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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2012

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning** January 1, 2012, and ending December 31, 2012

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization DuRide	<b>D</b> Employer identification number 262988507
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 2728 Asbury Road 330	<b>E</b> Telephone number 563/451-4999
	City or town, state or country, and ZIP + 4 Dubuque, IA 52001	<b>F</b> Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** www.duridedbq.com

**J Tax-exempt status** (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	60,595.56
	2	Program service revenue including government fees and contracts	2	44,301.90
	3	Membership dues and assessments	3	0.00
	4	Investment income	4	79.70
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.00	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00	
8	Other revenue (describe in Schedule O)	8	0.00	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,977.16	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	49,339.81
	13	Professional fees and other payments to independent contractors	13	1453.84
	14	Occupancy, rent, utilities, and maintenance	14	7431.29
	15	Printing, publications, postage, and shipping	15	2796.80
	16	Other expenses (describe in Schedule O)	16	8941.13
17	<b>Total expenses.</b> Add lines 10 through 16	17	69,962.87	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35,014.29
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	32,413.00
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	1400.89
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	68,828.18

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	32,578.86	<b>22</b> 64,126.52
<b>23</b> Land and buildings . . . . .	0.00	<b>23</b> 0.00
<b>24</b> Other assets (describe in Schedule O) . . . . .	2,480.03	<b>24</b> 9,390.56
<b>25</b> Total assets . . . . .	35,058.89	<b>25</b> 73,517.08
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	2,577.28	<b>26</b> 4,688.9
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	32,413.00	<b>27</b> 68,828.18

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Senior Transportation regardless of ability to pay

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

<b>28</b> DuRide provided 9,259 rides to 208 seniors in 2012 at just over half the cost of the rides. 69 rides were provided at no charge and many others were at a reduced rate. We keep this service affordable by securing grants and conducting a community appeal. (Grants \$ 36,218.17) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	69,962.87
<b>29</b> _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	69,962.87

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jan Stoffel - President 2905 Fox Hollow Drive Dubuque, IA 52001	2	0.00	0.00	0.00
Brian Kane - Vice President 2100 Asbury Road Dubuque, IA 52001	1	0.00	0.00	0.00
Terrance Friedman - Treasurer 880 Locust Street Dubuque, IA 52001	1	0.00	0.00	0.00
Cori Burbach - Secretary 1665 Atlantic Street Dubuque, IA 52001	1	0.00	0.00	0.00
Thomas Berryman - Director 452 Peach Street East Dubuque, IL 61025	5	0.00	0.00	0.00
Patricia Clark - Director 2950 Kaufmann Dubuque, IA 52001	5	0.00	0.00	0.00
Susan Balsamo 2770 Van Buren Dubuque, IA 52001	6	3,846.00	0.00	0.00
Deborah Pic-Deutmeyer 2324 Evergreen Dubuque, IA 52001	35	29,583.20	0.00	0.00
Joyce Panto 5460 Meadow Court Dubuque, IA 52001	20	8,925.07	0.00	0.00

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ Kane, Norby & Reddick Telephone no. ▶ 563/582-7980 Located at ▶ 2100 Asbury Road Dubuque, IA ZIP + 4 ▶ 52001-3091		
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____ <input type="checkbox"/>		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		✓

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

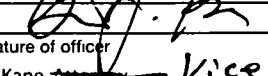
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  Yes  No

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.

<b>Sign Here</b>	Signature of officer 	Date 5-14-13
	Brian Kane, Vice - President	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization  
DuRide

Employer identification number  
262988507

**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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		✓
    - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		✓
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		✓
  - h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	31,180	44,961.24	68,076.52	68,484.09	104,897.46	317,599.31
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	31,180	44,961.24	68,076.52	68,484.09	104,897.46	317,599.31
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						317,599.31

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .	31,180	44,961.24	68,076.52	68,484.09	104,897.46	317,599.31
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	5.34	18.18	81.79	92.45	79.70	277.46
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						317,876.77
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 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>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2012.</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 type="checkbox"/>
<b>b 33 1/3% support test—2011.</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"/>
<b>17a 10%-facts-and-circumstances test—2012.</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 IV 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—2011.</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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						

**14 First five years.** 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 **stop here** . . . .

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2012.** 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 tests—2011.** 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 . . . .

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization  
DuRide

Employer identification number  
262988507

Part 1 Line 16 Other Expenses include Bank Charges, Registration Fees, Equipment Purchases, Books and Subscriptions, Office Supplies,

Furniture, Advertising, Insurance, Membership Dues, Supplies for Volunteers, Mileage Reimbursement and the write-off of

Unpaid Rides

Line 20

The balance sheet reports \$2614.15 of accounts receivable and \$1245.35 of payroll tax liabilities, neither of which would be part of a cash basis Form 990. The difference between these two, which is a positive amount of \$1368.80, accounts for the increase over and above cash net income added to the prior year's cash \*

Part 2 Line 24 Other Assets include Accounts Receivables, Undeposited Funds, and Furniture and Equipment

Line 26 Total Liabilities include Payroll Liabilities and Pre-paid Ride Balances

\* balance. The remaining \$32.09 difference is a rounding error.

