EXTENDED TO NOVEMBER 15, 2022

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

<u> </u>	1 01 111	e zor Calendar year, or tax year beginning	enung	-	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name	Doing business as		1 81-11833	01
	Initial return	(50 10 11 11 11 11 11 11	Room/suite	E Telephone numbe	<u> </u>
	Final	9601 CEODCIA AMENITE CITTE 200		240-482-	
	termir			G Gross receipts \$	267,714.
	Amen	ded CTIVED CDDING MD 20010		H(a) Is this a group re	
F	Application			for subordinates	
•	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—
$\overline{}$	Тах-ех	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$	or 527		list. See instructions
		te: NWW.DRIVENTOCURE.ORG	01 027	H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	1 Year		State of legal domicile: MD
	art I	Summary	L 10a1	or formation.	Totate of logal dofficile.
	1	Briefly describe the organization's mission or most significant activities: TO P	ROVIDE	FUNDS FOR	SIICH
Activities & Governance	'	CHARITABLE PURPOSES AS RESEARCH TO FIND.	A CURE	FOR RARE K	TDNEY
nar	2	Check this box if the organization discontinued its operations or dispo			
Ver	3			I _ I	9
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1a)			9
<u>م</u>	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
ij	6	Total number of volunteers (estimate if necessary)			20
≨		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	 	Net unrelated business taxable income nom Form 990-1, Fart i, line 11	·····	Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)	-	265,444.	267,714.
ne	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		7.	0.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		265,451.	267,714.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		175,370.	212,695.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	loa	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 52,9		0.	0.
Ä	1.0			55,534.	78,769.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		230,904.	291,464.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,547.	-23,750.
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
Net Assets or		Total access (Dayl V. line 10)	De	90,692.	70,433.
ASSE Rais	20	Total assets (Part X, line 16)		2,591.	6,082.
let /	21	Total liabilities (Part X, line 26)		88,101.	64,351.
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20		00,101.	04,331.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	e and etatem	ente and to the heet of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of w		·	y Kilowicago alla bollol, it is
uu	, 00110		ilicii proparci	inas any knowledge.	
e:		Signature of officer		I Date	
Sig		BRUCE H. LEE, PRESIDENT			
He	re	Type or print name and title			
		<u> </u>		Date Check	TI PTIN
Pai	d	Print/Type preparer's name LEONARD N KIRSCHBAUM Preparer's signature		if	
	parer			self-employe	52-0807134
	Only	Firm's name GROSSBERG COMPANY LLP Firm's address 6500 ROCK SPRING DRIVE, SUITE 2	0.0	FIIIII S EIN	<u> </u>
USC	Only	BETHESDA, MD 20817	0 0	Dhana na 3 N	1-571-1900
	٠ -الار،			Tenone no. 30	
ıvıa	y tne I	RS discuss this return with the preparer shown above? See instructions			X Yes Mo

Pai	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:
	TO PROVIDE FUNDS FOR SUCH CHARITABLE PURPOSES AS RESEARCH TO FIND A
	CURE FOR RARE KIDNEY CANCER DISEASES AND ASSISTANCE TO CHILDREN AND
	YOUNG ADULTS WITH CANCER AND THEIR FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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. (Code:) (Expenses \$ 212,695. including grants of \$ 212,695.) (Revenue \$)
4a	
	TO PROVIDE FUNDS FOR THE RESEARCH TO FIND A CURE FOR RARE KIDNEY
	CANCER.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 212,695.
	Form 990 (2021)

Form 990 (2021) DRIVEN TO CURE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		21
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		x
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		X
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		 ^``
13	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3,7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	აგ		
ui	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X
	to file Form 8282?	7c		Α.
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand 13c			
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	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			
	DRIVEN TO CURE, INC 2404829165			
	8601 GEORGIA AVENUE; SUITE 200, SILVER SPRING, MD 20910			

132006 12-09-21

Form **990** (2021)

