LAWRENCE R. MITCHELL & COMPANY, CPAS 880 APOLLO STREET, SUITE 140 EL SEGUNDO, CA 90245 TEL.: 310.563.1010 FAX: 310.563.1011

SEPTEMBER 3, 2019

WHEELS 4 LIFE 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651

WHEELS 4 LIFE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2018 FORM 990-EZ

FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

2018 CALIFORNIA FORM 199

2018 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

LAWRENCE R. MITCHELL & COMPANY, CPAS

Prepared for:	Prepared by:
WHEELS 4 LIFE	LAWRENCE R. MITCHELL & COMPANY, CPAS
30722 MARILYN DRIVE	880 APOLLO STREET, SUITE 140
LAGUNA BEACH, CA 92651	EL SEGUNDO, CA 90245

2018 FORM 990-EZ

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR REPORT TO THE FINCEN.

Prepared for:	Prepared by:
30722 MARILYN DRIVE	LAWRENCE R. MITCHELL & COMPANY, CPAS 880 APOLLO STREET, SUITE 140 EL SEGUNDO, CA 90245

2018 CALIFORNIA FORM 199

NO PAYMENT IS REQUIRED.

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

2018 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF\$ 25.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$25.00, PAYABLE TO ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

PLEASE MAIL AS SOON AS POSSIBLE.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Form 114a	Recor	d of Auth	oriz	ation to				
	Department of the Treasury Electronically File FBABs							
Financial Crimes Enforceme Network (FinCEN)	(See instructions below for completion)							
	Do not send to FinCEN. Retain this form for your records.							
May 2015		orm 114a may be				WHT	TELS	420180001
Part I Persons who ha	ave an obligation to file a Report	,	<u> </u>					120100001
1. Owner last name or ent				ner first name				3. Owner M.I.
WHEELS 4 LIFE								
4. Spouse last name (if joi	ntly filing FBAR - see instructions b	elow)	5. Spc	ouse first name				6. Spouse M.I.
I/we declare that I/we have	e provided information concerning	1 (en	ter num	ber of accounts) foreig	n hank ar	nd finan	cial acc	
	er 31, 2018 to the preparer lis							
	thorize the preparer listed in Part I				-		-	
Report of Foreign Bank an	d Financial Accounts (FBAR) based	d on the informat	tion that	I/we have provided; a	nd that I/v	ve auth	orize th	ie preparer
listed in Part II to receive in	nformation from FinCEN, answer in	quiries and resolv	ve issue	s relating to this subm	ission. I/w	e ackn	owledg	e that,
notwithstanding this decla	ration, it is my/our legal responsibil	lity, not that of th	ie prepa	rer listed in Part II, to t	imely file a	an FBAF	R if requ	uired by law
to do so.								
	· · · · · · · · · · · · · · · · · · ·							X EIN
7. Owner signature (Autho	orized representative if entity)	8. Date		9. Owner or entity TI		10. TIN type		
		MM DD YY	YYY	203312814		type	 c [Foreign
11. Spouse signature		12. Date		13. Spouse TIN	1	14. TIN	a	
						type	∍ b [SSN/ITIN
Deut II. I. II. I. I.			YYY				сL	Foreign
	ntity Authorized to File FBAR on				1	M	1 10	
15. Preparer last name		16. Preparer fin	st name)	17. Prep	arer IVI.	1. 18.	. Preparer PTIN
MITCHELL CPA		LAWRENCE				P001647		0164733
19. Address		20. City			21. State	e	22. ZIF	P/postal code
880 APOLLO STE	REET, SUITE 140	EL SEGUN	DO		СА	c	9024	5
	Preparer's (item 15) employer's (En			Employer EIN	26. Prep			
code								
US LAV	VRENCE R. MITCHELL			0-0545687				
· · · · ·	Instructions for compl	-	-					
	eted by the individual or entity gran	-		· · —	•		-	
	ecord <u>must</u> be signed by the individention entity must be registered with FinC							
		EN DOA ET IC Sy	, stern. (t	bee map.//bsaeming.m	10011.11023	.gov/m		rior registration).
Read and complete the ac	count owner statement in Part I.							
. ,	o file the Foreign Bank and Financi	•	•			•	e Part I	, items 1 through
3 (as required), sign and d	ate the document in Part I, items 7	/8 and complete	items 9	and 10. Item 7 may be	e digitally s	signed.		
Accounts Jointly Owned b	y Spouses (see exceptions in the F	BAR instructions	s)					
If the account owner is filir	ng an FBAR jointly with his/her spo	use, the spouse i	must als	so complete Part I, iter	ns 4 throu	gh 6. Tl	he spol	use must also
•	items 11/12, (item 11 may be digit		-				-	
	ed foreign account. In this case, bo							
(spouse) that will file the Fi number x).	BAR on behalf of both spouses will	complete Part II	in its ei	ntirety (do not use suc	n terms as	see ab	ove, or	same as item
*	through 18 with the preparer's info	ormation. The add	dress it	ems 19 through 23 is	that of the	prena	rer or th	ne preparer's
	an employee. Record the employe			-				
	arty preparer <u>must</u> sign in item 26 (o	•	• ·		• •			
by the authorizing authorit		-	·					
	t I, and the person listed in Part II a				sted in Pa	rt I, shc	ould reta	ain copies
or this record of authorizat	ion and the filing itself, both for a p DO NOT SEND THIS REC				DO SO.			
820011 04-01-18	-					F	Rev. 10.	.7 May 21, 2015

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service For calendar year 2018, or fiscal year beginning ______, 2018, and ending ______ ▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

Name of exempt organization

20-3312814

20

WHEELS 4 LIFE

Name and title of officer
CARMEN REY
TREASURER
Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box
on line 1a , 2a , 3a , 4a , or 5a , below, and the amount on that line for the return being filed with this form was blank, then leave line 1b , 2b , 3b , 4b , or 5b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	86,342.
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize LAWRENCE R. MITCHELL & COMPANY,	, , , , , , , , , , , , , , , , , , , ,
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return is being filed with a state agency(ies) regulating charities as part of the IRS F enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the o indicated within this return that a copy of the return is being filed with a state program, I will enter my PIN on the return's disclosure consent screen.	· · ·
Officer's signature 🕨	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	95954090245 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electron confirm that I am submitting this return in accordance with the requirements of Pub. 4 <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date D
ERO Must Retain This Form - S Do Not Submit This Form to the IRS Unle	

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

WHEELS420180001

Filing Name WHEELS 4 LIFE

Submission Type NEW

PIN NOT REQUIRED

Check here \boxed{X} if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 15, 2019. An automatic extension to October 15, 2019 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. L Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. Other (please provide explanation below)

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 2018 Amended

Part I F	iler informati	on		WHE	ELS4	2018	0001	-				,		
2 Type of filer														
a 🗌 Individ	dual b 🗌 Pa	rtnership c	X Corp	ooration (d 🗌	Consoli	dated ∈	e 🗔 Fic	duciary o	r other - Ent	ter ty	ре		
3 U.S. Taxpay	er Identification I	Number 3a	TIN type	4 Fore	ign ider	ntificatio	n (Comp	lete only if	item 3 is	not applicabl	<u>e</u>)	5 Individual's		
2033128	14] SSN/ITII	N a Type	:	Passpo	rt 🗌	Foreign ⁻		Other		MM/C	D/YY	ΥY
	U.S. Identificatio	on X	EIN	b Num	ber		c Cou	ntry of Iss	sue					
6 Last name of WHEELS	or organization na 4 LIFE	ime					7F	irst name				8 Middle initi	al 8	3a Suffix
9 Mailing add	ress (number, str	eet, and ap	t. or suite r	no.)			•							
30722 M	ARILYN DI	RTVE												
10 City				11 State	12 ZI	P/Posta	l Code	13 Cou	ntry					
LAGUNA	BEACH			CA	926	51		USA						
14 a) Does the	e filer have a fina	ncial interes	st in 25 or i											
Yes 🗌 No 🚺	Enter number	of account	s		Do not	comple	te Part I	l or Part I	ll, but m	aintain recc	ords o	of the information	n.	
b) Does the	e filer have signa	ture authori												
Yes No X	Enter number	of account	s		Comp. I	Part IV, it	ems 34 t	hrough 43	for each p	person on wh	nose b	ehalf the filer has	sign.	authority.
	_ Iformation or	n financia	al accou	int(s) ow	ned s	separa	tely							
15 Maximum va	alue of account d	uring calen	dar year	15a Amo	unt 16	Type of	accoun	t a X I	Bank b	Securi	ities	c Other - l	inter t	type below
	116	170		unknow	'n									
17 Name of fina	116, 1 ancial institution i		count is he											
LLYODS														
18 Account nu 0043040	mber or other des 2	signation		g address (GRESI				suite no.) of finan	cial instituti	ion in	which account	is he	əld
20 City			21 State,	if known	2				known 2	23 Country				
LONDON Signature	44 01 11	V	<u> </u>	· · · ·			2V7E					KINGDOM		
44 Filer signatu	44a Check he	re ⊥∆ if 45 Filer titl						parer and	complet	te the third		preparer section		<u></u>
The report w	ill be electronically d when filed		ie, ii not re	porting a p	ersona						40	Date (MM/DD/ This date will aut FBAR is electro	o-fill w nically	/ hen the signed
	47 Preparer's la		48 First			49 MI	50 Ch		f 51 TI		ł	51a TIN type	X	PTIN
Third Party	MITCHELL		LAWRE				self	-employe		L64733				Foreign
Preparer	52 Contact pho 310.563.	one no. 1010		i3 Firm's n AWREN		. МТ	TCHE	LL &		rm's TIN) 5 4 5 6 8		54a TIN type		EIN Foreign
Use Only	55 Mailing add	ress (numb	er, street, a	apt. or suit	e no.) 5	56 City			57 Stat	e 58 ZIP	P/Post	tal Code	59	Country
	880 APOLI	LO STR	EET,	SUITE	14E	L SE	GUNI	0	CA	9024	5		US	5

