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

NOVEMBER 6, 2018

WHEELS 4 LIFE 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651

WHEELS 4 LIFE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2017 FORM 990-EZ

FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

2017 CALIFORNIA FORM 199

2017 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

Filing Instructions

Prepared for:

WHEELS 4 LIFE 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651

Prepared by:

LAWRENCE R. MITCHELL & COMPANY, CPAS 880 APOLLO STREET, SUITE 140 EL SEGUNDO, CA 90245

2017 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.

Filing Instructions

Prepared for:

WHEELS 4 LIFE 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651

Prepared by:

LAWRENCE R. MITCHELL & COMPANY, CPAS 880 APOLLO STREET, SUITE 140 EL SEGUNDO, CA 90245

2017 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.

2017 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF\$ 50.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$50.00, 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
Department of the Treasury
Financial Crimes Enforcement
Network (FinCEN)

May 2015

Record of Authorization to Electronically File FBARs

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.

The form 114a may be digitally signed

WHEELS420170001

Part I Persons who have an obligation to file a Report of	of Foreign Bank a	and Financial Account(s)	•					
Owner last name or entity's legal name WHEELS 4 LIFE	2	2. Owner first name		3. Owner M.I.				
4. Spouse last name (if jointly filing FBAR - see instructions be	elow)	5. Spouse first name		6. Spouse M.I.				
I/we declare that I/we have provided information concerning								
7. Owner signature (Authorized representative if entity)	8. Date 9. Owner or entity TIN 203312814		N 10. TIN					
11. Spouse signature	12. Date MM DD YY	13. Spouse TIN	14. TIN	N a EIN				
Part II Individual or Entity Authorized to File FBAR on I	cehalf of Persons	who have an obligation to	file.	J J				
15. Preparer last name MITCHELL CPA	16. Preparer firs	t name	17. Preparer M	1.I. 18. Preparer PTIN P00164733				
19. Address	20. City		21. State	22. ZIP/postal code				
880 APOLLO STREET, SUITE 140	EL SEGUND	00	CA	90245				
23. Country code US LAWRENCE R. MITCHELL		25. Employer EIN 20 – 0545687	26. Preparer's	signature				
Instructions for comple	eting the FBAR S	Signature Authorization Rec	cord					

This record may be completed by the individual or entity granting such authorization (Part I) <u>OR</u> the individual/entity authorized to perform such services. The completed record <u>must</u> be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item number x).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer **or** the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer <u>must</u> sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FINCEN UNLESS REQUESTED TO DO SO.

720011 04-01-17 Rev. 10.7 May 21, 2015

50m 8879-FC

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2017, or	fiscal year beginning	, 2	017, and ending	, 20	
•	· · · · · -			_	

ending ______ , 20____ **20**

2017

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

20-3312814

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 **1** line in Part I.

2a 3a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) Form 1120-POL check here b Total tax (Form 1120-POL, line 22) Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	2b 3b	185,621.
	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 2017 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 I authorize LAWRENCE R	. MITCHELL & CO	OMPANY,	CPAS	to enter my PIN 90	245
	ERO firm na	ame			e numbers, t nter all zeros
as my signature on the organiza is being filed with a state agenc enter my PIN on the return's dis	y(ies) regulating charities as p	•		• • •	
As an officer of the organization indicated within this return that program, I will enter my PIN on the control of the control	a copy of the return is being f	filed with a state	-	•	
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 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ▶ 11/06/18

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

FINANCIAL CRIMES ENFORCEMENT NETWORK

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

FinCEN Form 114

WHEELS420170001

	Filing Name	WHEELS 4 LIFE
	Submission Type	NEW
		PIN NOT REQUIRED
report. T	he E-file system will a ne FBAR must be recei	is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the auto complete item 46. ved by the Department of the Treasury on or before April 17, 2018. An automatic extension to October 15, 2018
This repo	rt filed late for the follo	wing reason (Check only one):
b.	Did not know the	hat I had to file
c.	Thought accou	ant balance was below reporting threshold
d.	Did not know the	hat my account qualified as foreign
e.	Account stater	nent not received in time
f.	Account stater	ment lost (Replacement requested)
g.	Late receiving	missing required account information
h.	Unable to obta	in joint spouse signature in time
i.	Unable to acce	ess BSA E-filing system
z.	Other (please p	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

2017 Amended

Parti F	iler information		WHE	CLS42	2017(0001					
2 Type of filer											
a Individ	dual b 🔲 Partnership	c X Corp	oration o	d 🗌 (Consolid	ated e	Fid	uciary or c	other - Enter	type	
3 U.S. Taxpay	er Identification Number	3a TIN type	4 Forei	gn ident	tification	(Compl	ete only if i	item 3 is no	t applicable)	5 Individual's	
2033128	1,		a Type	: 🔲 F	Passport		Foreign T		Other	_ MM/D	D/YYYY
	U.S. Identification complete item 4	X EIN	l			_					
_	or organization name		b Num	ber	(\neg	ntry of Iss rst name	ue		8 Middle initia	al 8a Suffix
WHEELS	. •					' '	rot marmo			o iviidale ii iiti	ar Jour Guring
9 Mailing addi	ress (number, street, and	apt. or suite n	0.)								
30722 M	ARILYN DRIVE										
10 City		1	I1 State	12 ZIP	/Postal (Code	13 Coun	itry			
LAGUNA	BEACH		CA	926	51		USA				
14 a) Does the	e filer have a financial inte	rest in 25 or m	nore financ	cial acco	ounts?						
Yes	່ Enter number of accoເ	ınts		Do not o	complete	Part I	l or Part II	I, but mair	ntain record	s of the information	n.
No X	e filer have signature auth	ority over but	no financi	al intere	et in 25	or more	a financial	accounts	2		
Yes _	Enter number of accou	•								e behalf the filer has	sign. authority.
No X		-:-!	-1/->			- I					
	nformation on finance alue of account during cal				-	_	· a X B	Rank h	Securitie	s c Othor F	Inter type below
15 Maximum va	alue of account during car	endar year	unknow		ype or a	iccour	laLL D	Dalik DL		s c Other-L	inter type below
	85,769.										
17 Name of fina LLYODS	ancial institution in which a	account is hel	d								
18 Account nui 0043040	mber or other designation 2	,	address (suite no.)	of financia	al institution	in which account	is held
20 City LONDON		21 State, i	f known	22		posta		known 23		KINGDOM	
Signature	44a Check here X	if this report is	s complet	ed by a	third par	ty prep	arer and			rty preparer section	on.
44 Filer signatu The report w		title, if not rep								6 Date (MM/DD/) This date will aut FBAR is electron	YYY) o-fill when the
	47 Preparer's last name	48 First n			49 MI	50 Che		51 TIN P0016	54733	51a TIN type SSN/ITIN	X PTIN Foreign
Third Party Preparer	52 Contact phone no. 310.563.1010	52a Ext. 53	Firm's n		MIT			54 Firm		54a TIN type	X EIN
Use Only	55 Mailing address (nur	nber, street, a		e no.) 56	6 City		:	57 State	58 ZIP/P	ostal Code	59 Country
	880 APOLLO SI	.к.с.т, :	OTTE	T 유[다]	ר פקר	TMD		CA	90245		US