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

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

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

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

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

Check this box if neither the organization (A)	(B)	T .	-		C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and the	hours per					than is bot		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	octor						the	organizations	compensation
	hours for	or dire	a)			rted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		a	ben sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Jal tru	onal		ploye	com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRUCE H. LEE	6.00	-	=	0	~	王壱	Œ			
PRESIDENT & CEO		x		x				0.	0.	0.
(2) PATRICK F. GREANEY	0.00	 		 				•	•	•
DIRECTOR & SECRETARY		x		x				0.	0.	0.
(3) JAMES P. MARTINKO	0.00	 		 				•	•	•
DIRECTOR		x						0.	0.	0.
(4) HARVEY GOODMAN	0.00	 								
DIRECTOR		X						0.	0.	0.
(5) KENNETH R. KENNERLY	0.00									
DIRECTOR		X						0.	0.	0.
(6) RONALD D. PAUL	0.00									
DIRECTOR		Х						0.	0.	0.
(7) TOMMY F. LEE	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) DANIEL J. BIHLMEYER	0.00									
DIRECTOR		Х						0.	0.	0.
(9) SARAH F. LEE	0.00									
TREASURER		Х		Х				0.	0.	0.
		1								
		<u> </u>								
		1								
		<u> </u>								
		1								
				_			_			
		4								

Form 990 (2021)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (0	•			(D)	(E)			(F)	
Name and title	Average hours per week	box, offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	h an	Reportable compensation from	Reportable compensation from related		am (imated ount o other	of
	(list any hours for related organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	ensatom the Inization Inization	e on ed
	below line)	Individu	Institutio	Officer	Key employee	Highest employe	Former				orga	nizatio	ns
		-											
		_											
		_											
		_											
1b Subtotal		<u></u>			<u> </u>		<u> </u>	0.		0.			0.
c Total from continuation sheets to Part	VII, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but									,000 of reportabl				<u> </u>
compensation from the organization												Yes	No.
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual										3		х
4 For any individual listed on line 1a, is the and related organizations greater than \$1	50,000? If "Yes,	," co	mple	ete S	Sche	edul	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	•				-			ed organization or indiv	idual for services		5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of the organization. Report compensation for										pens	ation fr	om	
(A) Name and busines	-		INC					(B) Description of s		C	(C Compen) sation	ı
							-						
Total number of independent contractors \$100,000 of compensation from the organ		not lii	mite	d to	tho (se li: 0	stec	d above) who received n	nore than		-		
											Form C	190 (2	021

132008 12-09-21

Pa	rt V						
		Check if Schedule O contains a response or note to	o any lir	ne in this Part VIII	(B)	(C)	
				Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
S, (c Fundraising events 1c 9,5	525.				
ia ii		d Related organizations 1d					
ini,		e Government grants (contributions) 1e 2,3	322.				
it S		f All other contributions, gifts, grants, and					
호美		similar amounts not included above 1f 255, 8					
ig Di		g Noncash contributions included in lines 1a-1f 1g \$ 12,	<u> 390.</u>				
<u>ā Ö</u>		h Total. Add lines 1a-1f	<u> </u>	267,714.			
		Business	s Code				
<u>ic</u>	2	a					
ne v		b					
m S		c					
gra Re		d					
Program Service Revenue		e					
-	•	f All other program service revenue					
-		g Total. Add lines 2a-2f	<u> </u>				
	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds	🛴				
	5	Royalties					
	3	(i) Real (ii) Pers					
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities (ii) Ot					
	-	assets other than inventory 7a					
		b Less: cost or other basis					
e		and sales expenses 7b					
Revenue		c Gain or (loss) 7c					
Be		d Net gain or (loss)	▶				
her		a Gross income from fundraising events (not					
g		including \$9 , 525 • of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
		b Less: direct expenses 8b	0.				
		c Net income or (loss) from fundraising events	<u> 🕨 </u>	0.			
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	🕨				
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold					
\dashv		c Net income or (loss) from sales of inventory	s Codo				
snc	44		o Coue				
nec	11	. —					
ella «		b					<u> </u>
Miscellaneous Revenue		d All other revenue					
Σ		e Total. Add lines 11a-11d	<u> </u>				
	12	Total revenue See instructions		267.714.	0.	0.	0.