Short Form 990-EZ Return of Organization Exempt From Income Tax						OMB No. 1545-1150
1 011						
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			
_			Do not enter social security numbers on this form as it	t may be made pu	blic.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990EZ for instructions and the	ne latest informati	ion.	Inspection
			year, or tax year beginning a	and ending		
B	Check if	ole: C Na	me of organization		D Employer	identification number
	Addr	ess change	/			
	Name	oonungo	IEELS 4 LIFE ber and street (or P.O. box, if mail is not delivered to street address)	De em /euite		3312814
	Final	return/ 20)722 MARILYN DRIVE	Room/suite		- 499 – 2030
		City	or town, state or province, country, and ZIP or foreign postal code		F Group Ex	
		T 7	AGUNA BEACH, CA 92651		Number	
G		ation pending	Cash X Accrual Other (specify)			if the organization is
			ELS4LIFE.ORG			red to attach Schedule B
J	Tax-ex	empt status (ch	eck only one) _ X 501(c)(3) 501(c) () ◀(insert no.) 494	7(a)(1) or 527	· ·	0, 990-EZ, or 990-PF).
KF	orm o	of organization:	X Corporation Trust Association Other			
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, \overline{o}			
		n (B)) are \$500,0	000 or more, file Form 990 instead of Form 990-EZ		🕨 🤅	86,342.
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balar			
	.		organization used Schedule O to respond to any question in this Part I			<u>X</u> 83,908.
			gifts, grants, and similar amounts received			03,900.
	2		e revenue including government fees and contracts			
	4		ues and assessments		3	
	I .		from sale of assets other than inventory 5a			
			ther basis and sales expenses 5b			
	c				5c	
	6		ndraising events:			
Ð	a	Gross income	rom gaming (attach Schedule G if greater than			
Revenue			6a			
Rev	b		5 (5+	ributions		
_			ig events reported on line 1) (attach Schedule G if the sum of such			
		•	and contributions exceeds \$15,000) 6b		_	
			benses from gaming and fundraising events 6c			
	L _		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line inventory, less returns and allowances		6d	
	7a b		oods sold 7b			
	C C	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)		70	
	8		(describe in Schedule 0) SEE SC	HEDULE O	8	2,434.
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	86,342.
	10		ilar amounts paid (list in Schedule O)			
	11	Benefits paid to	o or for members		11	
ses	12	Salaries, other	compensation, and employee benefits		12	
Expenses	13	Professional fe	es and other payments to independent contractors		13	1,825.
ЕХр	14	Occupancy, rer	nt, utilities, and maintenance SEE SC	HEDOLE O	14	3,895. 151.
_	15	Printing, public	ations, postage, and shipping	ים דוותשטי	15	89,424.
	16 17		s (describe in Schedule 0) SEE SC		16	95,295.
	18		s. Add lines 10 through 16 cit) for the year (Subtract line 17 from line 9)			-8,953.
ets	19		and balances at beginning of year (from line 97, column (A))			
Ass			th end-of-year figure reported on prior year's return)		19	256,620.
Net Assets	20		in net assets or fund balances (explain in Schedule O)			0.
2	21		und balances at end of year. Combine lines 18 through 20			247,667.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

	n 990-EZ (2018) WHEELS 4 LIFE			20-	<u>33128</u>	14 Page
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res					
			(A) Beginning of year	+	• • •	nd of year
22	, , , , , , , , , , , , , , , , , , , ,		246,774	_		241,716
23	Land and buildings Other assets (describe in Schedule 0) SEE SCHEDULE C	······	9,846	23		5,951
24	Uther assets (describe in Schedule U) SEE SCHEDULE C	, 	256,620			$\frac{5,951}{247,667}$
25 26	Total assets		230,020	• 25 • 26		<u>247,007</u> 0
20	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21)		256,620			247,667
	art III Statement of Program Service Accomplishme			• 21		penses
	Check if the organization used Schedule O to res	``	,	X	(Required	for section
Wha	it is the organization's primary exempt purpose?SEE SCHEDULE C)				and 501(c)(4) ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program		es. In a clear and concise		others.)	
	ner, describe the services provided, the number of persons benefited, and other relevant inform					
28	SEE SCHEDULE O					
	(Grants \$) If this amount includes foreign g	grants, check here			28a	90,595
29						
	(Grants \$) If this amount includes foreign g	grants, check here	►		29a	
30						
	(Cranta the company includes foreign a	aranta abaali bara	>	<u> </u>	30a	
21	(Grants \$) If this amount includes foreign of the program services (describe in Schedule O)				30a	
	(Grants \$) If this amount includes foreign s	arante, chack hara			31a	
		grants, check here			υια	
32					32	90,595
32 Pa		Employees (list each one		🕨	32	90,595 or Part IV)
32 Ра	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	Employees (list each one	even if not compensated -	see the i		
32 Ра	Total program service expenses (add lines 28a through 31a)	Employees (list each one pond to any questio (b) Average hours	even if not compensated - s n in this Part IV (c) Reportable	 (d) неа	instructions for	
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	Employees (list each one pond to any questio (b) Average hours per week devoted to	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contri emplo	instructions for alth benefits, butions to yee benefit	or Part IV) (e) Estimated amount of othe
Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	Employees (list each one pond to any questio (b) Average hours	even if not compensated - : n in this Part IV (c) Reportable compensation (Forms	(d) Hea contri emplo plans, a	instructions for a struction of the structure of the stru	or Part IV) (e) Estimated
Pa MA	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title RK PETERMAN	Employees (list each one pond to any questio (b) Average hours per week devoted to position	even if not compensated - : n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred bensation	or Part IV) (e) Estimated amount of othe compensation
Pa MA CH	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title RK PETERMAN CHECK THE BOARD	Employees (list each one pond to any questio (b) Average hours per week devoted to	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred	or Part IV) (e) Estimated amount of othe
Pa MA CH HA	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title RK PETERMAN CAIRMAN OF THE BOARD NS REY	Employees (list each one pond to any questio (b) Average hours per week devoted to position 1.00	even if not compensated - : n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred bensation	or Part IV) (e) Estimated amount of othe compensation 0
Pa MA CH HA EX	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title RK PETERMAN AIRMAN OF THE BOARD NS REY ECUTIVE DIRECTOR	Employees (list each one pond to any questio (b) Average hours per week devoted to position	even if not compensated - : n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred bensation	or Part IV) (e) Estimated amount of othe compensation
Pa MA CH HA EX CA	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title RK PETERMAN AIRMAN OF THE BOARD NS REY ECUTIVE DIRECTOR RMEN REY	Employees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00	even if not compensated - : n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Hea contri emplo plans, a	instructions for alth benefits, butions to yee benefit and deferred bensation 0.	or Part IV) (e) Estimated amount of othe compensation 0
Pa MA CH HA EX CA TR	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title RK PETERMAN CAIRMAN OF THE BOARD NS REY ECUTIVE DIRECTOR RMEN REY EASURER / SECRETARY	Employees (list each one pond to any questio (b) Average hours per week devoted to position 1.00	even if not compensated - : n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred bensation	or Part IV) (e) Estimated amount of othe compensation 0
MA CH HA EX CA TR BR	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title RK PETERMAN CAIRMAN OF THE BOARD NS REY ECUTIVE DIRECTOR RMEN REY EASURER / SECRETARY YAN COLE	Employees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00 45.00	even if not compensated - : n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Hea contri emplo plans, a	instructions for alth benefits, butions to yee benefit and deferred bensation 0. 0.	or Part IV) (e) Estimated amount of othe compensation 0 0
Pa MACHAEX CAR BR BO	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title RK PETERMAN CAIRMAN OF THE BOARD NS REY ECUTIVE DIRECTOR RMEN REY EASURER/SECRETARY YAN COLE ARD MEMBER	Employees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00	even if not compensated - : n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Hea contri emplo plans, a	instructions for alth benefits, butions to yee benefit and deferred bensation 0.	or Part IV) (e) Estimated amount of othe compensation 0
Pe MACHAEXAR RBBOS	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title RK PETERMAN AIRMAN OF THE BOARD NS REY ECUTIVE DIRECTOR RMEN REY EASURER / SECRETARY YAN COLE ARD MEMBER OTT ROBINSON	Employees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00 45.00 1.00	even if not compensated - : n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Hea contri emplo plans, a	instructions for alth benefits, butions to yee benefit and deferred bensation 0. 0. 0.	or Part IV) (e) Estimated amount of othe compensation 0 0 0 0
Pa MACHAEXATR BBOS BOS BOS	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title RK PETERMAN CAIRMAN OF THE BOARD NS REY ECUTIVE DIRECTOR RMEN REY EASURER/SECRETARY YAN COLE ARD MEMBER	Employees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00 45.00	even if not compensated - : n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Hea contri emplo plans, a	instructions for alth benefits, butions to yee benefit and deferred bensation 0. 0.	or Part IV) (e) Estimated amount of othe compensation 0 0
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Form	990-EZ (2018) WHEELS 4 LIFE 20-3312	814		Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th		
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			<u> </u>
•	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		x
37 9	Enter amount of political expenditures, direct or indirect, as described in the instructions \mathbf{P} 37a 0 .			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	07.0		
00 u	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	004		
39	Section 501(c)(7) organizations. Enter:	•		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	•		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	•		
40 a	section 4911 \blacktriangleright 0 • ; section 4912 \blacktriangleright 0 • ; section 4955 \blacktriangleright 0 •			
ь	Section 4911 Section 4912 Section 4912 Section 4912 Section 4912 Section 4912 Section 4914 Secti			
U	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
		406		x
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization • 0 •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			v
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \blacktriangleright CA	<u> </u>	020	
42 a	The organization's books are in care of \blacktriangleright HANS REY Telephone no. \triangleright 949-49			
	Located at ► 30722 MARILYN DRIVE, LAGUNA BEACH, CA ZIP+4 ► 9	205	T	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Vee	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			No
		42b	X	
	If "Yes," enter the name of the foreign country: UNITED KINGDOM			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	10		v
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:		•	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