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

			lendar year, or tax year deginning		and e	naing	_		
B	Check if applicat	ole:	C Name of organization				D Emplo	oyer ide	entification number
Ļ	∐Addr	ess change					20	2.2	10014
F	∐Nam	e change	WHEELS 4 LIFE	200/		I D / it-			12814
누	∐Initia ⊐Final	l return return/	Number and street (or P.O. box, if mail is not delivered to street addre	ess)		Room/suite	E Telep		
Ļ	termi	inated	30722 MARILYN DRIVE	d a					99-2030
Ļ		nded return	City or town, state or province, country, and ZIP or foreign postal coo	ae			F Group		ption
		ation pending	LAGUNA BEACH, CA 92651					oer 📐	
		nting Meth							if the organization is
		_	HEELS4LIFE.ORG					•	to attach Schedule B
			us (check only one) $ \boxed{X}$ 501(c)(3) $$ 501(c) () $$ (inser		4947(a)(1) or 527	(Form	n 990, 9	990-EZ, or 990-PF).
		Ū	tion: X Corporation Trust Association	L Oth					
			and 7b to line 9 to determine gross receipts. If gross receipts are $\$200$						400 000
		n (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	·····			<u></u>	\$	199,990.
Pa	art I		enue, Expenses, and Changes in Net Assets or						
			if the organization used Schedule O to respond to any question in this						X
	1		tions, gifts, grants, and similar amounts received					1	89,639.
	2		service revenue including government fees and contracts					2	_
	3	Members	ship dues and assessments					3	
	4		ent income				L	4	
	5a		nount from sale of assets other than inventory		a				
	b	Less: cos	st or other basis and sales expenses	5	b				
	C	Gain or (I	loss) from sale of assets other than inventory (Subtract line 5b from lir	ne 5a)				5c	
	6	Gaming a	and fundraising events						
<u>o</u>	a	Gross inc	come from gaming (attach Schedule G if greater than						
Revenue		\$15,000))	6	a				
ě	b	Gross inc	come from fundraising events (not including \$	of	contributi	ons			
ш.		from fund	draising events reported on line 1) (attach Schedule G if the sum of suc	ch .					
		gross inc	come and contributions exceeds \$15,000)		b	96,3	55.		
	С	Less: dire	ect expenses from gaming and fundraising events	6	С	14,3	69.		
	d	Net incon	me or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtra	ct line 6c)			6d	81,986.
	7a	Gross sal	les of inventory, less returns and allowances	7	a				
	b	Less: cos	st of goods sold	7					
	С	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
	8	Other rev	venue (describe in Schedule O)	SEE	SCHE	DULE O		8	13,996.
	9	Total rev	venue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	185,621.
	10	Grants ar	nd similar amounts paid (list in Schedule 0)				[10	
	11	Benefits p	paid to or for members					11	
es	12	Salaries,	other compensation, and employee benefits					12	
) Su	13	Professio	onal fees and other payments to independent contractors					13	1,725.
Expenses	14	Occupan	cy, rent, utilities, and maintenance	SEE	SCHE	DULE O		14	3,900.
Ш	15	Printing,	publications, postage, and shipping					15	973.
	16	Other exp	penses (describe in Schedule O)	SEE	SCHE	DULE O	[16	94,773.
	17	Total exp	penses. Add lines 10 through 16					17	101,371.
S	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)					18	84,250.
set	19		ts or fund balances at beginning of year (from line 27, column (A))						
As		(must ag	ree with end-of-year figure reported on prior year's return)					19	172,370.
Net Assets	20							20	0.
_	21	Net asset	ts or fund balances at end of year. Combine lines 18 through 20				▶	21	256,620.
LH	A Foi	Paperwoi	rk Reduction Act Notice, see the separate instructions.						Form 990-EZ (2017)

							_
Pa	· ·	,					
	Check if the organization used Schedule O to re	espond to any quest					X
				<u> </u>	(B) E	,	
22			158,624	+ +		246,7	/4
23	Land and buildings		12 516	+ +			1.
24			•				
25	Land and buildings Other assets (describe in Schedule 0) Other assets (describe in Schedule 0) Total lassets Total labilities (describe in Schedule 0) Net assets or fund balances (line 27 of column (B) mustagree with line 21) Otheck if the organization used Schedule O to respond to any question in this Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III It is the organization's primary exempt purpose? SEE SCHEDULE O Check if the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise here, describe the services provided, the number of persons benefited, and other relevant information for each program title. SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here Q9a (Grants \$) If this amount includes foreign grants, check here Q9a (Grants \$) If this amount includes foreign grants, check here Q1a						
26			172 270			256 6	<u> </u>
27			•	• 27			<u> </u>
Pá		,	•	v	(Required	xpenses I for section	
Mba			ion in this Part III		501(c)(3)	and 501(c)(
						ions; optiona	l for
			enses. In a clear and concise		0111013.)		
				\dashv			
20	DEE DEHEDOBE O			-			
				-			
	(Grants \$) If this amount includes foreign	an grants chack here		<u> </u>	282	92.3	77
29	(Grants \$\psi\$) If this amount includes foreign	gri grants, check here			20a	32/3	• •
20				-			
				-			
	(Grants \$) If this amount includes foreign	an grants, check here	•		29a		
30	(Granto \$\frac{1}{2} \) If the amount meaded follows	gri granto, encon nore					
				_			
				_			
	(Grants \$) If this amount includes foreign	gn grants, check here	>		30a		
31							
					31a		
	Total program service expenses (add lines 28a through 31a)						77
Pa	art IV List of Officers, Directors, Trustees, and Key	y Employees (list each o	ne even if not compensated - s	ee the i	nstructions	for Part IV)	
	Check if the organization used Schedule O to re	espond to any quest	ion in this Part IV				
				(d) Hea	Ith benefits,	1 ' ' .	
	(a) Name and title		W-2/1099-MISC)	employ	yee benefit	1	
		μοδιμοτί	(if not paid, enter -0-)			Compensa	111011
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		1 00	n		Λ		Λ
<u> </u>	AND MEMBER	1.00	- • 		· ·	<u> </u>	
		_					
			+				
		\dashv					

