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**Return of Organization Exempt From Income Tax**

OMB No 1545-004

**2015****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 private foundations)

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning Jan 1, 2015, and ending Dec 31, 2015

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

**C** Name of organization Drug Free Gang Free  
 Doing business as Drug Free Gang Free (501c3)  
 Number and street (or P.O. box if mail is not delivered to street address) PO Box 3202 Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code Cam NC 27514

**D** Employer identification number 45-4816056

**E** Telephone number 8885336661x

**F** Name and address of principal officer

**G** Gross receipts \$

**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)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)(1) (Insert no) ☐ 4947(a)(1) or ☐ 527

**J** Website: www.drugfreegangfree.org

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation 2012

**M** State of legal domicile

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
Provide high, resume, center, job interview classes as an alternative to release no prison of education system

**2** Check this box ☐ 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) 3

**4** Number of independent voting members of the governing body (Part VI, line 1b) 3

**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a) 144

**6** Total number of volunteers (estimate if necessary) 300

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 30000

**7b** Net unrelated business taxable income from Form 990-T, line 34 0

**8** Contributions and grants (Part VIII, line 1h) RECEIVED

**9** Program service revenue (Part VIII, line 2g) 519977

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

**12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1200000

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

**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)

**16b** Total fundraising expenses (Part IX, column (D), line 25) 995500

**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1200000

**19** Revenue less expenses. Subtract line 18 from line 12 0

**20** Total assets (Part X, line 16)

**21** Total liabilities (Part X, line 26)

**22** Net assets or fund balances. Subtract line 21 from line 20 40000

**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 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 Belinda Fal - Officer Date 12-31-15  
 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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2015)

Missing 4-12 NE 3