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			Yes	No
46 Did the organization engage, directly or indirectly, in poli		-	46	Х
If "Yes," complete Schedule C, Part I	Only		40	- 23
	nswer questions 47-49b and 52, and complete t	the tables for lines 50 and 51.		
Check if the organization used Schedule	O to respond to any question in this Part VI			
		r		No
47 Did the organization engage in lobbying activities or have			47	X
48 Is the organization a school as described in section 170(48 49a	X X
49 a Did the organization make any transfers to an exempt nob If "Yes," was the related organization a section 527 organ			49a 49b	<u>л</u>
50 Complete this table for the organization's five highest co				more
than \$100,000 of compensation from the organization. I		, , , ,		
(a) Name and title of each employee	(b) Average hours	(C) Reportable (d) Health benefits contributions to	(•)=•	
		W-2/1099-MISC) Contributions to employee benefit plans, and deferred	amount of compensa	
NON	E	compensation	compense	
			1	
51 Complete this table for the organization's five highest co- organization. If there is none, enter "None." NON (a) Name and business address of each independent	E	· · ·	tion from the	
d Total number of other independent contractors each rec	iving over \$100,000			
52 Did the organization complete Schedule A? Note: All sec				
completed Schedule A			🕻 Yes 🗌	No
Under penalties of perjury, I declare that I have examined this			ge and belief,	, it is
true, correct, and complete. Declaration of preparer (other that	n officer) is based on all information of which prepare	r has any knowledge.		
Signature of officer		Date		
Here CARMEN REY, TREASUR	F R			
Type or print name and title				
Print/Type preparer's name	Preparer's signature Date	Check if PTIN		
Paid LAWRENCE MITCHELL,		self- employed		
Prenarer CPA	09/03/	'19 P00:	L64733	
Lise Only Firm's name ► LAWRENCE R.	MITCHELL & COMPANY, CPAS			
Firm's address > 880 APOLLO		Phone no. 310.56	3.1010	
EL SEGUNDO, May the IRS discuss this return with the preparer shown abov			7	No

Form	990-EZ	(2018)
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SCHEDULE A	
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
(1.01111	000	U 1	000 LL,

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
2018
Open to Public Inspection

WHEELS 4 LIFE 20-3312814 Part I Reson for Public Charty Status (Ai organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines.1 through 12, check only one box). A chuck, commention of hidroles, or association of durated association and section 1700b/(1)A(iii). A chuck commention of hidroles, or association of durated association and section 1700b/(1)A(iii). A chuck commention of hidroles or association of durated association and section 1700b/(1)A(iii). Enter the hospital's name, city, and state. City, and state. Complete Part II.) Complete Part II.) Complete Part II.) A community trust described and the operated by a governmental unit described in section 1700b/(1)A(ii). Complete Part II.) A community trust described in section 1700b/(1)A(i). Complete Part II.) B comparization operated for the benefit of a college or university or anon-land grant college of university. Complete Part II.) Complete Part II.) C An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross neeghts from activities related to its evenpt functions: subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions (A)/3% of Its support from contributions (A)/3% of Its support from contributions (A)/3% of Its support or genization described in section 1700(A)/3/40(A). Comparization organization operated exclusively to test for public safety. See section 509(a)/40.	Nam	e of t	he organization							identification number
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 shool described in section 170(b)(1)(A)(i). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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)(iv). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) 9 An arganization describe 10 (i) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to the sevenpt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investiment 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)(2). 12 <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>0-3312814</th></td<>										0-3312814
 A church, convention of churches, or association of churches described in section 170(b)(11(A)(i). A school described in section 170(b)(11(A)(ii), (Atach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(11(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(11(A)(iii). A rederal, state, or coal governmental unit described in section 170(b)(11(A)(iv). A rederal, state, or coal governmental unit described in section 170(b)(11(A)(v). A rederal, state, or coal governmental unit described in section 170(b)(11(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(11(A)(v). A community frust described in section 170(b)(11(A)(v). (Complete Part II.) A community frust described in section 170(b)(11(A)(v). (Complete Part II.) An argicultural research organization described in section 170(b)(11(A)(x)(ix) operated in conjunction with a land-grant college or university: 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 contributions, membership fees, and gross receipts from activities related to subsets taxable income (less section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively for the benefit of, to perform the functions or, to carry out the purposes of one or more publicly supported organization section 509(a)(2). An organization organized and operated exclusively for the benef	Pa	rt I	Reason for Public (Charity Status	(All organizations must co	omplete th	is part.) Se	ee instruction	S.	
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11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check th			income and unrelated busin	iness taxable incom	e (less section 511 tax) fr	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.
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 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organization (ii) Fibe organization (iii) Type organization. (i) Name of supported organization about the supported organization (description) (description) (description	11		An organization organized a	and operated exclu	sively to test for public sa	afety. See	section 50)9(a)(4).		
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 b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (%) is the organization listed in your governing document? (y) Amount of monetary (described on lines 1:10 			the supported organization	ion(s) the power to r	egularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
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 d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (described on lines 1-10) 	С		Type III functionally inte	egrated. A supporti	ng organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,
 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (described on lines 1-10) 			its supported organization	on(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.		
 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (described on lines 1-10) 	d		Type III non-functionally	ly integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organ	zation(s)
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functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (d			requirement (see instruct	tions). You must co	mplete Part IV, Section	s A and D,	and Part	V .		
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Var governing document? (iv) Is the organization (described on lines 1-10	е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 (v) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions)			, ,		, , ,	0 0				
(i) Name of supported (ii) EIN (iii) Type of organization (v) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions)	f									
organization (described of lines 1.10 Vac I support (see instructions) I support (see instructions)	g					(iv) is the orga	nization listed	(.) And a start of		
above (see instructions)) Yes No Support (see instructions)) Support (see instructions))		(.,		
			organization		above (see instructions))	Yes	NO			
Total	Tota	1								

