

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning **January 1**, 2017, and ending **December 31**, 20 **17**

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

C Name of organization **VolTran**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 3178
 City or town, state or province, country, and ZIP or foreign postal code
Warrenton, VA 20188-3178

D Employer identification number
27-1352660

E Telephone number
540-422-8424

F Name and address of principal officer: **Phyllis McBride**
745 Candy Point Road, Heathsville, VA 22473-2219

G Gross receipts \$ **28,866**

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

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

J Website: ▶ **www.voltran.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2010** **M** State of legal domicile: **VA**

Part I Summary

| | | | | |
|-----------------------------|------------|---|---------------|---------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: VolTran is a volunteer transportation service that is designed to provide rides for the elderly and disabled to medical appointments and transportation for critical errands such as physical therapy, groceries, and pharmacy visits. Also provides transportation for cancer patients to medical appointments. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 8 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 0 |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 28 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 0 | 33,456 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 | 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) | 0 | 0 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 15,499 | 33,456 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 0 | 0 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 6,426 | 20,418 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 9,073 | 13,038 |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 15,499 | 33,456 |
| | 21 | Total liabilities (Part X, line 26) | 6,426 | 20,418 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 9,073 | 13,038 |

Part II Signature Block

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

Sign Here ▶ Phyllis McBride Signature of officer Date 01/09/2018
 ▶ Phyllis McBride, President Type or print name and title

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | Firm's EIN ▶ | | Phone no. | |
| Firm's address ▶ | | | | |

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