132009 12-09-21

Form **990** (2021)

Pait IX	Statement of Functional Expenses	
) 4'	1(-)(2) 1 501(-)(4)	All ather argenizations must complete actumn

Da -	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b, 8	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	212 625	212 625		
	and domestic governments. See Part IV, line 21	212,695.	212,695.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, 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)				
	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 (nonemployees):				
	Management	3,680.		3,680.	
	Legal	3,000.		3,000.	
	Accounting				
	Lobbying Professional fundaciona convince. See Part IV line 17				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)				
10	· · · · · · · · · · · · · · · · · · ·	34,765.			34,765
	Advertising and promotion	7,071.		7,071.	51,700
13 14	Office expenses	7,07±0		7,071	
1 4 15	Information technology				
16	Royalties				
17	Occupancy	3,846.			3,846
'' 18	Payments of travel or entertainment expenses	3,0200			0,01
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,348.			14,348
23	Insurance	7,722.		7,722.	,
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	REPAIR & MAINTENANCE	4,937.		4,937.	
b	LEASE EXPENSE	2,400.		2,400.	
c		-		•	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	291,464.	212,695.	25,810.	52,959
26	Joint costs. Complete this line only if the organization	-	-	•	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	, and the second				

Form 990 (2021) Part X Balance Sheet

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			29,146.	1	25,773.
2	2	Savings and temporary cash investments			3,538.	2	1,000
:		Pledges and grants receivable, net				3	
4		Accounts receivable, net			4		
!		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ons		5		
(6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
: <u>ئ</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖ 🤉		Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	93,654.			
	b	Less: accumulated depreciation	10b	49,994.	58,008.	10c	43,660
1.	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line	11			12	
10	3	Investments - program-related. See Part IV, line	e 11			13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11				15	
16		Total assets. Add lines 1 through 15 (must eq			90,692.	16	70,433
17	7	Accounts payable and accrued expenses		17			
18	8	Grants payable		18			
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
န္မ 22	2	Loans and other payables to any current or for	rmer offi	cer, director,			
≣		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
- 2:	3	Secured mortgages and notes payable to unre	elated th	rd parties		23	
24	4	Unsecured notes and loans payable to unrelat	ted third	parties		24	
25	5	Other liabilities (including federal income tax, p	payables	to related third			
		parties, and other liabilities not included on line	es 17-24	. Complete Part X	0 501		
		of Schedule D			2,591.	25	6,082
26	6	Total liabilities. Add lines 17 through 25			2,591.	26	6,082.
ဖွ		Organizations that follow FASB ASC 958, ch	neck her	e ▶			
<u> </u>		and complete lines 27, 28, 32, and 33.					
<u>e</u> 27		Net assets without donor restrictions				27	
B 28	8	Net assets with donor restrictions				28	
.들		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🔼			
<u> </u>		and complete lines 29 through 33.		0		0	
ş 29		Capital stock or trust principal, or current fund			0.	29	0.
88 30		Paid-in or capital surplus, or land, building, or			0.	30	0.
Net Assets or Fund Balances 3. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		Retained earnings, endowment, accumulated			88,101.	31	64,351.
_		Total net assets or fund balances			88,101.	32	64,351.
33	3	Total liabilities and net assets/fund balances			90,692.	33	70,433. Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets			, u,	90
	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	26	7,7	14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	1,4	64.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	8,1	01.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6	4,3	51.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	= O.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
-	Act and OMB Circular A-133?	•	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , , ,		Form	990	(2021)

SCHEDULE A

(Form 990)