Schedule A (Form 990 or 990 EZ) 2018 WHEELS 4 LIFE

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	196,447.	186,950.	81,453.	89,639.	83,908.	638,397.
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	196,447.	186,950.	81,453.	89,639.	83,908.	638,397.
5		-		-			
	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)						111,171.
6	Public support. Subtract line 5 from line 4.						527,226.
	ction B. Total Support						527,220.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(d) 2017	(a) 2019	
	Amounts from line 4	(a)2014 196,447.	(b) 2015 186,950.	(c) 2016 81,453.	(d) 2017 89,639.	(e) 2018 83,908.	(f) Total 638,397.
-		190,447.	100,550.	01,100.	05,055.	00,000	000,007.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						638,397.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (•			14	82.59 %
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	87.79 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
k	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			▶□]
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
k	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cł	neck this box and s	stop here. Explair	in Part VI how the	•
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
_							

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 WHEELS 4 LIFE

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
in a second s						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
9 Amounts from line 6	(4) 2011		(0) 2010	(4) 2011	(0) 2010	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	ax vear as a section	n 501(c)(3) or	rganization.
check this box and stop here	une engannaanen e					
Section C. Computation of Publi	c Support Pe					······································
15 Public support percentage for 2018 (lin			column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves						/0
17 Investment income percentage for 20			ne 13. column (fl)		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2018. If the			on line 14 and line			
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	and not check a	box of lifte 14, 19	a, ur 190, check t	The box and see In	SURVERIES	▶∟

Vee N-

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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		
Ja		
Зb		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
-		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		

			Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			L
			Yes	No
4	Did the directory trustees, or membership of one or more supported organizations have the newsrife		Tes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
0	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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		
2	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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	s).	
2	Activities Test. Answer (a) and (b) 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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? 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.	3b		

1

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

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

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
r	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a ∕	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d٦	Fotal (add lines 1a, 1b, and 1c)	1d		
еГ	Discount claimed for blockage or other			
f	actors (explain in detail in Part VI):			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	see instructions)	4		
5 N	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Aultiply line 5 by .035	6		
7 F	Recoveries of prior-year distributions	7		
8 N	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	Enter 85% of line 1	2		
3 N	Ainimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	Enter greater of line 2 or line 3	4		
5 l	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
F	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2018

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			Form 000 or 000 FZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
i art ii	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 C,
	line 1; 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.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
WALWORTH MEMORIAL	62,472.	49,704
CLIF BAR FAMILY FOUNDATION	20,500.	7,732.
CYCLING SPORTS GROUP	27,475.	14,707.
DEUTER SPORT GMBH	33,339.	20,571
MARK MAURISSEN	31,225.	18,457
Total Excess Contributions to Schedule A, Part II, Line 5		111,171.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

20-3312814
_ <u> </u>

WHEELS	4	LIFE

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

WHEELS 4 LIFE

Employer identification number

20-3312814

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1	WALWORTH MEMORIAL FUND 13 LODE LANE WILTSHIRE, UNITED KINGDOM P5 3PW	\$8,740.	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		
2	MARK MAURISSON SINGLE TRACK FOR LIFE FUNDRAISER SCHABARTSTRAAT 18 3600 GENK, BELGIUM	\$11,680.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
3	JOHN CRATON TRUSTEE DEPARTMENT 1ST FL TRINITY QUAY 1 AVON STREET BRISTOL, UNITED KINGDOM BS2 0PT	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4 CHAMPLAIN INVESTMENT PARTNERS 18201 VON KARMAN SUITE 480 IRVINE, CA 92612	Total contributions \$7,045.	Type of contribution Person X Payroll		
(a) No.	(b)	(c) Total contributions	(d) Turce of contribution		
	Name, address, and ZIP + 4	\$	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		
<u>No.</u>	Name, address, and ZIP + 4	S	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
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Name of organization

Employer identification number

20 - 3312814

WHEELS 4 LIFE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
_		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. rom 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. rom 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	
—		 _\$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of or	ganization		Employer identification number			
WHEELS	5 4 LIFE		20-3312814			
Part III) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of git				
-	Transferee's name, address, a	nd 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			
F	(e) Transfer of gift					
-	Transferee's name, address, a	nd 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			
	Transferee's name, address, a	(e) Transfer of gif nd 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			
<u>raiti</u>						
F		(e) Transfer of gif	ft			
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE G	Suppleme	ntal Information Regardir	ng Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2018	
Pertment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public Inspection									
								entification number	
name er trie erganzation	WHEELS	4 LIFE					20-3312		
		Complete if the organization ans	wered "\	/es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
	complete this part	t. sed funds through any of the follov	wing act	ivition	Chock all that apply				
a X Mail solicitati	•		Ũ		overnment grants	•			
b X Internet and e	email solicitations		itation of	gover	nment grants				
c X Phone solicit		g 🗴 Spec	ial fundra	aising	events				
d X In-person soli		or oral agreement with any individu	ual (inclu	dina o	fficare directore tru	etooe	or		
-		art VII) or entity in connection with		-			, or Ye	s 🗌 No	
• • •		viduals or entities (fundraisers) pu	-		-		Indraiser is to	be	
compensated at lea	ast \$5,000 by the	organization.							
	of individual		_(iii)	Did			Amount paid	(vi) Amount paid	
(i) Name and address or entity (fund		(ii) Activity	or cor	ntrol of	(iv) Gross receipts from activity	İ	or retained by) fundraiser	to (or retained by) organization	
	-			utions?		listed in col. (i)		organization	
			Yes	No					
			-						
			_						
Total				. 🕨					
3 List all states in which or licensing.	ch the organizatio	on is registered or licensed to solic	cit contrib	oution	s or has been notified	d it is	exempt from	registration	

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

Schedule G (Form 990 or 990-EZ) 2018

Part

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
of fundraising events exercise the areas income on Form 990 F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

					evente with gross level		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through	
d)			(event type)	(event type)	(total number)	- col. (c))	
Revenue							
Seve	1	Gross receipts					
ш	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
	_	Neneral miner					
ŝ	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
, where the second seco							
ш t	7	Food and beverages					
Dire	·						
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		▶		
	11	Net income summary. Subtract line 10 from li					
Pa	ırt I	Gaming. Complete if the organization a	answered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.					
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add	
Revenue				bingo/progressive bingo		col. (a) through col. (c))	
Вe		0					
	-	Gross revenue					
	2	Cash prizes					
ses							
per	3	Noncash prizes					
Direct Expenses	-						
LeC.	4	Rent/facility costs					
ā							
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No	No No	No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>		
~	E ad						
9		ter the state(s) in which the organization condu he organization licensed to conduct gaming a		statos?		Yes No	
		No," explain:					
	• • •						
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						Yes No	
10a	We						
		Yes," explain:			,		

Sch	edule G (Form 990 or 990-EZ) 2018 WHEELS 4 LIFE 20-	3312	2814	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a	1	%
	An outside facility		1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Part IV	Supplemental information (continued)	

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

A +		Date			С		Upadjusted	Bus	Section 179	* Reduction In	Basis For	Beginning	Current	Current Vear	Ending
Asset No.	Description	Acquired	Method	Life	o n v	Line No.	Unadjusted Cost Or Basis	% Excl	Expense	Basis	Depreciation	Accumulated Depreciation	Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	CAMERA EQUIPMENT	01/14/08	SL	5.00		16	5,568.				5,568.	5,568.		٥.	5,568.
2	CAMERA EQUIPMENT	01/18/08	SL	5.00		16	756.				756.	756.		0.	756.
	* 990-EZ PG 1 TOTAL -						6,324.				6,324.	6,324.		0.	6,324.
3	DOCUMENTARY PRODUCTION COSTS	12/31/08	SL	10.00		16	9,435.				9,435.	8,496.		939.	9,435.
4	DOCUMENTARY PRODUCTION COSTS	12/17/09	SL	10.00		16	14,710.				14,710.	11,768.		1,471.	13,239
5	DOCUMENTARY PRODUCTION COSTS	05/31/10	SL	10.00		16	7,348.				7,348.	5,574.		735.	6,309.
6	DOCUMENTARY PRODUCTION COSTS	07/31/13	SL	10.00		16	7,504.				7,504.	3,313.		750.	4,063.
	* 990-EZ PG 1 TOTAL -						38,997.				38,997.	29,151.		3,895.	33,046
	* GRAND TOTAL 990-EZ PG 1 DEPR						45,321.				45,321.	35,475.		3,895.	39,370.