8:19 AM  
04/05/13  
Accrual Basis

DuRide  
**Balance Sheet**  
As of December 31, 2012

	<u>Dec 31, 12</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
1 - American Trust Checking	1,474.47
3 - American Trust Savings	
4 - 2012 Appeal	20,394.00
5 - FY13 City Grant	12,000.00
3 - American Trust Savings - Other	29,758.05
<b>Total 3 - American Trust Savings</b>	<u>62,152.05</u>
6 - DB&T Checking	500.00
<b>Total Checking/Savings</b>	<u>64,126.52</u>
<b>Accounts Receivable</b>	
11000 - Accounts Receivable	2,614.15
<b>Total Accounts Receivable</b>	<u>2,614.15</u>
<b>Other Current Assets</b>	
12000 - Undeposited Funds	3,027.00
<b>Total Other Current Assets</b>	<u>3,027.00</u>
<b>Total Current Assets</b>	69,767.67
<b>Fixed Assets</b>	
15000 - Furniture and Equipment	3,723.61
<b>Total Fixed Assets</b>	<u>3,723.61</u>
<b>Other Assets</b>	
18600 - Other Assets	25.80
<b>Total Other Assets</b>	<u>25.80</u>
<b>TOTAL ASSETS</b>	<u><u>73,517.08</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Other Current Liabilities	
24000 - Payroll Liabilities	1,245.35
27000 - Prepaid Rides	3,443.55
<b>Total Other Current Liabilities</b>	<u>4,688.90</u>
<b>Total Current Liabilities</b>	<u>4,688.90</u>
<b>Total Liabilities</b>	4,688.90
<b>Equity</b>	
32000 - Retained Earnings	33,813.89
Net Income	35,014.29
<b>Total Equity</b>	<u>68,828.18</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>73,517.08</u></u>

8:18 AM  
04/05/13  
Accrual Basis

**DuRide**  
**Profit & Loss**  
January through December 2012

*Fixed 0: line 16*  
*Line 20*  
*24*  
*24*  
*26*

	Jan - Dec 12	
Ordinary Income/Expense		<i>line:</i>
Income		
43300 · Direct Public Grants		
43310 · Corporate and Business Grants	5,000 00	1
43340 · Nonprofit Organization Grants	3,405 71	1
<b>Total 43300 · Direct Public Grants</b>	<b>8,405.71</b>	
43400 · Direct Public Support		
43440 · Gifts in Kind - Goods	200 00	1
43450 · Individ, Business Contributions	24,177 39	1
<b>Total 43400 · Direct Public Support</b>	<b>24,377.39</b>	
44500 · Government Grants		
44530 · City Grants	27,812 46	1
<b>Total 44500 · Government Grants</b>	<b>27,812.46</b>	
45000 Investments		
45020 · Dividend, Interest (Securities)	79 70	4
<b>Total 45000 · Investments</b>	<b>79.70</b>	
47200 · Program Income		
47230 · Membership Dues	9,130 00	
47231 · Pick-up Fee	35,171 90	
<b>Total 47200 · Program Income</b>	<b>44,301 90</b>	2
<b>Total Income</b>	<b>104,977 16</b>	
Gross Profit	104,977.16	✓
Expense		
60800 Bank Charges	53 60	16
60900 · Business Expenses		
60920 · Business Registration Fees	35 00	
60900 · Business Expenses - Other	68 47	
<b>Total 60900 · Business Expenses</b>	<b>103 47</b>	16
62100 · Contract Services		
62110 · Accounting Fees	183 00	
62150 · Outside Contract Services		
62151 · Computer Repair	575.88	
<b>Total 62150 Outside Contract Services</b>	<b>575 88</b>	
62100 · Contract Services - Other	694 96	
<b>Total 62100 · Contract Services</b>	<b>1,453 84</b>	13
62800 · Facilities and Equipment	1,273 29	16
65000 · Operations		
65010 · Books, Subscriptions, Reference	315 97	16
65020 · Postage, Mailing Service	1,204 64	15
65030 · Printing and Copying	1,592 16	15
65040 · Supplies	354 13	15
65050 · Telephone, Telecommunications	2,231.29	14
65060 · Rent	5,200 00	4
65070 · Furniture	920 16	16
<b>Total 65000 · Operations</b>	<b>11,818.35</b>	
65100 Other Types of Expenses		
65110 · Advertising Expenses	635 75	
65120 · Insurance - Liability, D and O	450 00	
65121 · Insurance - Workers Comp	567 00	
65122 · Insurance - Auto	817 00	
65150 · Memberships and Dues	186 00	
65160 · Other Costs	50 00	
<b>Total 65100 · Other Types of Expenses</b>	<b>2,705 75</b>	16

8.18 AM  
04/05/13  
Accrual Basis

DuRide  
Profit & Loss  
January through December 2012

	<u>Jan - Dec 12</u>	
65200 · Volunteer Expenses		
65201 · Mileage Reimbursement	45.50	
65200 · Volunteer Expenses - Other	3,113.26	
	<hr/>	
Total 65200 · Volunteer Expenses	3,158.76	16
66000 · Payroll Expenses		
66300 · Vacation Pay	1,659.00	
66000 · Payroll Expenses - Other	47,680.81	
	<hr/>	
Total 66000 · Payroll Expenses	49,339.81	12
68400 · Bad Debt Expense	56.00	16
	<hr/>	
Total Expense	69,962.87	
	<hr/>	
Net Ordinary Income	35,014.29	
	<hr/>	
Net Income	35,014.29	
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DuRide  
EIN: 26-2988507  
2012 Form 990-EZ

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The organization switched its fiscal year end from June 30 to December 31.