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Parl		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 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			l
	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	ļ.,,	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			l
	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,"			l
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	4		l
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			l
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	4		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A	4		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
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			
d	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			l
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CA		000	
42 a	The organization's books are in care of ► HANS REY Telephone no. ► 949-49	9-2	030	
	Located at ► 30722 MARILYN DRIVE, LAGUNA BEACH, CA ZIP+4 ► 9	265	1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	X	
	If "Yes," enter the name of the foreign country: UNITED KINGDOM Output Description: The first of the foreign country is the first of the foreign country is the first of t			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4.0		v
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<u> </u>	X
40	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	N/A		
			V	NI.
	Didd of the state		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44.		v
	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	44.		v
	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	443		
4-	in Schedule O	44d		V
	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	45.		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	00 ==	(0043)
		Form 9	90-EZ	(2017)

						_		Yes	No
46 Did the o	rganization engage, directly or indirectly, in po	litical campaign activitie	s on behalf of or	in oppositio	on to candidates for p	ublic office?			
							46		X
_	Section 501(c)(3) organizations								
	All section 501(c)(3) organizations must	•	•						
	Check if the organization used Schedule	O to respond to any	question in this	s Part VI					
47 Did tha a	rannization angus in labbuing activities or be	us a sastion EO1/h) also	tion in offeet duri	na tha tay y	Ω If "\/ "	o Cob C Dort II		Yes	X
	rganization engage in lobbying activities or ha ganization a school as described in section 170						47	\dashv	X
	rganization a school as described in section 176						49a	-	X
	was the related organization a section 527 orga						49b	\dashv	
	e this table for the organization's five highest c							I eived	more
•	0,000 of compensation from the organization.		•	, a ooto					
	(a) Name and title of each employee	,	(b) Average	hours	(C) Reportable	(d) Health benefits	, (e)	Estima	ated
	()		per week de	voted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amoi	unt of	other
	NON	1E	positio	on		plans, and deferred compensation	com	npensa	ation
							1		
							1		
							1		
f Total nur	mber of other employees paid over \$100,000			-					
51 Complete	e this table for the organization's five highest c	ompensated independer	nt contractors wh	o each rece	eived more than \$100	,000 of compensa	tion fro	m the)
organizat	tion. If there is none, enter "None." NON	IE							
(a) N	Name and business address of each independe	ent contractor		(b) Type of service	(c) (Comper	ısatior	ก
	mber of other independent contractors each re	_			>				
	rganization complete Schedule A? Note: All se	. , . , -					_	_	_
	ed Schedule A						Yes		No
•	s of perjury, I declare that I have examined this				•		ge and	belief,	, it is
true, correct, a	nd complete. Declaration of preparer (other the	an officer) is based on a	II information of v	which prepa	arer has any knowled	je.			
<u>. </u>	Signature of officer					Date			
Sign	· ·					Duto			
Here	CARMEN REY, TREASUR	RER							
		I Dona a market in the		I Dat	l Ohaali	if Intial			
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid	LAWRENCE MITCHELL,				self- emplo	-			
Preparer	CPA			11/0		P001			
Use Only		MITCHELL &		Z, CP					
•	Firm's address ► 880 APOLLO	-	TTE 140		Phone no	310.56	<u> </u>)TO	
	EL SEGUNDO,								_
May the IRS di	iccuse this return with the preparer shown abo	VAZ SAA instructions				▶ □	7 Vac	اد	Nο

Page 4

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization WHEELS 4 LIFE 20-3312814 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	141,671.	196,447.	186,950.	81,453.	89,639.	696,160.
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	111 681	106 115	106 050	01 450	00 600	606 160
	Total. Add lines 1 through 3	141,671.	196,447.	186,950.	81,453.	89,639.	696,160.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						04 076
	column (f)						84,976.
	Public support. Subtract line 5 from line 4.						011,104.
		(-) 0040	(I-) 004.4	(-) 0045	(-1) 0040	(-) 0047	(A) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2013 141,671.	(b) 2014 196, 447.	(c) 2015 186, 950.	(d) 2016 81,453.	(e) 2017 89,639.	(f) Total 696,160.
	Amounts from line 4	141,071	100,447.	100,550.	01,433.	05,055.	050,100.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
۵	Net income from unrelated business						
3	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						696,160.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop) here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	87.79 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	93.90 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			=		-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances tes	· ·				•	
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s

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

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

Section A. Public Support	elow, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(6) 2015	(4) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						_
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
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			1			
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						_
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources	<u> </u>					
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	rd fourth or fifth t	ax vear as a sectio	n 501(c)(3) organiz	ration
check this box and stop here	•	•		•	. , . ,	 ,
Section C. Computation of Publ						
15 Public support percentage for 2017 (I			column (f))		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves					1 1	,,
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2017. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

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 (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		
3b		
3c		
4a		
-1 a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
,		
8		
00		
9a		
9b		
9c		
10a		
. 50		
10b		
n 990 or 99	0-EZ	2017