828111 04-01-18

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.)-EZ	OMB No. 1545-0047
Internal Revenue Service Name of the organizatio	Go to www.irs.gov/Form990 for the latest information.	Employe	Inspection r identification number
	WHEELS 4 LIFE		312814
FORM 990-EZ,	PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION	OF OTHER REVENUE:		AMOUNT:
CURRENCY CON	VERSION GAIN		2,434.
FORM 990-EZ,	PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND N	IAINTENANCE:
DESCRIPTION	OF EXPENSES:		AMOUNT:
DEPRECIATION			3,895.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION	OF OTHER EXPENSES:		AMOUNT:
BICYCLES DIS	TRIBUTED		86,700.
INSURANCE			1,147.
OFFICE EXPEN	SE		1,518.
MISCELLANEOU	S EXPENSE		59.
TOTAL TO FOR	M 990-EZ, LINE 16		89,424.
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
OTHER DEPREC	IABLE ASSETS 9,	846.	5,951.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - ORGANIZAT	ION'S	PRIMARY
PURPOSE IS T	O PROVIDE BIKES TO PEOPLE IN NEED OF TRANSPO	RTATIO	ON IN
THIRLD WORLD	COUNTRIES TO GET TO WORK, MEDICAL CARE OR TO	SCHOC	DL.
FORM 990-EZ,	PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	SHMENTS	5:
ש שתדעומם מש	TKES TO DEODLE IN NEED OF TRANSPORTATION IN		

TO PROVIDE BIKES TO PEOPLE IN NEED OF TRANSPORTATION IN

THIRD WORLD COUNTRIES TO GET TO WORK, MEDICAL CARE, OR TO
SCHOOL. THIS WAS ACHIEVED PRIMARILY USING VOLUNTEER
LABOR.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

WHEELS 4 LIFE

Name of the organization

8938	Statement ► Go to www.irs

Form

of Specified Foreign Financial Assets .gov/Form8938 for instructions and the latest information.

Attach to your tax return.

OMB No. 1545-2195 2018

	rtment of the Treasury		Attach to your ta 0.1.0	ax return.			Attac	chment	
Intern	al Revenue Service		018 or tax year beginning		and ending			ience No	. 175
			ation statements, check here	Nur	nber of continuatio				
1	Name(s) shown on re WHEE	etum LS 4 LIFE			2 Taxpayer 20-33128		fication Nu	umber (T	'IN)
3	Type of filer		r			_			
	a Specified in	dividual b	Partnership c	Corporation	on	d	Trust		
4	If you checked box 3	a, skip this line 4. If yo	u checked box 3b or 3c, enter the	name and TIN	I of the specified ind	ividual	who close	ly holds t	the
	partnership or corpo	ration. If you checked	box 3d, enter the name and TIN of	f the specified	person who is a curr	ent be	neficiary of	f the trus	it.
	(See instructions for	definitions and what to	o do if you have more than one spe	ecified individu	al or specified perso	n to lis	st.)		
	a Name				b TIN				
Pa			dial Accounts Summary						- 1
1			Part V)			<u> </u>		116	170
2						\$		110,	178.
3			Part V)			-			
4						\$	1	XN	
5			unts closed during the tax year?	<u></u>			Yes	X N	0
		eign Assets Sumr			N				
1			. VI)			•			
2		Il Assets (reported in P	,			\$		XN	
3 Ра		sets acquired or sold d	ibutable to Specified Fore	ian Einanc			Yes		.0
	Summary		(c) Amount reported on		Where r		/		
(;	a) Asset Category	(b) Tax item	form or schedule	(d) Fo	orm and line	<u> </u>	(e) Schedu	Ile and lir	ne
	oreign Deposit and	1a Interest	\$	(-,, -			(0) 0011040		
	Custodial Accounts	1b Dividends	\$						
		1c Royalties	\$						
		1d Other income	\$						
		1e Gains (losses)	\$						
		1 Deductions	\$						
		1g Credits	\$						
20	Other Foreign Assets	2a Interest	\$						
		2b Dividends	\$						
		2c Royalties	\$						
		2d Other income	\$						
		2e Gains (losses)	\$						
		2f Deductions	\$						
		2g Credits	\$						
Pa	rt IV Excepted	Specified Foreigr	Financial Assets (see inst	ructions)					
lf yo	u reported specified f	oreign financial assets	on one or more of the following fo	orms, enter the	number of such forr	ns filec	l. You do n	iot need f	to
inclu	ude these assets on F	orm 8938 for the tax y	ear.						
1. N	umber of Forms 3520)	2. Number of Forms 3520-A	A	3. Nu	mber c	of Forms 54	471	
4. N	lumber of Forms 8621		5. Number of Forms 8865						
Pa	art V Detailed Ir	nformation for Ea	ch Foreign Deposit and C	ustodial Ac	count Included	in th	ie Part I	Summ	lary
	(see instruc	ctions)							
lf yo			Part V, attach a continuation stater	ment for each a	additional account (s	ee inst	tructions).		
1	Type of account	X Deposit	Custodial		Account number or 0430402	other c	lesignation	1	
3	Check all that apply	a Account op	ened during tax year b	Account close	ed during tax year				
		·	ntly owned with spouse d		ported in Part III with	n respe	ect to this a	asset	
4	Maximum value of ac				•	\$			178.
5			ate to convert the value of the acc				Yes	N	lo
6		s" to line 5, complete a							
	(a) Foreign currency	· · · · · ·	(b) Foreign currency exchange r	ate used to	(c) Source of exch	ange r	ate used if	not from	U.S.
	is maintained		convert to U.S. dollars		Treasury Departme				
UN	ITED KINGDO	M, POUND							

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 8938 (2018)	Page 2
	and Custodial Account Included in the Part I Summary
(see instructions) (continued)	
7a Name of financial institution in which account is maintained LLYODS TSB	b Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained 25 GRESHAM STREET	. Number, street, and room or suite no.
9 City or town, state or province, and country (including postal code)	
LONDON UNITED KI	
•	Asset" Included in the Part II Summary (see instructions)
If you have more than one asset to report in Part VI, attach a continuation	
1 Description of asset	2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acc	uisition or disposition dates.
a Date asset acquired during tax year, if applicable	
b Date asset disposed of during tax year, if applicable	
c Check if asset jointly owned with spouse d	Check if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (check box that applies)	
a 50,550,000 b 550,001 - \$100,000 c	L \$100,001 - \$150,000 d ↓ \$150,001 - \$200,000
 e If more than \$200,000, list value 5 Did you use a foreign currency exchange rate to convert the value of 	
6 If you answered "Yes" to line 5, complete all that apply.	
(a) Foreign currency in which asset is (b) Foreign currency exc	change rate used to (c) Source of exchange rate used if not from U.S.
denominated convert to U.S. dollars	Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in	a foreign entity, enter the following information for the asset.
a Name of foreign entity	b GIIN (Optional)
c Type of foreign entity (1) Partnership	2) Corporation (3) Trust (4) Estate
d Mailing address of foreign entity. Number, street, and room or suite r	0.
e City or town, state or province, and country (including postal code)	
e city of town, state of province, and country (including postal code)	
8 If asset reported on line 1 is not stock of a foreign entity or an interest	in a foreign entity, enter the following information for the asset.
Note: If this asset has more than one issuer or counterparty, attach a	continuation statement with the same information for each additional issuer
or counterparty (see instructions).	
a Name of issuer or counterparty	
Check if information is for Subsect Subsec	nterparty
b Type of issuer or counterparty	
(1) Individual (2) Partnership	(3) Corporation (4) Trust (5) Estate
c Check if issuer or counterparty is a U.S. person	Foreign person
d. Mailing address of issuer or soundaries blumber should be descent	
d Mailing address of issuer or counterparty. Number, street, and room	
e City or town, state or province, and country (including postal code)	

