\$ (14,278)
CASH, BEGINNING OF YEAR	<u>22,339</u>	<u>36,617</u>
CASH, END OF YEAR	<u><u>\$ 23,309</u></u>	<u><u>\$ 22,339</u></u>



**WAY TO GO  
STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEARS ENDED DECEMBER 31:**

	<u>2017</u>	<u>2016</u>
<b>PROGRAM EXPENSES</b>		
VEHICLES AWARDED	\$ 18,758	\$ 25,259
PROGRAM COORDINATOR	42,597	32,872
REPAIRS & TOWING	58,598	52,756
INSURANCE	15,564	9,446
VEHICLE FEES	4,758	9,059
DOWN PAYMENTS	8,210	6,882
CAR PAYMENTS	10,723	8,388
GASOLINE	15,050	13,520
CAB FARES	818	6,839
RENTAL CARS	-	-
VEHICLE SUBSIDIES	112,641	69,768
MISCELLANEOUS	6,717	1,902
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 294,434</b>	<b>\$ 236,691</b>
<b>MANAGEMENT &amp; GENERAL</b>		
MEETINGS	\$ 753	\$ 730
OFFICE SUPPLIES AND POSTAGE	706	488
OFFICE RENT	1,200	-
DEPRECIATION EXPENSE	513	-
PRINTING	-	63
SUPPLIES	246	284
OTHER	2,034	1,364
<b>TOTAL MANAGEMENT &amp; GENERAL EXPENSES</b>	<b>\$ 5,452</b>	<b>\$ 2,929</b>
<b>TOTAL EXPENSES</b>	<b>\$ 299,886</b>	<b>\$ 239,620</b>

**WAY TO GO, INC.**  
**NOTES TO FINANCIAL STATEMENTS**

**Note 1 - Nature of the Organization**

Way To Go, Inc. (a not-for-profit organization) is a community coalition that helps low-income working families become more self-sufficient by assisting them with their vehicle transportation needs. The coalition accepts donated vehicles, pays for necessary repairs and awards the vehicle to an applicant on their waiting list. The coalition also helps with other vehicle costs such as insurance and title fees. Way To Go, Inc. receives considerable support from the Virginia Department of Social Services – Temporary Assistance to Needy Families (TANF) and the United Way.

**Note 2 - Significant Accounting Policies**

**Basis of Presentation**

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Accounting Standards Codification (ASC) No. 958. Under ASC No. 958, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

**Basis of Accounting**

The financial statements of Way to Go Inc. have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

**Revenue Recognition**

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is when a stipulated time restriction ends or purpose restrictions is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

In-kind donations of vehicles are recorded at fair market value when received.

Temporarily restricted revenues were \$6,000 in 2017, which when they occur are restricted for vehicles subsidies. Unrestricted revenues were \$300,554 in 2017. Temporarily restricted revenues were \$5,083 in 2016, which were restricted for vehicles subsidies. Unrestricted revenues were \$220,985 in 2016.

See Independent Accountant's Review Report

**WAY TO GO, INC.**  
**NOTES TO FINANCIAL STATEMENTS - continued**

**NOTE 2 – continued**

**Income Tax Status**

The organization is a non-for-profit organization that is exempt from income taxes under section 501 (c) (3) of the Internal Revenue Code. The organization has also been classified as an entity that is not a private foundation within the meaning of section 509 (a) and qualifies for deductible contributions as provided in Section 170(b)(1)(A)(vi).

**Cash and Cash Equivalents**

The organization considers all short-term investments with an original maturity of three months or less to be cash equivalents

**Vehicles Inventory**

Vehicles are carried at fair market value which is estimated using the Kelly Blue Book. When vehicles are charged to expense as incurred.

**Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of support, revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Expense Allocation**

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization.

**Depreciation Expense**

During 2017, the Organization acquired used office furniture and equipment and minor computer equipment. These assets are being depreciated using straight-line over useful lives of 5 years for computer equipment and 7 years for all others.

**Rent Expense**

On October 17, 2017, the Organization entered into a lease with Eastham, LLC to rent office space in the lower level of the Plecker Center for Community Philanthropy. The lease is a three year term, starting on November 1, 2017 and expiring on October 31, 2020. The lease can be extended for up to three one-year terms. The rent is \$400 per month and the premises is restricted to be used solely as office space. The annual rent expense for the three year term is \$4,800 per year.

See Independent Accountant's Review Report

**WAY TO GO, INC.**  
**NOTES TO FINANCIAL STATEMENTS - continued**

**Note 3 – Restriction on Net Assets**

Contributions received are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions. Unrestricted net assets totaled \$18,103 in 2017 and \$13,310 in 2016. Temporarily restricted net assets totaled \$11,034 in 2017 and \$12,034 in 2016. There were no permanently restricted net assets in 2017 or 2016.