Total

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization DRIVEN TO CURE, INC. 81-1183301 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	acc complete r are	,					
Calendar year (or fiscal year beginning in) ► (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1 Gifts, grants, contributions, and	(5) 2010	(0) 2010	(u) 2020	(0) 2021	(i) Total		
membership fees received. (Do not							
include any "unusual grants.") 172,270.	127,251.	275,871.	265,444.	265,392.	1,106,228.		
2 Tax revenues levied for the organ-	, -	. ,		,	, , -		
ization's benefit and either paid to							
or expended on its behalf							
3 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
4 Total. Add lines 1 through 3 172,270.	127,251.	275,871.	265,444.	265,392.	1,106,228.		
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)					142,264.		
6 Public support. Subtract line 5 from line 4.					963,964.		
Section B. Total Support							
Calendar year (or fiscal year beginning in) ► (a) 2017 7 Amounts from line 4 172, 270.	(b) 2018 127, 251.	(c) 2019 275,871.	(d) 2020	(e) 2021 265, 392.	(f) Total		
7 Amounts from line 4 172,270.	127,251.	275,871.	265,444.	265,392.	1,106,228.		
8 Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties,			_				
and income from similar sources 1,026.	58.	166.	7.	0.	1,257.		
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.)					1 105 105		
11 Total support. Add lines 7 through 10					1,107,485.		
12 Gross receipts from related activities, etc. (see instructi				12			
13 First 5 years. If the Form 990 is for the organization's fi	irst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)			
organization, check this box and stop here Section C. Computation of Public Support Pe	roontogo				P		
		l (f)		44	87.04 %		
14 Public support percentage for 2021 (line 6, column (f), o				15	87.04 %		
15 Public support percentage from 2020 Schedule A, Part16a 33 1/3% support test - 2021. If the organization did no							
stop here. The organization qualifies as a publicly supp							
b 33 1/3% support test - 2020. If the organization did no							
and stop here. The organization qualifies as a publicly							
17a 10% -facts-and-circumstances test - 2021. 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 circumstand			e Explain in Part	VI how the organiz	ation		
and if the organization meets the facts-and-circumstance	ces test, check this	s box and stop he i		_			
meets the facts-and-circumstances test. The organizati	ces test, check this on qualifies as a pu	s box and stop he ublicly supported o	organization		 ▶□		
meets the facts-and-circumstances test. The organizati b 10% -facts-and-circumstances test - 2020. If the org	ces test, check this on qualifies as a pu ganization did not c	s box and stop he ublicly supported on theck a box on line	organization e 13, 16a, 16b, or	 17a, and line 15 is	 ▶□		
meets the facts-and-circumstances test. The organizati	ces test, check this on qualifies as a pu ganization did not c mstances test, che	s box and stop her ublicly supported on theck a box on line ack this box and st	organization e 13, 16a, 16b, or op here. Explain i	17a, and line 15 is n Part VI how the	 ▶□		

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inone under coetion 512						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		+				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	0.2		
	3c		
	4a		
	4.		
	4b		
	4 -		
	4c		
	5a		
	5b 5c		
	5 C		
	6		
	7		
	•		
	8		
	9a		
	O!-		
	9b		
	9с		
	10a		
_	10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	non b. All Type III Supporting Organizations		V	NI -
	Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2021 DRIVEN TO CURE, INC.		{	31-1183301 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	, and the second
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Schedule A (Form 990) 2021

e Excess from 2021

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, LINE 10
NET INCOME FROM FUNDRAISING EVENTS

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

DRIVEN TO CURE,

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

0004

81-1183301

2021

OMB No. 1545-0047

Name of the organization Employer identification number

INC.

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

DRIVEN TO CURE, INC.

81-1183301

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EAGLEBANK FOUNDATION 12505 PARK POTOMAC AVE, 6TH FLOOR POTOMAC, MD 20854	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BRUCE AND SARAH LEE 4105 FRANKLIN STREET KENSINGTON, MD 20895	\$10,072.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JENNIFER AND DAN KALUF 3699 WOODGATE DRIVE WHEATFIELD, IN 46392	\$6,568.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	EVALYN LEE 12 STAMFORD BROOK AVENUE LONDON, W6 OYD, UNITED KINGDOM	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RANDALL TILLIM 11642 PARTRIDGE RUN LANE POTOMAC, MD 20854	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WINNIE LOUISE WELCH 207 MARLEY STREET NEW MARKET, MD 21774-6529	\$10,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

81-1183301

JI(I V II.	N 10 CORE, INC.	01	. 1103301
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JENNIFER KALUF 3699 WOODGATE DRIVE WHEATFIELD, IN 46392	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

DRIVEN TO CURE, INC.

81-1183301

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
2	224 SHARES OF EAGLEBANK STOCK		
		\$ 10,072.	01/15/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11		\$	Schedule R (Form 990) (2021

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** 81-1183301 DRIVEN TO CURE, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

DRIVEN TO CURE, INC.