Form 8938 (2018)

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WHEELS 4 LIFE

Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
CAMERA EQUIPMENT	01140	8SL	5.00	16	5,568.			5,568.	5,568.		0.
		8SL	5.00	16	756.			756.	756.		0.
-					6,324.		0.	6,324.	6,324.		Ο.
RODUCTION COSTS	12310	8SL	10.00	16	9,435.			9,435.	8,496.		939.
RODUCTION COSTS	12170	9SL	10.00	16	14,710.			14,710.	11,768.		1,471.
RODUCTION COSTS	05311	0SL	10.00	16	7,348.			7,348.	5,574.		735.
RODUCTION COSTS		3SL	10.00	16	7,504.			7,504.	3,313.		750.
-					38,997.		0.	38,997.	29,151.		3,895.
990-EZ PG 1 DEPR					45,321.		0.	45,321.	35,475.		3,895.
	CAMERA EQUIPMENT CAMERA EQUIPMENT 990-EZ PG 1 TOTAL POCUMENTARY PRODUCTION COSTS POCUMENTARY PRODUCTION COSTS POCUMENTARY PRODUCTION COSTS POCUMENTARY PRODUCTION COSTS 990-EZ PG 1 TOTAL GRAND TOTAL	DescriptionAcquiredCAMERA EQUIPMENT01140CAMERA EQUIPMENT01180990-EZ PG 1 TOTAL01180POCUMENTARY12310PRODUCTION COSTS12170POCUMENTARY12170PRODUCTION COSTS05311POCUMENTARY05311POCUMENTARY07311PRODUCTION COSTS07311POCUMENTARY07311POCUMENTARY07311	DescriptionAcquiredMethodAcquiredMethodCAMERA EQUIPMENT011408SL990-EZ PG 1 TOTAL011808SLPOCUMENTARY PRODUCTION COSTS123108SLPOCUMENTARY PRODUCTION COSTS121709SLPOCUMENTARY PRODUCTION COSTS053110SLPOCUMENTARY PRODUCTION COSTS073113SLPOCUMENTARY PRODUCTION COSTS073113SLPOCUMENTARY PRODUCTION COSTS073113SL	DescriptionAcquiredMethodLifeAcquiredMethodLifeAMERA EQUIPMENT011408SL5.00990-EZ PG 1 TOTAL011808SL5.00PRODUCTION COSTS123108SL10.00OCUMENTARY PRODUCTION COSTS121709SL10.00OCUMENTARY PRODUCTION COSTS053110SL10.00OCUMENTARY PRODUCTION COSTS073113SL10.00OCUMENTARY PRODUCTION COSTS073113SL10.00	DescriptionAcquiredMethodLifeNo.AcquiredMethodLifeNo.CAMERA EQUIPMENT011408SL5.0016990-EZ PG 1 TOTAL011808SL5.0016OCUMENTARY PRODUCTION COSTS123108SL10.0016OCUMENTARY PRODUCTION COSTS121709SL10.0016OCUMENTARY PRODUCTION COSTS053110SL10.0016OCUMENTARY PRODUCTION COSTS073113SL10.0016OCUMENTARY PRODUCTION COSTS073113SL10.0016	DescriptionAcquiredMethodLifeNo.Cost of BasisCost of BasisCost of BasisCamera EQUIPMENT011408SL5.00165,568.COCUMENTARY011808SL5.0016756.PRODUCTION COSTS123108SL10.00169,435.PRODUCTION COSTS121709SL10.001614,710.PRODUCTION COSTS053110SL10.00167,348.PRODUCTION COSTS073113SL10.00167,504.990-EZ PG 1 TOTAL38,997.38,997.38,997.	DescriptionAcquiredMethodLifeNo.Cost Or BasisExclCost Or BasisCost Or BasisExclExclExclExclExclExclCamera EQUIPMENT011408SL5.00165,568.6,324.990-EZ PG 1 TOTAL011808SL5.0016756.6,324.OCUMENTARY123108SL10.00169,435.PRODUCTION COSTS121709SL10.001614,710.OCUMENTARY053110SL10.00167,348.OCUMENTARY073113SL10.00167,504.990-EZ PG 1 TOTAL38,997.38,997.38,997.38,997.	DescriptionAcquiredMethodLifeNo.Cost or BasisExclBasisCost or BasisExclBasisExclBasisBasisBasisBasisBasisCamera EQUIPMENT011408SL5.00165,568.6,324.0.OCUMENTARY PRODUCTION COSTS123108SL10.00169,435.0.OCUMENTARY PRODUCTION COSTS121709SL10.001614,710.0.OCUMENTARY PRODUCTION COSTS053110SL10.00167,348.0.OCUMENTARY PRODUCTION COSTS073113SL10.00167,504.0.OCUMENTARY PRODUCTION COSTS073113SL0.00167,504.0.OCUMENTARY PRODUCTION COSTS07310SL0.00160.00160.OCUMENTARY PRODUCTION COSTS0.00167,504.0.OCUMENTARY PRODUCTION COSTS0.00160.00160.0016GRAND TOTAL0.00160.00160.00160.0016	Description Acquired Method Life No. Cost or Basis Excl Basis Depreciation 2AMERA EQUIPMENT 011408SL 5.0016 5,568. 5,568. 5,568. 5,568. 2AMERA EQUIPMENT 011808SL 5.0016 756. 756. 756. 990-EZ PG 1 TOTAL 011808SL 10.0016 9,435. 0. 6,324. 0. 6,324. OCUMENTARY 123108SL 10.0016 9,435. 9,435. 9,435. OCUMENTARY 121709SL 10.0016 14,710. 14,710. 14,710. OCUMENTARY 053110SL 10.0016 7,504. 7,504. 7,504. OCUMENTARY 073113SL 10.0016 7,504. 7,504. 7,504.	Description Acquired Method Life No. Cost or Basis Excl Basis Depreciation Depreciation PAMERA EQUIPMENT 011408SL 5.00 16 5,568. 5,568. 5,568. 5,568. 5,568. 5,568. 5,568. 5,568. 5,568. 5,568. 756. 756. 756. 756. 756. 756. 6,324. 0. 6,324. 6,32	Description Acquired Method Life No. Cost or Basis Excl Basis Depreciation Depreciation Sec 179 SAMERA EQUIPMENT 0114 08 SL 5.00 16 5,568. 5,574. 5,574. 5,574. 5,574. 5,574. 5,504. 5,574. 5,504. 5,574. 5,574. 5,504. 5,574. 5,574. 5,504. 5,574. 5,504. 5,504. 5,504. 5,504. 5,504. 5,504. 5,504.

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL - WHEELS 4 LIFE

Asset No.	Description	Da Acqu		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
2	CAMERA EQUIPMENT CAMERA EQUIPMENT	011 011	408 808	SL SL	5.00 5.00	5,568. 756.		5,568. 756.	756.	0. 0.
3	* 990-EZ PG 1 TOTAL - DOCUMENTARY PRODUCTION COSTS	123	108	SL	10.00			6,324. 9,435.	9,435.	0. 0.
5	DOCUMENTARY PRODUCTION COSTS DOCUMENTARY PRODUCTION COSTS	121 053	110	SL	10.00 10.00	7,348.		14,710. 7,348.	6,309.	735.
	DOCUMENTARY PRODUCTION COSTS * 990-EZ PG 1 TOTAL -	073	113	SL	10.00	38,997.		7,504. 38,997.	33,046.	750. 2,956.
	* GRAND TOTAL 990-EZ PG 1 DEPR					45,321.		45,321.	39,370.	2,956.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