Pa	rt IV	Supporting Organizations (continued)			
	_			Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
		5. 1)po 1 oupporting 0. gameations		Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		•		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k 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. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	I v Type III Noi	n-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			, ,,	Current Year
1	Amounts paid to supp	oorted organizations to accomplish exe	mpt purposes		
2	Amounts paid to perfo				
	organizations, in exce				
3	Administrative expens				
4	Amounts paid to acqu	uire exempt-use assets			
5		nounts (prior IRS approval required)			
6		escribe in Part VI). See instructions.			
7	Total annual distribu	tions. Add lines 1 through 6.			
8		ive supported organizations to which the	he organization is responsive	Э	
	0	t VI). See instructions.			
9		for 2017 from Section C, line 6			
10	Line 8 amount divided	by line 9 amount		<u></u>	
Secti	ion E - Distribution All	locations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount	for 2017 from Section C, line 6			
2	•	any, for years prior to 2017 (reason-			
	able cause required- e	explain in Part VI). See instructions.			
3	Excess distributions c	carryover, if any, to 2017			
а					
	From 2013				
	From 2014				
	From 2015				
е	From 2016				
	Total of lines 3a throu	~			
	Applied to underdistril	· '			
	Applied to 2017 distrib				
i	•	not applied (see instructions)			
j		lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017	. *			
	line 7:	\$			
	Applied to underdistril	· · ·			
	Applied to 2017 distrib				
	Remainder. Subtract I				
5	•	ibutions for years prior to 2017, if			
	, ,	and 4a from line 2. For result greater			
		Part VI. See instructions.			
6		ibutions for 2017. Subtract lines 3h			
		r result greater than zero, explain in			
	Part VI. See instruction				
7		carryover to 2018. Add lines 3j			
	and 4c.				
	Breakdown of line 7:				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
е	Excess from 2017	l l			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
[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 B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **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

Name of the organization

Employer identification number

WHEELS 4 LIFE 20-3312814

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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) (2017)

WHEELS 4 LIFE

20-3312814

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al 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	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEUTER SPORT GMBH DAIMLERSTRASSE 23 GERSTHOFEN, GERMANY 86368	\$ 11,882.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	-	(2)	,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARK MAURISSON SINGLE TRACK FOR LIFE FUNDRAISER SCHABARTSTRAAT 18 3600 GENK, BELGIUM	\$11,298.	Person X Payroll
(a)	(b)	(c)	(d)
(a) No. 4	(b) Name, address, and ZIP + 4 CYCLING SPORTS GROUP 1 CANNONDALE WAY WILTON, CT 06897	(c) Total contributions \$ 6,250.	(d) Type of contribution Person X Payroll
No. 4	Name, address, and ZIP + 4 CYCLING SPORTS GROUP 1 CANNONDALE WAY WILTON, CT 06897 (b)	\$ 6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 4	Name, address, and ZIP + 4 CYCLING SPORTS GROUP 1 CANNONDALE WAY WILTON, CT 06897	Total contributions \$ 6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 5	Name, address, and ZIP + 4 CYCLING SPORTS GROUP 1 CANNONDALE WAY WILTON, CT 06897 (b) Name, address, and ZIP + 4 CLIF BAR FAMILY FOUNDATION 1451 66TH STREET EMERYVILLE, CA 94608 (b)	\$ 6,250. (c) Total contributions \$ 10,500.	Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 CYCLING SPORTS GROUP 1 CANNONDALE WAY WILTON, CT 06897 (b) Name, address, and ZIP + 4 CLIF BAR FAMILY FOUNDATION 1451 66TH STREET EMERYVILLE, CA 94608	\$ 6,250. (c) Total contributions \$ 10,500.	Person X Payroll

Name of organization Employer identification number

WHEELS 4 LIFE 20-3312814

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 CANNONDALE SPORTS GROUP Person **Payroll** 10,000. 1 CANNONDALE WAY Noncash (Complete Part II for WILTON, CT 06897 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2017)}}{\mbox{Name of organization}}$ Employer identification number

WHEELS 4 LIFE

20-3312814

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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

	he year from any one contributor. Complete	columns (a) through (e) and the foll									
	ompleting Part III, enter the total of exclusively religion Jse duplicate copies of Part III if addition		or less for the year. (Enter this info. once.)								
T	<u> </u>										
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
		(e) Transfer of g	ift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee								
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
		(e) Transfer of g	ift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee								
1-											
-											
-											
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
	(b) Ful pose of gift	(c) use of gift	(a) Description of now girt is field								
		(e) Transfer of g	ift								
		-									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee								
—											
_											
1											
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
1											
		(e) Transfer of gift									
		(e) Transfer of g	ift								

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization WHEELS 4 LIFE 20-3312814 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations ☐ Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990 EZ) 2017 WHEELS 4 LIFE 20-3312814 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA EVENT col. (c)) (event type) (total number) (event type) Revenue 96,355 96,355. 1 Gross receipts 2 Less: Contributions 96,355. 96,355. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 14,369. 14,369.9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 81,986 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2017 WHEELS 4 LIFE 20	0-3312	814	Page 3
	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
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
•	of gaming revenue retained by the third party >			
,	or garning revenue retained by the time party ψ			
•	on 165, enter hame and address of the tilled party.			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	ne		
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	: III, lines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule (G (Form 990 or 990-EZ)	WHEELS 4 LIFE	20	0-3312814 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		<u> </u>

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1 990-EZ

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	CAMERA EQUIPMENT	01/14/08	SL	5.00	1	16	5,568.				5,568.	5,568.		0.	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.	7,552.		944.	8,496.
4	DOCUMENTARY PRODUCTION COSTS	12/17/09	SL	10.00		16	14,710.				14,710.	10,297.		1,471.	11,768.
5	DOCUMENTARY PRODUCTION COSTS	05/31/10	SL	10.00	:	16	7,348.				7,348.	4,839.		735.	5,574.
6	DOCUMENTARY PRODUCTION COSTS	07/31/13	SL	10.00		16	7,504.				7,504.	2,563.		750.	3,313.
	* 990-EZ PG 1 TOTAL -						38,997.				38,997.	25,251.		3,900.	29,151.
	* GRAND TOTAL 990-EZ PG 1 DEPR						45,321.				45,321.	31,575.		3,900.	35,475.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WHEELS 4 LIFE