Employer identification number 81-1183301

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zenor adviced ianiae	(a) i and and only accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		
Par		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	-	,
·	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	- · · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

		O CURE, II						31-11			age 2
Par	t III Organizations Maintaining Co								ts (contir	nued)	
3	Using the organization's acquisition, accession	, and other record	s, chec	k any of the	following tha	at make sig	ınificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	닏	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explair	n how tl	hey further tl	he organizati	on's exem	pt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or r							_	_	_	,
	to be sold to raise funds rather than to be main								Yes		No
Par	eart 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										
1a	Is the organization an agent, trustee, custodiar								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing	table:							
									Amoun	t	
	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance										
	Did the organization include an amount on Form					-	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. C										
Par	· ·							ana haali	() Fa		h a a l :
	 	(a) Current year	(b) F	Prior year	(c) Two year	rs dack (c	i) Three ye	ears back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	•	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c should	•									
3a	Are there endowment funds not in the possess	ion of the organiza	ation th	at are held a	nd administe	ered for the	e organiza	ation	ı	1	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organization								3b		
<u>4</u>	Describe in Part XIII the intended uses of the o		wment	funds.							
Pai	t VI Land, Buildings, and Equipme		\ De:# "	/ line 44 - 0) F 001	Dest V. "	10				
	Complete if the organization answered							. 1			
	Description of property	(a) Cost or of			or other	· · ·	umulated	d	(d) Boo	k valu	Э
		basis (investn	ient)	basis	(other)	aepr	eciation	_			
	Land										
	Buildings							-+			
	Leasehold improvements				1 01 5		1 01	_			
	Equipment				1,815.		$\frac{1,81}{40,15}$		1	<u> </u>	<u>0.</u>
е	Other			<u> </u>	1,839.	<u> </u>	48,17	79.	4	3,6	<u> </u>

Schedule D (Form 990) 2021

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

43,660.

Schedule D (Form 990) 2021 DRIVEN TO CU	RE, INC.	81-	-1183301 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Port IV line	a 11 a Caa Farm 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Wethod of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CREDIT CARDS PAYABLE			6,082
(3)			
(4)			
(5)			
(6)			
(7)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

6,082.

	rt XI Reconciliation of Revenue per Audited Financia	ii Statements with Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li			
Pai	rt XII Reconciliation of Expenses per Audited Financi	<u>-</u>	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Par			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	***************************************			
b	Prior year adjustments			
С				
d	,	2d		
	Add lines 2a through 2d		H 1	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	IIne 18.)	5	
	rt XIII Supplemental Information			
	rt XIII Supplemental Information.	and 4: Part IV lines 1b and 2b:	Part V line 4: Part V line 2: Part	VI
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi			Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		Part V, line 4; Part X, line 2; Part	XI,

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization DRIVEN TO	CURE, IN	IC.					81-1183301
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance? ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH - 11400 ROCKVILLE PIKE, SUITE 600 - BETHESDA, MD 20852	52-1986675	501(C)(3)	112.360.	0.			TO SUPPORT THE RESEARCH TO TREAT MULTIPLE FORMS OF KIDNEY CANCER.
THE UCLA FOUNDATION 10889 WILSHIRE BLVD, SUITE 1100 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	100,335.	0.			TO SUPPORT THE RESEARCH TO TREAT MULTIPLE FORMS OF KIDNEY CANCER.
 Enter total number of section 501(c)(3) a Enter total number of other organization 							>

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	rered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Dert Llin	o Or Dort III. ookumr	(h); and any other o	dditional information	
PART I, LINE 2:	uired in Part I, iin	e 2, Part III, Columi	i (b), and any other ac	oditional information.	
DONATIONS WERE MADE TO ORGANIZATION	NS THAT	ARE VERY V	VELT, KNOWN	AND ARE	
WORKING ON A CURE FOR RARE KIDNEY					

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

DRIVEN TO CURE, INC.