TAXABLE YEARCalifornia Exempt Organization2018Annual Information Return

	201	8	Annual Information	on Return						199	
Cale	endar Yea	2018 or fis	cal year beginning (mm/dd/yyyy)			, and ending	g (mm/dd/yy	уу)			-
Co	poration/O	ganization na	me				Cal	ifornia corp	oration	number	
		4 LI						2770	142	2	
Ad	ditional info	rmation. See i	nstructions.				FE		210	014	
Chr		(quite or room						20-3	312	2814	
		(suite or room	" YN DRIVE					FIVID IIU.			
Cit		MANID	IN DRIVE				State	ZIP code			
		BEAC	н				CA	9265			
	eign countr			Foreign province/state	e/county		1 011	Foreign p		ode	
A	First Retu	Irn	[Yes X No	J If exem	pt under R&TC	Section 237	01d, has	the or	ganization	
В			•			d in political act					S No
C			(1) trust [Yes X No	K Is the o	organization exe	mpt under R	&TC Sect	tion 23	3701g? • 🗌 Yes 🔀	🛾 No
D	Final Info	rmation Ret	turn?		lf "Yes,	" enter the gross	s receipts fro	om nonme	ember	sources \$	
	•	Dissolved	Surrendered (Withdrawn)	erged/Reorganized	-	nization is a pub	-				
		(mm/dd/yyyy				1 23701d and m		-	•		
	Check ac	counting m	ethod: (1) Cash (2) X Accrual	(3) Other	box. N	o filing fee is rec	quired			• <u>X</u>	.
F			(1) ● 990T(2) ● 990PF (3) •	Sch H (990)						• Yes 🗴	No No
•		Other 990 s		Yes X No	N Did the	organization file	e Form 100	or Form 1	09 to		
G u			P See instructions • [n a group exemption [Yes X No	report	organization unc	f dit by t	ha IDC or	hoo th	• Yes 🗴	NO NO
н			arent's name?							• Yes X	
	11 163, 1	mat is the p				ral Form 1023/1					
I.	Did the o	roanization	have any changes to its guidelines			ed with IRS					- 110
•		-	TB? See instructions	Yes X No	Date						
Pa	arti (-	art I unless not required to file this fo								
		1 Gros	s sales or receipts from other sources	. From Side 2, Part I	I, line 8 \dots			•	1	2,43	\$ 4 00
		2 Gros	s dues and assessments from membe	rs and affiliates				•	2		00
R	eceipts	3 Gros	s contributions, gifts, grants, and simi gross receipts for filing requirement test. Add ine must be completed. If the result is less th	lar amounts received	d		STMI	<u>1</u> •	3	83,90	
	and	4 This li	ine must be completed. If the result is less th	an \$50,000, see Genera	I Information	3		•	4	86,34	: 2 00
R	evenues	5 Cost	of goods sold or other basis, and sales expenses of	aaaata aald	•	6		00	-		
									7	[00
			gross income. Subtract line 7 from lir						8	86,34	
			expenses and disbursements. From S					-	9	95,29	
E	cpenses		ss of receipts over expenses and disb						10	-8,95	
			l payments						11		00
			tax. See General Information K					•	12		00
			nents balance. If line 11 is more than li						13		00
Fi	ling Fee		tax balance. If line 12 is more than line						14		00
			g fee \$10 or \$25. See General Informat						15	N/A	00
			Ities and Interest. See General Information						16		00
		Under penal	nce due. Add line 12, line 15, and line	this return, including ac	companying	schedules and stat	tements, and to	o the best c	17 of my kr	nowledge and belief,	00
Sig	n	it is true, cor	rect, and complete. Declaration of preparer (o	ther than taxpayer) is b		ormation of which		iny knowled	lge.		
Her	e	Signature of officer				TIRER	Date			Telephone	
		of officer				Date	Check	. ; f		● PTIN	
		Preparer's signature	•			09/03/2		mployed		₽00164733	
Pai	d	Firm's name				1 -	- 1	-		• Firm's FEIN	
	parer's	(or yours, if self-	LAWRENCE R. MITC	HELL & CO	MPANY	, CPAS				20-0545687	
	Only	employed)	880 APOLLO STREE	T, SUITE						Telephone	
		and address	EL SEGUNDO, CA 9						_	310.563.101	.0
		May the FT	TB discuss this return with the prepare	r shown above? See	e instructior	S		• X	Yes	No	

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WHEELS 4 LIFE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	1	Gross sales or receipts from all bus	siness activities. See instructions		•	1	
	2	Interest			•	2	
	3	Dividends			•	3	
Receipts	4	Gross rents				4	
rom	5	Gross royalties				5	
Other	6	Gross amount received from sale o	of assets (See Instructions)		•	6	
Sources	7	Other income		SEE STATEM	IENT 2 •	7	2,434
	8	Total gross sales or receipts from	other sources. Add line 1 through	line 7. Enter here and on Sid	e 1, Part I, line 1	8	2,434
	9	Contributions, gifts, grants, and sir	nilar amounts paid		•	9	
	10	Disbursements to or for members			•	10	
	11	Compensation of officers, directors	s, and trustees	SEE STATEM	ient 3 •	11	0
	12	Other salaries and wages			•	12	
Expenses	13	Interest				13	
and	14	Taxes				14	
Disburse-	15	Rents				15	
ments	16	Depreciation and depletion (See ins	structions)		•	16	3,895
	17	Other Expenses and Disbursement	S	SEE STATEM	IENT 4 •	17	91,400
	18		. Add line 9 through line 17. Ente	r here and on Side 1, Part I, li	ne 9	18	95,295
Schedu	ile L	Balance Sheet	Beginning of taxab	le year	End	of taxable ye	ear
ssets			(a)	(b)	(C)		(d)
1 Cash				246,774		•	241,7
		s receivable				•	
		ceivable				•	
						•	
		state government obligations				•	
6 Invest	ments	in other bonds				•	
		in stock				•	
8 Mortga						•	
9 Other i	investr	ments				•	
10 a Dep	reciab	le assets	45,321		45,3	21	
b Less	s accu	mulated depreciation (35,475	9,846 (39,37	0)	5,9
						•	
						•	
		;		256,620			247,6
iabilities							
14 Accou	nts pa	yable				•	
		s, gifts, or grants payable				•	
15 Contril		iotes payable				•	
	and n					•	
16 Bonds							
I 6 Bonds I 7 Mortga	ages p	es					
16 Bonds17 Mortga18 Other I	ages p liabiliti	es				•	
16 Bonds17 Mortga18 Other I19 Capital	ages p liabiliti I stock	es cor principal fund				•	
 16 Bonds 17 Mortga 18 Other I 19 Capital 20 Paid-in 	ages p liabiliti I stock or capi	es		256,620			247,6

1 Net income per book	s	•	-8,953	7	Income recorded on books this year		
2 Federal income tax		•			not included in this return	•	
3 Excess of capital los	ses over capital gains	•		8	Deductions in this return not charged		
4 Income not recorded	on books this year	•			against book income this year	•	
5 Expenses recorded of	n books this year not			9	Total. Add line 7 and line 8		
deducted in this retu	rn	•		10	Net income per return.		
6 Total. Add line 1 thro	ugh line 5		-8,953		Subtract line 9 from line 6	-	-8,953

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WHEELS 4 LIFE

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	TATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
WALWORTH MEMORIAL FUND	13 LODE LANE WILTSHIRE UNITED KINGDOM P5 3PW	12/04/18	8,740.
MARK MAURISSON SINGLE TRACK FOR LIFE FUNDRAISER	SCHABARTSTRAAT 18 3600 GENK BELGIUM	12/28/18	11,680.
JOHN CRATON TRUSTEE DEPARTMENT	1ST FL TRINITY QUAY 1 AVON STREET BRISTOL UNITED KINGDOM BS2 0PT	02/23/18	7,500.
CHAMPLAIN INVESTMENT PARTNERS	18201 VON KARMAN SUITE 480 IRVINE, CA 92612	12/12/18	7,045.
TOTAL INCLUDED ON LINE 3			34,965.
CA 199	OTHER INCOME	S	TATEMENT 2
DESCRIPTION			AMOUNT
CURRENCY CONVERSION GAIN			2,434.
TOTAL TO FORM 199, PART I	I, LINE 7		2,434.