**Note 4 – Temporary Assistance to Needy Families Grant (TANF)**

The Temporary Assistance to Needy Families (TANF) Grant is a reimbursement grant from the Virginia Department of Social Services and is renewable on an annual basis. Through the Virginia Department of Social Services, the remaining sub-grant balance unspent is \$30,928 as of December 31, 2017, and \$40,366 as of December 31, 2016. These amounts are through the fiscal years ending June 30, 2018 and 2017, respectively.

**Note 5 – United Way Subsidies**

United Way of Rockingham and Harrisonburg provides funds for vehicle subsidies to purchase vehicles for various clients. These funds are temporarily restricted for that purpose only. The remaining balance of these subsidies as of December 31, 2017 was \$11,034, and as of December 31, 2016 was \$12,034. These amounts are disclosed as a portion of net assets listed on the balance sheet.

**Note 6 – Short-term Note Payable**

The Organization president, Betty Newell, has provided a temporary source of financing in the form of an unsecured \$7,200 loan bearing an annual interest rate of 1%. This note is expected to be paid soon after the Great Community Give on April 18, 2018. The financing was provided to meet temporary short term cash flow needs of the Organization.

**Note 6 - Management's Review**

Management has evaluated subsequent events through April 12, 2018, the date on which the financial statements were available to be issued.

See Independent Accountant's Review Report

# 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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **WAY TO GO, INC.**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P O BOX 946**  
 City or town, state or province, country, and ZIP or foreign postal code  
**HARRISONBURG, VA 22803**

**D** Employer identification number  
**61-1487268**

**E** Telephone number  
**(540) 705-6201**

**F** Name and address of principal officer: **Betty L. Newell**  
**3142 Lanier Lane Mc Gaheysville, VA 22840**

**G** Gross receipts \$ **306,554.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c)( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: **www.w2ginc.com**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2005**

**M** State of legal domicile: **VA**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>We assist low-income employed individuals and families with transportation assistance.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	35	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		133,766.	178,647.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		91,301.	126,596.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,000.	1,311.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		226,067.	306,554.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		203,818.	250,288.
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		36,081.	51,960.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		239,899.	302,248.
19 Revenue less expenses. Subtract line 18 from line 12		-13,832.	4,306.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		33,652.	50,092.
	22 Net assets or fund balances. Subtract line 21 from line 20		8,308.	20,442.
		25,344.	29,650.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 ▶ **WILLIAM J. TROYER, TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**Empowering low-income, working families to improve their quality of life by assisting them with their transportation needs.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **155,090.** including grants of \$ ) (Revenue \$ )  
**Assisted low-income employed individuals to obtain vehicles through grants for down payments and payments of DMV fees; make loan payments for individuals who were delinquent on existing car loans; and award used vehicles from vehicles donated to us.**

4b (Code: ) (Expenses \$ **58,598.** including grants of \$ ) (Revenue \$ )  
**Assisted low-income employed individuals with repairs to their vehicles.**

4c (Code: ) (Expenses \$ **36,599.** including grants of \$ ) (Revenue \$ )  
**Assisted low-income employed individuals with vehicle-related expenses other than repairs, such as gas, insurance, temporary transportation such as bus and taxi fares, and driving school education.**

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **250,287.**

**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)? <i>If "Yes," complete Schedule A . . . . .</i>	<b>X</b>	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>X</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		<b>X</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		<b>X</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C Part III . . . . .</i>		<b>X</b>
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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		<b>X</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		<b>X</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		<b>X</b>
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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		<b>X</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		<b>X</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<b>X</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>		<b>X</b>
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		<b>X</b>
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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>		<b>X</b>
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		<b>X</b>
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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		<b>X</b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>		<b>X</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>		<b>X</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		<b>X</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		<b>X</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>		<b>X</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		<b>X</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		<b>X</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>		<b>X</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>		<b>X</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		<b>X</b>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		<b>X</b>
<b>b</b> If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		<b>X</b>
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>X</b>	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .		<b>X</b>
<b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>X</b>	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>X</b>	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .		<b>X</b>
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>X</b>	



**Part 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
		1c	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		
		2b	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
		3b	
4 a	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)?		X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
		5c	
6 a	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?		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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
		7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