Employer identification number 20-3312814

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS INCOME	13,996.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AN	ID MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	3,900.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BICYCLES DISTRIBUTED	88,425.
INSURANCE	1,147.
OFFICE EXPENSE	
MEALS	
TOTAL TO FORM 990-EZ, LINE 16	94,773.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF YEAR	AR END OF YEAR
OTHER DEPRECIABLE ASSETS 13,746	9,846.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ORGANIZATION	I'S PRIMARY
PURPOSE IS TO PROVIDE BIKES TO PEOPLE IN NEED OF TRANSPORTA	ATION IN
THIRLD WORLD COUNTRIES TO GET TO WORK, MEDICAL CARE OR TO SC	CHOOL.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHME	ENTS:
TO PROVIDE BIKES TO PEOPLE IN NEED OF TRANSPORTATION IN	

WHEELS 4 LIFE	20-3312814
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 BENEF	'IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information.

and ending

OMB No. 1545-2195

Department of the Treasury Internal Revenue Service

Attach to your tax return. For calendar year 2017 or tax year beginning

Attachment Sequence No. **175**

	If you ha	ve attached continua	ation statements, check here 🗀	_ Nun	ber of continuation	statements	
1	Name(s) shown on re WHEE	turn LS 4 LIFE			2 TIN 20-331281	4	
3	Type of filer		_		•		
	a Specified in	dividual b	Partnership c	Corporation	n	d Trust	
4			u checked box 3b or 3c, enter the				
		•	box 3d, enter the name and TIN o				f the trust.
	•	definitions and what to	o do if you have more than one sp	ecified individua	•	to list.)	
D	a Name		-1'-1 A		b TIN		
		-	dial Accounts Summary				1
			Part V)			<u> </u>	85,769.
<u>2</u> 3		•	Part V)			<u> </u>	03,703.
4		· ·	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
-			unts closed during the tax year?			Yes	X No
	art II Other Fore					103	<u> </u>
1			· VI)		>		
<u>.</u>		Assets (reported in P				 S	
3	Were any foreign ass					Yes	X No
Pa			ibutable to Specified Fore			structions)	
			(c) Amount reported on		Where rep		
((a) Asset Category	(b) Tax item	form or schedule	(d) Fo	rm and line	(e) Sched	ule and line
1 6	oreign Deposit and	1a Interest	\$				
(Custodial Accounts	1b Dividends	\$				
		1c Royalties	\$				
		1d Other income	\$				
		1e Gains (losses)	\$				
		1f Deductions	\$				
		1g Credits	\$				
2 (Other Foreign Assets	2a Interest	\$				
		2b Dividends	\$				
		2c Royalties	\$				
		2d Other income	\$				
		2e Gains (losses)	\$				
		2f Deductions	\$				
D ₂	art IV Evented 6	2g Credits	\$	 			
			Financial Assets (see inst			e file al Marco ala co	
			on one or more of the following fo	rms, enter the	number of such forms	s filea. You do r	tot need to
	ude these assets on Fo	-			2 Num	bor of Forms 5	47 1
	Number of Forms 3520 Number of Forms 8621		 Number of Forms 3520-A Number of Forms 8865 	·	S. Nulli	ber of Forms 5	471
-	Number of Forms 602 f		5. Number of Forms 6005				
P	art V Detailed In	formation for Ea	ch Foreign Deposit and C	ustodial Ac	count Included i	n the Part I	Summary
	(see instruc						· · · · · · · · · · · · · · · · · · ·
If vo	,		Part V, attach a continuation stater	nent for each a	ıdditional account (see	e instructions).	
			Custodial	2 /	Account number or ot		າ
_	Chook all that are to	A A A S S	anad during tay year		0430402		
3	Check all that apply		ened during tax year b		d during tax year		
_	Maximum value of an		ntly owned with spouse d		ported in Part III with r ه		85,769.
<u>4</u> 5			ate to convert the value of the acc			X Yes	No No
6		" to line 5, complete a		Juni 11110 U.S. (JUII 01 3 1	_ <u></u> 103	L INU
<u> </u>	(a) Foreign currency		(b) Foreign currency exchange r	ate used to	(c) Source of exchar	nge rate used if	not from U.S
	is maintained	Willow Gooding	convert to U.S. dollars	4004 10	Treasury Department		
ΠN	ITED KINGDO	M . POUND	Section 2.2. dollars		saca., soparanom		

Form 8938 (2017) Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued) 7a Name of financial institution in which account is maintained **b** Global Intermediary Identification Number (GIIN) (Optional) LLYODS TSB Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 25 GRESHAM STREET City or town, state or province, and country (including postal code) EC2V 7HN LONDON UNITED KINGDOM Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions) If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions). Description of asset 2 Identifying number or other designation Complete all that apply. See instructions for reporting of multiple acquisition 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 \$0 - \$50.000 c \$100.001 - \$150.000 d \$150.001 - \$200.000 **b** \$50,001 - \$100,000 e If more than \$200,000, list value 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Nο 6 If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which asset is (b) Foreign currency exchange rate used to (c) Source of exchange rate used if not from U.S. denominated Treasury Department's Bureau of the Fiscal Service convert to U.S. dollars 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) (1) Partnership Estate **c** Type of foreign entity Corporation Trust d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or 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 Issuer Counterparty **b** Type of issuer or counterparty (4) Trust (1) Individual Partnership Corporation Estate U.S. person c Check if issuer or counterparty is a Foreign person d Mailing address of issuer or counterparty. Number, street, and room or suite no. e City or town, state or province, and country (including postal code)

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WHEELS 4 LIFE

Asset No.	Description	Dat Acqui	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	CAMERA EQUIPMENT	0114	108	SL	5.00	16	5,568.			5,568.	5,568.		0.
2	CAMERA EQUIPMENT * 990-EZ PG 1 TOTAL	0118	8 0 8	SL	5.00	16	756.			756.	756.		0.
	_						6,324.		0.	6,324.	6,324.		0.
3		1231	08	SL	10.00	16	9,435.			9,435.	7,552.		944.
4		1217	709	SL	10.00	16	14,710.			14,710.	10,297.		1,471.
5		0531	L 10	SL	10.00	16	7,348.			7,348.	4,839.		735.
		0731	L 13	SL	10.00	16	7,504.			7,504.	2,563.		750.
	* 990-EZ PG 1 TOTAL -						38,997.		0.	38,997.	25,251.		3,900.
	* GRAND TOTAL 990-EZ PG 1 DEPR						45,321.		0.	45,321.	31,575.		3,900.