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CA 199	COMPENSATION OF OFFIC	CERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADI	DRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MARK PETERMA 30722 MARILY LAGUNA BEACH	IN DRIVE		CHAIRMAN OF THE BOARD 1.00	0.
HANS REY 30722 MARILY LAGUNA BEACH			EXECUTIVE DIRECTOR 10.00	0.
CARMEN REY 30722 MARILY LAGUNA BEACH			TREASURER/SECRETARY 45.00	0.
BRYAN COLE 30722 MARILY LAGUNA BEACH	-		BOARD MEMBER 1.00	0.
SCOTT ROBINS 30722 MARILS LAGUNA BEACH	IN DRIVE		BOARD MEMBER 1.00	0.
MICHELLE VEY 30722 MARILY LAGUNA BEACH	IN DRIVE		BOARD MEMBER 1.00	0.
TOTAL TO FOR	RM 199, PART II, LINE 1	11		0.
CA 199	C	OTHER	EXPENSES	STATEMENT 4
DESCRIPTION				AMOUNT
BICYCLES DIS INSURANCE OFFICE EXPEN MISCELLANEOU	ISE JS EXPENSE			86,700. 1,147. 1,518. 59.
PROFESSIONAL CONTRACTORS	J FEES AND OTHER PAYMEN	NTS TO) INDEPENDENT	1,825.

TOTAL TO FORM 199, PART II, LINE 17	
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PRINTING, PUBLICATIONS, POSTAGE AND SHIPPING

151.

91,400.

TAXABLE YEARCOI2018and	rporatio I Amorti	n Depr	reciatio	n							CALIFORN 38	
Attach to Form 100 or Form 1		2011011		FORM	199				FEI	N	20-33	
Corporation name				1 0141	200						nia corporatio	
WHEELS 4 LIFE											277014	2
Part Election To Expense (Under IRC S	ection 179								-	
1 Maximum deduction unde										1		\$25,000
2 Total cost of IRC Section 1										2		. ,
3 Threshold cost of IRC Sec										3		\$200,000
4 Reduction in limitation. Su										4		÷)
5 Dollar limitation for taxable										5		
(a) Description of property (b) Cost (business use only) (c) Elected cost												
6												
7 Listed property (elected IR		ost)				7						
8 Total elected cost of IRC S		erty. Add amo	ounts in colum	n (c), line 6 an	d line 7					8		
9 Tentative deduction. Enter	the smaller of li	ne 5 or line 8								9		
10 Carryover of disallowed de	eduction from pri	or taxable yea	ars						L	10		
11 Business income limitation										11		
12 IRC Section 179 expense of							_			12		
13 Carryover of disallowed de												
Part II Depreciation and Ele												
(a) Description property	(b) Date acquired	Co	(C) ost or	(c) Depreciatior	1) n allowed or	(e)	(f Life		l r) Depre	g) eciation	(h)
	(mm/dd/yyyy)		r basis	allowable in		Depreciation Method	rat				is year	Additional first year depreciation
14												depreciation
14							_					
SEE STATEMENT	5	4	5,321.	3	35,475.							
15 Add the amounts in colum	n (g) and colum	n (h). The tota	al of column (h	n) may not exce	eed \$2,000.							
See instructions for line 14	1, column (h)							15			3,895	
Part III Summary												
16 Total: If the corporation is IRC Section 179 expense, Additional first year depred Depreciation (if no election	add the amount ciation under R&	on line 12 and TC Section 24	d line 15, colu 4356, add the a	mn (g); or amounts on lin	e 15, columns	(g) and (h),	or			16		3,895
17 Total depreciation claimed	<i>,.</i>			(0)						17		3,895
18 Depreciation adjustment. I										<u></u>		.,
If line 17 is less than line 1	-											
amounts are used to deter						•	-			18		0
Part IV Amortization												
(a) Description of prope		(b) te acquired m/dd/yyyy)	Cos	c) st or basis	() Amortization allowable in		(e) R&TC sectio (see instruct	n r	(f) Period percenta		(g) Amortization for this year	
19												
20 Total. Add the amounts in	(•) 111			0 1					·····	20		
21 Total amortization claimed					d on Form 10				····· -	21		
22 Amortization adjustment. I Side 1, line 6. If line 21 is I	-									22		
0106 1, 1116 0. 11 11118 2 1 IS I	000 man nine 20,		טופוועט וופוש מו			w, JIUE Z, III	U 12		L	22		

199 7621184

FTB 3885 2018

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CA 3885	DEPRECIATION						STATEMENT 5		
ASSET NO./ DATE IN DESCRIPTION SERVICE		COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS		
1 CAMERA EQUI	PMENT								
2 CAMERA EQUI	01/14/08 PMENT	5,568.	5,568.	SL	5.00	0.			
3 DOCUMENTARY	01/18/08	756.	756.	SL	5.00	0.			
	12/31/08	9,435.	8,496.	SL	10.00	939.			
4 DOCUMENTARY	PRODUCTION 12/17/09	COSTS 14,710.	11,768.	SL	10.00	1,471.			
5 DOCUMENTARY	PRODUCTION 05/31/10		5,574.	SL	10.00	735.			
6 DOCUMENTARY		•	3,313.		10.00	750.			
	— —			ЪП					
TOTAL TO FORM 388	5 =	45,321.	35,475.		=	3,895.			

TAXABLE 1 2018		FORM 8453-EO
Exempt Organi	zation name	Identifying number
WHEELS	3 4 LIFE	20-3312814
	Ilectronic Return Information (whole dollars only)	
	gross receipts (Form 199, line 4)	1 86,342 2 86,342 3 95,295
	gross income (Form 199, line 8)	2 86,342
3 Total e	expenses and disbursements (Form 199, line 9)	3 95,295
Part II S	ettle Your Account Electronically for Taxable Year 2018	
4 E	lectronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/	/ууу)
Part III E	anking Information (Have you verified the exempt organization's banking information?)	
5 Routing		
6 Accour	it number 7 Type of account: Checking	g Savings
	Declaration of Officer	
I authorize th on line 4a.	e exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic fu	inds withdrawal for the amount listed
transmitter, California ele a balance du organization statements b delayed, l a	ies of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my ele or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of th ctronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If e return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organ will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return ar e transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organ uthorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	e exempt organization's 2018 the exempt organization is filing ization's fee liability, the exempt d accompanying schedules and
Sign	TREASURER	
Here	Signature of officer Date Title	
I declare that am only an in accurately re provided the 1345, 2018 the exempt of I declare that	Declaration of Electronic Return Originator (ERO) and Paid Preparer. I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are complete and contermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I dec flects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 before transmittir organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requered and book for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for four years from the due date of the return ganization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the pail I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of and complete. I make this declaration based on all information of which I have knowledge.	are, however, that form FTB 8453-E0 ng this return to the FTB; I have irements described in FTB Pub. rn or four years from the date d preparer, under penalties of perjury,
sic	O's- nature Date Check if Check also paid T	
ERO _	preparer X emplo	
o' if s	h's name (or yours elf-employed) d address B80 APOLLO STREET, SUITE 140	FEIN 20-0545687
Sign an	address F 880 APOLLO STREET, SUITE 140 EL SEGUNDO, CA	ZIP code 90245
	ies of perjury, I declare that I have examined the above organization's return and accompanying schedules and statemen ev are true, correct, and complete. I make this declaration based on all information of which I have knowledge.	
Paid	Paid Date Check	Paid preparer's PTIN
Prepare	preparer's if self-	
Must	Firm's name (or yours	FEIN
Sign	if self-employed) and address	
		ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA Section 12586 and 12587, California Government Code

11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

WHEELS 4 LIFE Amended report									
WHEELS 4 LIFE Amended report									
Name of Organization	Amended report								
30722 MARILYN DRIVE Corporate or Organization No. 2770142	Corporate or Organization No. 2770142								
LAGUNA BEACH, CA 92651 Federal Employer I.D. No. 20-3312814 City or Town, State and ZIP Code 20-3312814 20-3312814									
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts									
Gross Receipts Fee Gross Annual Revenue Fee Gross Annual Revenue Fee	•								
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$10 million \$150 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$10,000,001 and \$50 million \$250 Greater than \$50 million \$300	5								
PART A - ACTIVITIES									
For your most recent full accounting period (beginning $01/01/2018$ ending $12/31/2018$) list: Gross annual revenue \$ 86,342 Total assets \$ 247,667									
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT									
Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.									
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization	No								
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had	х								
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	x								
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?	х								
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	х								
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.									
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	х								
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.									
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	x								
	x								
Organization's area code and telephone number $949 - 499 - 2030$									
Organization's e-mail address									
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.									
CARMEN REY TREASURER									
Signature of authorized officer Printed Name Title Date									