Employer identification number 81-1183301

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CANCER DISEASES AND ASSISTANCE TO CHILDREN AND YOUNG ADULTS WITH CANCER
AND THEIR FAMILIES.
FORM 990, PART VI, SECTION A, LINE 2:
BRUCE H. LEE IS THE FATHER OF TOMMY LEE. BOTH OF THEM ARE ON THE BOARD OF
DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR
REVIEW PRIOR TO FILING THE FORM 990.
FORM 990, PART VI, SECTION C, LINE 18:
FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST

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

Schedule O (Form 990) 2021

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

Attachment Sequence No. **179**

OMB No. 1545-0172

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

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

DR:	IVEN TO CURE, INC.			FORM	990 P	AGE 10		81-1183301
Pa	rt Election To Expense Certain Prope	erty Under Section 1	79 Note: If you have	e any listed	d property,	complete Part	V before	you complete Part I.
1 1	Maximum amount (see instructions)			-			1	1,050,000.
	Total cost of section 179 property place							
	Threshold cost of section 179 property		2,620,000.					
	Reduction in limitation. Subtract line 3							
	Dollar limitation for tax year. Subtract line 4 from lin							
6	(a) Description of pr	roperty	(b) C	ost (business	use only)	(c) Elected	cost	
7 L	Listed property. Enter the amount from	n line 29			7			
8	Total elected cost of section 179 prope	erty. Add amounts	s in column (c), lines	s 6 and 7 .			8	
9	Tentative deduction. Enter the smaller	of line 5 or line 8					9	
	Carryover of disallowed deduction fror							,
11 E	Business income limitation. Enter the s	smaller of busines	s income (not less t	:han zero) (or line 5		11	
12 3	Section 179 expense deduction. Add I	ines 9 and 10, but	don't enter more t	han line 11	I <u></u>		12	
	Carryover of disallowed deduction to 2				▶ 13			
	e: Don't use Part II or Part III below for							
	rt II Special Depreciation Allowa		· · · · · ·			•		
14 3	Special depreciation allowance for qua	alified property (ot	ner than listed prop	erty) place	ed in service	e during		
	the tax year						-	
15 F	Property subject to section 168(f)(1) el	ection						
							16	
Ра	MACRS Depreciation (Don't	t include listed pro		•				
			Section					908.
	MACRS deductions for assets placed						17	908.
18	If you are electing to group any assets placed in ser						dian Cu	nto un
	Section B - Assets	(b) Month and	(c) Basis for deprec			erai Deprecia	ition Sys	iem –
	(a) Classification of property	year placed in service	(business/investmer only - see instructi	nt use	(d) Recovery period	(e) Convention	(f) Method	d (g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							-i
f	20-year property							
g								
	25-year property				25 yrs.		S/L	
b	25-year property	/			25 yrs. 27.5 yrs.	MM	S/L S/L	
h	25-year property	/				MM MM		
	25-year property Residential rental property	/			27.5 yrs.	+	S/L	
h	25-year property Residential rental property Nonresidential real property	/			27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L	
	25-year property Residential rental property	/	During 2021 Tax	Year Using	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L	ystem
	25-year property Residential rental property Nonresidential real property	/	During 2021 Tax	Year Using	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L	ystem
i	25-year property Residential rental property Nonresidential real property Section C - Assets I Class life	/	During 2021 Tax	Year Using	27.5 yrs. 27.5 yrs. 39 yrs. g the Altern 12 yrs.	MM MM MM	S/L S/L S/L S/L iation S	ystem
i 20a	25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year	/	During 2021 Tax	Year Using	27.5 yrs. 27.5 yrs. 39 yrs. g the Altern	MM MM MM	S/L S/L S/L S/L S/L S/L S/L	ystem
i 20a b c	25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year	/	During 2021 Tax	Year Usin	27.5 yrs. 27.5 yrs. 39 yrs. g the Altern 12 yrs.	MM MM MM native Deprec	S/L S/L S/L S/L siation S S/L S/L	ystem
i 20a b c d	25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year ITT IV Summary (See instructions.)	// /Placed in Service	During 2021 Tax	Year Using	27.5 yrs. 27.5 yrs. 39 yrs. g the Altern 12 yrs. 30 yrs.	MM MM MM Deprection MM	S/L S/L S/L S/L Siation S S/L S/L S/L S/L S/L S/L	
i 20a b c d Pa	25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year IT IV Summary (See instructions.) Listed property. Enter amount from line	// /Placed in Service // / / e 28			27.5 yrs. 27.5 yrs. 39 yrs. g the Alteri 12 yrs. 30 yrs. 40 yrs.	MM MM MM Deprection MM	S/L S/L S/L S/L S/L S/L S/L	
i 20a b c d Pa 21 1 22	25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year IT IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	// // Placed in Service // / / e 28 14 through 17, lir	es 19 and 20 in co	lumn (g), a	27.5 yrs. 27.5 yrs. 39 yrs. g the Altern 12 yrs. 30 yrs. 40 yrs.	MM MM MM native Deprec	S/L S/L S/L Siation S S/L S/L S/L S/L S/L S/L S/L S/L S/L	13,440.
i 20a b c d Pa 21 1 22 1	25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year ITT IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines Enter here and on the appropriate lines	// /Placed in Service // / / e 28	es 19 and 20 in co	lumn (g), a	27.5 yrs. 27.5 yrs. 39 yrs. g the Altern 12 yrs. 30 yrs. 40 yrs.	MM MM MM native Deprec	S/L S/L S/L Siation S S/L S/L S/L S/L S/L S/L S/L S/L S/L	13,440.
i 20a b c d Pa 21 l 22 1 E 23 F	25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year IT IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service / / / / e 28 14 through 17, lir s of your return. P	es 19 and 20 in co artnerships and S of e current year, ente	lumn (g), accorporation	27.5 yrs. 27.5 yrs. 39 yrs. g the Altern 12 yrs. 30 yrs. 40 yrs.	MM MM MM native Deprec	S/L S/L S/L Siation S S/L S/L S/L S/L S/L S/L S/L S/L S/L	13,440.