**Section A. Governing Body and Management**

		Yes	No
1 a	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 in Schedule O.		
1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
1b	14		
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? . . . . .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Did the organization have members or stockholders? . . . . .		X
7 a	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? . . . . .		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? . . . . .		X
7a			
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
8a			
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . .		X
9			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates? . . . . .		X
10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
10b			
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . . .		X
11a			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
12c			
13	Did the organization have a written whistleblower policy? . . . . .		X
13			
14	Did the organization have a written document retention and destruction policy? . . . . .		X
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official. . . . .		X
15a			
b	Other officers or key employees of the organization . . . . .		X
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► **(540) 908-0142 William J. Troyer 2280 Lake Terrace Dr. Harrisonburg, VA 22802**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Betty L Newell President	15	X		X						
(2) Sherry Cline Vice-President	1	X		X						
(3) Lori Petrie Secretary	1	X		X						
(4) William J Troyer Treasurer	3	X		X						
(5) Seth Blanchard Director	1	X								
(6) Jessica Clegg Director	1	X								
(7) Ashley Cromer Director	1	X								
(8) Rachel Lewis Director	1	X								
(9) Joshua Montanez Director	1	X								
(10) Patricia Potter Director	1	X								
(11) Rebecca Price Director	1	X								
(12) Shirley Sheets Director	1	X								
(13) Rhonda Taylor Director	1	X								
(14) Andy Bolt Director	1	X								

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above. . . . .	<b>1f</b>	<b>178,647.</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		<b>23,221.</b>				
	<b>h</b> <b>Total.</b> Add lines 1a-1f. . . . .		<b>178,647.</b>				
<b>Program Service Revenue</b>	<b>2a</b> <u>Reimbursements from</u>	<b>Business Code</b>					
	<b>b</b> <u>Social Services</u>		<b>126,596.</b>	<b>126,596.</b>			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		<b>126,596.</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .						
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	<b>461.</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		<b>461.</b>			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales inventory . . . . .						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> <u>Credit Card Rewards</u>			<b>850.</b>		<b>850.</b>		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .			<b>850.</b>				
<b>12</b> <b>Total revenue.</b> See instructions . . . . .			<b>306,554.</b>	<b>126,596.</b>		<b>850.</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	250,288.	250,288.		
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 not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .				
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 (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	1,750.		1,750.	
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 Schedule O.) . . . . .	41,101.	34,936.	6,165.	
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .	2,512.	1,653.	859.	
14 Information technology . . . . .	650.		650.	
15 Royalties . . . . .				
16 Occupancy . . . . .	1,200.		1,200.	
17 Travel . . . . .	972.	826.	146.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .	140.	140.		
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .	236.		236.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Telephone</u>	524.	445.	79.	
b <u>Losses on sales of unusable</u>				
c <u>donated vehicles</u>	2,875.	2,875.		
d _____				
e All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	302,248.	291,163.	11,085.	
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	1 Cash — non-interest-bearing . . . . .	22,339.	1	23,108.
	2 Savings and temporary cash investments . . . . .		2	200.
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	5,413.	4	10,542.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .	5,900.	8	8,902.
	9 Prepaid expenses and deferred charges . . . . .		9	
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 7,340.		
	b Less: accumulated depreciation . . . . .	10b	10c	7,340.
	11 Investments — publicly traded securities . . . . .		11	
	12 Investments — other securities. See Part IV, line 11 . . . . .		12	
	13 Investments — program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	33,652.	16	50,092.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	8,308.	17	13,242.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	7,200.
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	8,308.	26	20,442.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	13,310.	27	18,616.
	28 Temporarily restricted net assets . . . . .	12,034.	28	11,034.
	29 Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33 <b>Total net assets or fund balances</b> . . . . .	25,344.	33	29,650.	
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	33,652.	34	50,092.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	306,554.
2	Total expenses (must equal Part IX, column (A), line 25)	2	302,248.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,306.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,344.
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,650.

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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?

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c	<input type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

**Open to Public Inspection**

Name of the organization

**WAY TO GO, INC.**

Employer identification number

**61-1487268**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	130,024.	101,047.	128,423.	225,067.	305,243.	889,804.
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3 . . . . .	130,024.	101,047.	128,423.	225,067.	305,243.	889,804.
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 <b>Public support.</b> Subtract line 5 from line 4.						889,804.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 . . . . .	130,024.	101,047.	128,423.	225,067.	305,243.	889,804.
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.) . . . . .	350.	1,777.	1,637.	1,000.	1,311.	6,075.
11 <b>Total support.</b> Add lines 7 through 10						895,879.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.32%
15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	15	99.41%
16a <b>33 1/3 % support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an . . . unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3 % support test—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3 % support test—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	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.)		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section 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. Complete **line 3** below.
  - c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

		Yes	No
<b>2</b>	<b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	<b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).**See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instr.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013 . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . . . .			
b Excess from 2014 . . . . .			
c Excess from 2015 . . . . .			
d Excess from 2016 . . . . .			
e Excess from 2017 . . . . .			