- NEXT YEAR FEDERAL -

WHEELS 4 LIFE

Asset No.	Description		Date quired	d	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	CAMERA EQUIPMENT	01	140	8 (SL	5.00	5,568.		5,568.		0.
	CAMERA EQUIPMENT	01	180	8 (SL	5.00	756.		756.	756.	0.
	* 990-EZ PG 1 TOTAL -						6,324.		6,324.		0.
		12				10.00			9,435.	8,496.	
	DOCUMENTARY PRODUCTION COSTS	12	17 0	9	SL	10.00			14,710.		
	DOCUMENTARY PRODUCTION COSTS	05				10.00				5,574.	
6	DOCUMENTARY PRODUCTION COSTS	07	31 1	_3	SL	10.00				3,313.	
	* 990-EZ PG 1 TOTAL -						38,997.			29,151.	
	* GRAND TOTAL 990-EZ PG 1 DEPR	ш					45,321.		45,321.	35,475.	3,895.
				П							
		Ш		_							

⁽D) - Asset disposed

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

TAXABLE YEAR **2017**

California Exempt Organization Annual Information Return

728941 12-06-17 FORM

199

Ca	lendar Year	2017 or fiscal year beginning (mm/dd/yyyy)		, and ending (mm/dd/yyy	/y)						
С	orporation/Or	ganization name			Cali	fornia corp	oration r	number				
W.	HEELS	4 LIFE				2770	142					
A	dditional infor	mation. See instructions.			FE							
						20-3	312	814				
		(suite or room)				PMB no.						
_		MARILYN DRIVE										
_C	=				State	ZIP code						
_		BEACH			CA	9265						
F	oreign country	name Foreign province/s	tate/county			Foreign p	ostal co	de				
_	First Date		1. 1. 16	t d D0.T0.0		04-1-1						
A				mpt under R&TC Se			_					
B C	IDC Coeti			jed in political activ				• Yes X No 701g? • Yes X No				
D		on 4947(a)(1) trust Yes 【X】 N rmation Return?	1	s," enter the gross r								
•		Dissolved Surrendered (Withdrawn) Merged/Reorganized		anization is exempt	-							
		(mm/dd/yyyy)	1	neets the filing fee e								
Ε		counting method: (1) Cash (2) X Accrual (3) Other		-								
F		eturn filed? (1) • 990T(2) • 990PF (3) • Sch H (990)		organization a Lim	ited Liabilit	y Compa	ny?	• Yes X No				
		Other 990 series		e organization file F								
G	Is this a g	roup filing? See instructions	lo repor	t taxable income?				• Yes X No				
Н	Is this or	ganization in a group exemption $\qquad \qquad \square$ Yes $\ f X$ N	nization in a group exemption $$									
	If "Yes," w	hat is the parent's name?		IRS audited in a prior year? P Is federal Form 1023/1024 pending? Yes X								
			P Is federal Form 1023									
I		rganization have any changes to its guidelines	Date f	iled with IRS								
_		ted to the FTB? See instructions	_									
	Part I	omplete Part I unless not required to file this form. See General						110 251				
		1 Gross sales or receipts from other sources. From Side 2, Par	rt II, line 8			•	2	110,351.00				
		2 Gross dues and assessments from members and affiliates										
	Receipts	 Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$50,000, see Gen 	veu		SIMI	±. •	3	89,639. ₀₀ 199,990. ₀₀				
	and	This line must be completed. If the result is less than \$50,000, see Gen Cost of goods sold	eral Information	5		00	4	100,000.00				
F	Revenues	Cost of goods soldCost or other basis, and sales expenses of assets sold	•	6		00						
		7 Total costs. Add line 5 and line 6					7	00				
		8 Total gross income. Subtract line 7 from line 4				•	8	199,990.00				
	_	9 Total expenses and disbursements. From Side 2, Part II, line	18			•	9	115,740.00				
t	xpenses	10 Excess of receipts over expenses and disbursements. Subtra	act line 9 fror	n line 8		•	10	84,250.00				
		11 Total payments				•	11	00				
		12 Use tax. See General Information K				•	12	00				
		13 Payments balance. If line 11 is more than line 12, subtract lin					13	00				
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line					14	00				
		15 Filing fee \$10 or \$25. See General Information F					15	N/A 00				
							16	00				
_		17 Balance due. Add line 12, line 15, and line 16. Then subtract Under penalties of perjury, I declare that I have examined this return, including it is true, correct, and complete. Declaration of preparer (other than taxpayer) is	t line 11 from accompanying	I the result schedules and staten	nents, and to	the best o	17 f my kno	owledge and belief,				
Si	gn	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is		nformation of which pr		ny knowled	ge.					
He	re	Signature of officer	Title	SURER	Date			● Telephone				
_		of officer	TIVE	Date	Check	:£		● PTIN				
		Preparer's signature		11/06/18		ıt nployed ▶	.[P00164733				
Pa	id	Firm's name		,,	-			• FEIN				
	eparer's	(or yours, LAWRENCE R. MITCHELL & C	COMPAN	Y, CPAS				20-0545687				
	e Only	employed) 880 APOLLO STREET, SUITE						● Telephone				
		and address EL SEGUNDO, CA 90245						310.563.1010				
		May the FTB discuss this return with the preparer shown above? S	See instructio	ns		• X	Yes	No				