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns	(a) through (d	c) of Section A	all of S	ection B	, and S	ection C	if appl	icable.		,				
			on and Other					nstruc	tions for li	mits for	passenç	ger autor	nobiles.)		
<u>24a</u>	a Do you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	Xγ	′es	_ No	24b If "Y	es," is th	ne evide	nce writ	ten? X	J Yes ∟	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	_{je} ot	(d) Cost or ther basis	(hı	(e) sis for depro usiness/inve use only	stment	(f) Recovery period	Me	(g) thod/ /ention	Depre	(h) eciation uction	Ele sectio	(i) cted n 179 ost
25	Special depreciation alle	owance for o	ualified listed	property	/ placed	in servi	ce durin	g the ta	ax year ar	ıd					
	used more than 50% in	a qualified b	usiness use								. 25				
	Property used more that	n 50% in a c	qualified busine	ess use:											
20	009 GT-R	021320	100.00 9	6 6	7,20	0.	67,2	00.	5.00	SL	-HY	13,	440.		
		: :	9	6											
		: :	9	6											
<u>27</u>	Property used 50% or le	ess in a qual	ified business	use:											
		1 1	9	6						S/L -					
		1 : :	9							S/L -					
		: :	9							S/L -	-	1 2	4.4.0		
	Add amounts in column												440.		
<u>29</u>	Add amounts in column	n (i), line 26. E					on Use						. 29		
	mplete this section for ve your employees, first ans		by a sole prop	rietor, p	artner, o	r other	"more th	an 5%	owner,"						5
30	Total business/investment		-		a) nicle 1		(b) hicle	V	(c) 'ehicle		d) nicle	1	e) nicle	(f Veh	
	year (don't include commu														
	Total commuting miles														
32	Total other personal (no driven	_	•												
33	Total miles driven during Add lines 30 through 32														
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate														
36	Is another vehicle availa	· ·													
		Section C	- Questions f	•	-					-					
Ans	swer these questions to	determine if	you meet an e	xceptior	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	ren't		
	re than 5% owners or re													_	
37	Do you maintain a writte employees?											r 		Yes	No
38	Do you maintain a writte employees? See the ins	en policy stat	tement that pro	ohibits p	personal	use of	vehicles,	excep	t commut	ing, by	our/				
	Do you treat all use of v														
40	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	ete Sec	tion B for	the co	overed ve	hicles.					
P	art VI Amortization			/I- \		7-1			(-N		(-)			(6)	
	(a) Description o	of costs		(b) amortization begins		(c) Amortiza amour	ble it		(d) Code section		(e) Amortiza period or per		An fo	(f) nortization r this year	
42	Amortization of costs th	nat begins du	ring your 2021	tax yea	ar:										
				: :				\bot							
				<u>: :</u>											
	Amortization of costs th											43			
<u>44</u>	Total. Add amounts in o	column (f). Se	ee the instruct	ons for	where to	report						44			

Form **4562** (2021)