# Schedule of Contributors

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**WAY TO GO, INC.**

**61-1487268**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **WAY TO GO, INC.** Employer identification number **61-1487268**

**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	Virginia Dep't of Social Services 801 E. Main Street Richmond, VA 23219-2901	\$ 103,876.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	United Way-Harrisonburg/Rockingham 100 S. Mason Street Harrisonburg, VA 22801	\$ 15,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	DONOR WISHES TO REMAIN ANONYMOUS P O Box 946 Harrisonburg, VA 22803	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>WAY TO GO, INC.</b>	Employer identification number <b>61-1487268</b>
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**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	_____ _____ _____	\$ _____	_____
-----	_____ _____ _____	\$ _____	_____
-----	_____ _____ _____	\$ _____	_____
-----	_____ _____ _____	\$ _____	_____
-----	_____ _____ _____	\$ _____	_____
-----	_____ _____ _____	\$ _____	_____
-----	_____ _____ _____	\$ _____	_____

Name of organization <b>WAY TO GO, INC.</b>	Employer identification number <b>61-1487268</b>
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**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 information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

<b>(e) Transfer of gift</b>	
<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

<b>(e) Transfer of gift</b>	
<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

<b>(e) Transfer of gift</b>	
<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

<b>(e) Transfer of gift</b>	
<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization

Employer identification number

WAY TO GO, INC.

61-1487268

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions about purpose of easements, number of easements, acreage, and monitoring costs.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions about reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	<b>7,340.</b>			<b>7,340.</b>
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **7,340.**

**Part VII Investments — Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments — Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**WAY TO GO, INC.**

Employer identification number  
**61-1487268**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
- Yes**  **No**

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Vehicle operating expense	172		250,288.		Repairs, insurance, gas
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part 1, Line 2 Detailed records are maintained by client listing all

Part 1, Line 2 services provided with descriptions, dates, amounts, and

Part 1, Line 2 the social workers making the referrals.

Part III, Col b See Part III of 990 for more details of assistance

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open To Public Inspection**

Name of the organization

**WAY TO GO, INC.**

Employer identification number

**61-1487268**

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) Betty Newell	President			Oper Fds	X		7,200.	7,200.	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						▶ \$	<b>7,200.</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**WAY TO GO, INC.**

**61-1487268**

**VI, LINE 11b**

**Form 990 is reviewed by the officers of the organization**

**VI, LINE 11b**

**before the return is filed.**

**VI, LINE 12 c**

**The organization engages local repair shops, insurance**

**VI, LINE 12 c**

**agents and car dealers to provide program services. None**

**VI, LINE 12 c**

**of the directors or officers, or individuals related to**

**VI, LINE 12 c**

**directors or officers are owners of these providers.**






Mail: P.O. Box 946, Harrisonburg, VA 22803  
Office: 317 S. Main Street, Harrisonburg, VA 22801  
(p): 540-289-7171  
(f): 540-208-7496  
[blnewell@verizon.net](mailto:blnewell@verizon.net)

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January 30, 2019

To: City of Harrisonburg  
From: Betty L. Newell, President, Board of Directors   
Re: Request for tax exempt status – personal property tax

Attached is an application and supporting documentation requesting that the City of Harrisonburg designate Way to Go, Inc. as exempt from personal property taxes. To fulfill our mission of keeping low-income working families mobile so they can remain employed, we receive 10-20 vehicles each year as donations from the community – mostly from individuals, but occasionally from a business. We evaluate these vehicles and, whenever possible, award them to hard working Harrisonburg and Rockingham County residents who need a vehicle to get to work. We “turn over” most vehicles fairly quickly, but we still get “caught up” in the January 1 ownership policy which results in our being billed for personal property taxes.

Prior to November 2017, we had a Rockingham County address and the County did designate us as tax exempt in February 2017. Since we have since moved into our office in the Eastham House with The Community Foundation, we are asking you to also approve a tax-exempt status for us. This will allow us to use our funding for direct client services.

As instructed on the application form, a check for \$50 is included.

I believe this application is complete, but please contact me at (540) 289-7171 or at [blnewell@verizon.net](mailto:blnewell@verizon.net) if you need further information or clarification.

We understand you will hold a public hearing on this request and ask that you notify us of this date and time.

Thank you for considering our request.

cc: Ben Craig





# City of Harrisonburg, Virginia

CM2019005

## Treasurer's Office Advice/Receipt

(This is not a Customer Receipt)

Make Checks Payable and Remit To:  
Harrisonburg City Treasurer  
409 South Main Street  
Harrisonburg, Virginia 22801

Payment Due: 0

Customer: Way to Go, Inc.

Department	Date	Receipt Code	Description	Amount
CMO	1/31/2019	GF 1901	Application for Tax Exemption	50.00
<p><b>PAID # 6</b>  <b>JAN 31 2019</b>  <b>JEFFREY L. SHAFER</b>  <b>HARRISONBURG CITY TREASURER</b></p>				
<b>Total</b>				50.00

**Aimee Londeree**

Print Name