728951 12-06-17

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	business activities. See	instructions		•	1	96,355.00
	2	Interest				•	2	00
	3	Dividends				•	3	00
Receipts	4	Gross rents				•	4	00
from	5	Gross royalties				•	5	00
Other	6	Gross amount received from sa	le of assets (See Instruc	tions)		•	6	00
Sources	7	Other income			SEE STA	TEMENT 2 •	7	13,996.00
	8	Total gross sales or receipts fro	om other sources. Add lii	ne 1 through	line 7. Enter here and o	on Side 1, Part I, line 1	8	110,351.00
	9	Contributions, gifts, grants, and	similar amounts paid .			•	9	00
	10	Disbursements to or for member Compensation of officers, direct	ers				10	00
	11	Compensation of officers, direc	tors, and trustees		SEE STA	TEMENT 3 •	11	0.00
_	12	Other salaries and wages					12	00
Expense							13	00
and	14						14	00
Disburse		Rents				•	15	3,900.00
ments	16	Depreciation and depletion (See Other Expenses and Disbursem	INSTRUCTIONS)		CEE CMA		16	111,840.00
	17	Other Expenses and Disbursem	ents		SEE SIA	TEMENT 4 •	17	115,740.00
Sched		Total expenses and disburseme Balance Sheet		ing of taxab		art I, line 9 End	18	ble year
Assets	ule L	Datation officer	(a)		(b)	(c)	UI TUNU	(d)
1 Cash	1		(α)		158,624.	(0)		246,774.
		s receivable			130,024.			240,774.
		ceivable						
)
		state government obligations						
		in other bonds						•
		in stock						•
8 Mort								•
	r investr						•)
		le assets	45,32	21.		45,32	1.	
b Le	ess accu	mulated depreciation	(31,575		13,746.			9,846.
11 Land					·			•
12 Othe		·					•	•
		3			172,370.			256,620.
Liabilitie								
14 Acco	unts pa	yable					•	•
15 Cont	ribution	s, gifts, or grants payable						•
16 Bond	ds and n	notes payable					•	
17 Mort	gages p	payable					•	
18 Othe								
		or principal fund					•)
		tal surplus. Attach reconciliation					•	_
		nings or income fund			172,370.		•	
		ties and net worth			172,370.			256,620.
Sched	iuie M	1-1 Reconciliation of income Do not complete this sche			ie 13, column (d), is les	ss than \$50,000.		
1 Net i	ncome r	per books		4,250.	7 Income recorded			
2 Fede				-	not included in th	•	ı	•
		pital losses over capital gains			8 Deductions in thi		·····	
		recorded on books this year			against book inco	†	•	
		corded on books this year not			and line 8	- 1		
		this return	•		eturn.	····		
6 Tota	l. Add lir	ne 1 through line 5		4,250.				84,250.

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST	'ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DEUTER SPORT GMBH	DAIMLERSTRASSE 23 GERSTHOFEN GERMANY 86368	11/03/17	11,882.
MARK MAURISSON SINGLE TRACK FOR LIFE FUNDRAISER	SCHABARTSTRAAT 18 3600 GENK BELGIUM	12/11/17	11,298.
CYCLING SPORTS GROUP	1 CANNONDALE WAY WILTON, CT 06897	02/17/17	6,250.
CLIF BAR FAMILY FOUNDATION	1451 66TH STREET EMERYVILLE, CA 94608	10/24/17	10,500.
ONESTREAM SOFTWARE	362 SOUTH STREET ROCHESTER, MI 48307	05/31/17	5,000.
CANNONDALE SPORTS GROUP	1 CANNONDALE WAY WILTON, CT 06897	10/24/17	10,000.
TOTAL INCLUDED ON LINE 3			54,930.
CA 199	OTHER INCOME	ST	PATEMENT 2
DESCRIPTION			AMOUNT
MISCELLANEOUS INCOME			13,996.
TOTAL TO FORM 199, PART I	I, LINE 7		13,996.

CA 199	COMPENSATION OF OFFIC	CERS, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADD	DRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MARK PETERMA 30722 MARILY LAGUNA BEACH	N DRIVE	CHAIRMAN OF THE BOARD 1.00	0.
HANS REY 30722 MARILY LAGUNA BEACH		EXECUTIVE DIRECTOR 10.00	0.
CARMEN REY 30722 MARILY LAGUNA BEACE		TREASURER/SECRETARY 45.00	0.
BRYAN COLE 30722 MARILY LAGUNA BEACH	-	BOARD MEMBER 1.00	0.
SCOTT ROBINS 30722 MARILY LAGUNA BEACH	N DRIVE	BOARD MEMBER 1.00	0.
MICHELLE VEY 30722 MARILY LAGUNA BEACH	N 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 TRAVEL	ISE		88,425. 1,147. 5,148. 0. 0.
PROFESSIONAL CONTRACTORS	ISES FROM FUNDRAISING A FEES AND OTHER PAYMEN UBLICATIONS, POSTAGE AN	NTS TO INDEPENDENT	53. 14,369. 1,725. 973.
-	RM 199, PART II, LINE 1		111,840.

TAXABLE YEAR

Corporation Depreciation and Amortization

CALIFORNIA FORM

FORM 199 FEIN 20-3312814 Attach to Form 100 or Form 100W. Corporation name California corporation number 2770142 WHEELS 4 LIFE Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (d) (f) Life or (b) (c) (g) Depreciation (e) (h) Description property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years Method SEE STATEMENT 5 45,321. 31,575. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 3,900. See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 3,900. 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 3.900 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (e) R&TC (a) Description of property (b) (d) (c) Date acquired Cost or Amortization allowed or Period or section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

CA 388	35		DEPRI	ECIATION		STATEMENT !		
ASSET NO./ DATE IN DESCRIPTION SERVICE			COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 CAMERA EQ		PMENT						
		01/14/08	5,568.	5,568.	\mathtt{SL}	5.00	0.	
2	CAMERA EQUI	PMENT						
		01/18/08	756.	756.	SL	5.00	0.	
3	DOCUMENTARY	PRODUCTION	COSTS					
		12/31/08	9,435.	7,552.	SL	10.00	944.	
4	DOCUMENTARY							
		12/17/09	14,710.	10,297.	\mathtt{SL}	10.00	1,471.	
5	DOCUMENTARY							
_		05/31/10	7,348.	4,839.	SL	10.00	735.	
6	DOCUMENTARY							
		07/31/13	7,504.	2,563.	SL	10.00	750.	
TOTAL TO FORM 3885		 5	45,321.	31,575.		_	3,900.	

Date Accepted

TAXABLE YEAR

California e-file Return Authorization for

FORM

20	17	Exer	mpt O	rganiz	ations							8453-EO
Exempt Or	rganizat	ion name									ldentify	ing number
WHEE	LS	4 LIFE									20-	3312814
Part I	Ele	ctronic Return In	nformation	n (whole doll	ars only)							
1 To	tal gro	oss receipts (Form	า 199, line [,]	4)							1	199,990.00
2 Tot	tal gro	oss income (Form	199, line 8									199,990.00
3 To	tal ex	penses and disbu	rsements ((Form 199, li	ne 9)						3	115,740.00
Part II	Se	ttle Your Account	t Electron	ically for Ta	xable Year 2017							
4	Ele	ctronic funds with	ıdrawal	4a Amou	nt		4b Wi	thdrawal	date (mi	m/dd/yy	/уу)	
Part III	Ba	nking Information	n (Have yo	u verified the	e exempt organiza	tion's bank	ing informat	ion?)				
5 Rou	ıting r	number										_
6 Acc	ount	number					7 Type of a	ccount:	Ch	ecking		_ Savings
Part IV		claration of Offic										
I authorize on line 4		exempt organization	's account t	o be settled as	s designated in Part I	I. If I check	Part II, Box 4,	I authorize	an electi	ronic fun	ds wit	hdrawal for the amount listed
transmitt California a balance organizat statemen	ter, or a elect e due r tion wi	intermediate service ronic return. To the t eturn, I understand Il remain liable for th transmitted to the FT	provider an best of my k that if the Fr ne fee liabilit IB by the ER	nd the amount knowledge and ranchise Tax E y and all appli 80, transmitter	s in Part I above agre I belief, the exempt o Board (FTB) does not cable interest and pe	ee with the a rganization's receive full a nalties. I aut vice provide	mounts on the return is true and timely pay horize the exe r. If the proce	e correspond e, correct, a yment of the empt organ essing of th	nding line and comp e exemp ization re	es of the plete. If the t organize turn and	exemp ne exe ation's accor	return originator (ERO), ot organization's 2017 mpt organization is filing is fee liability, the exempt inpanying schedules and 's return or refund is
Sign						Γ	REASUR	ER				
Here	_	Signature of officer			Date	Title						
Part V					tor (ERO) and Pai			2.50			-44- 4	h - h t - f -
am only a accuratel provided 1345, 20 the exem I declare	an inte ly refle the oi 17 e-f ipt org that l rect, a	ermediate service procts the data on the reganization officer wille Handbook for Autanization return is fil have examined the and complete. I make	ovider, I und return.) I hav ith a copy of thorized e-fil led, whichev above exemp	lerstand that I /e obtained the f all forms and le Providers. I /er is later, and ot organization	am not responsible t e organization officer I information that I wi will keep form FTB 8 d I will make a copy a	for reviewing 's signature ill file with th 1453-EO on t available to t panying sch	on the exempt of on form FTB e FTB, and I h ile for four ye ne FTB upon r edules and st nowledge.	organization 8453-EO b nave followe ars from th request. If I	n's returr efore trar ed all oth e due da am also and to the	n. I declansmitting er requir te of the the paid	re, hov this reement return prepa	he best of my knowledge. (If I wever, that form FTB 8453-EO eturn to the FTB; I have is described in FTB Pub. I or four years from the date rer, under penalties of perjury, nowledge and belief, they are
ERO	signa	ture						preparer	X	employe	ed _	□ 100164733
Must		s name (or yours -employed)			. MITCHELI			CPAS	3		FEIN	20-0545687
Sign		ddress		APOLLO EGUNDO	STREET, S	SUITE	140				ZIP co	ode 90245
			e that I have	examined the						atements		to the best of my knowledge
Paid Prepa	, ,	Paid preparer's signature					Date		Check if self- employ	ed] ^f	Paid preparer's PTIN
Must		Firm's name (or yours					<u> </u>		•		FEIN	
Sign		if self-employed) and address									ZIP co	ode

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2017

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.

State Charity Registration Number: CT 129333	Check if:									
	│	nge of address								
WHEELS 4 LIFE Name of Organization	Ame	ended report								
30722 MARILYN DRIVE Address (Number and Street)	Corporate or Organization No. 2770142									
LAGUNA BEACH, CA 92651 City or Town, State and ZIP Code	Federal En	nployer I.D. No. 20-3312814	1							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's F										
Gross Receipts Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	<u>:e</u>						
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million	•	Between \$1,000,001 and \$10 millior Between \$10,000,001 and \$50 millio Greater than \$50 million	n \$2	150 225 300						
PART A - ACTIVITIES										
For your most recent full accounting period (beginning $01/01/2017$ ending $12/31/2017$) list: Gross annual revenue \$ 185,621. Total assets \$ $256,620$.										
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT								
Note: If you answer "yes" to any of the questions below, you must attach a s "yes" response. Please review RRF-1 instructions for information requ		ge providing an explanation and detail	s for ea	ch						
During this reporting period, were there any contracts, loans, leases or other		esactions between the organization	Yes	No						
and any officer, director or trustee thereof either directly or with an entity in w any financial interest?		· ·		Х						
2. During this reporting period, were there any theft, embezzlement, diversion or or funds?	r misuse of t	he organization's charitable property		х						
3. During this reporting period, did non-program expenditures exceed 50% of gr	ross revenue	9?		х						
4. During this reporting period, were any organization funds used to pay any per with the Internal Revenue Service, attach a copy.	nalty, fine or	judgment? If you filed a Form 4720		Х						
5. During this reporting period, were the services of a commercial fundraiser or f If "yes," provide an attachment listing the name, address, and telephone num	•	· ·		Х						
6. During this reporting period, did the organization receive any governmental funame of the agency, mailing address, contact person, and telephone number		, provide an attachment listing the		Х						
7. During this reporting period, did the organization hold a raffle for charitable put the number of raffles and the date(s) they occurred.	urposes? If "	yes," provide an attachment indicating		х						
8. Does the organization conduct a vehicle donation program? If "yes," provide operated by the charity or whether the organization contracts with a commercial commercial contracts with a commercial commercial contracts.				х						
9. Did your organization have prepared an audited financial statement in accord principles for this reporting period?	lance with ge	enerally accepted accounting		Х						
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 cont is true, correct and complete.										
CARMEN REY	TREASURER									
Signature of authorized officer Printed Name	Tit	tle D	ate							