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

NOVEMBER 9, 2020

WHEELS 4 LIFE 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651

WHEELS 4 LIFE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2019 FORM 990-EZ

FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

2019 CALIFORNIA FORM 199

2019 CALIFORNIA FORM RRF-1

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

VERY TRULY YOURS,

LAWRENCE R. MITCHELL & COMPANY, CPAS

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

2019 FORM 990-EZ

ELECTRONIC FILING:

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

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

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

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

2019 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.

2019 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF .....\$ 25.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$25.00, PAYABLE TO DEPARTMENT OF JUSTICE.

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

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

PLEASE MAIL AS SOON AS POSSIBLE.

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

Form 114a	Recor	d of Auth	noriz	ation to					
Department of the Treasury Financial Crimes Enforcement									
Network (FinCEN) (See instructions below for completion)									
May 2015	Do not send to	FinCEN. Retain t	this forn	n for your records.					
	The fo	orm 114a may be	e digitall	y signed		WH	EELS	420190001	
	ve an obligation to file a Report	of Foreign Bank						<u> </u>	
1. Owner last name or entit WHEELS 4 LIFE	y's legal name		2. Owi	ner first name				3. Owner M.I.	
4. Spouse last name (if join	tly filing FBAR - see instructions b	elow)	5. Spc	ouse first name				6. Spouse M.I.	
filing year ending December and complete; that I/we aut Report of Foreign Bank and listed in Part II to receive inf	provided information concerning $31, 2019$ to the preparer list horize the preparer listed in Part I Financial Accounts (FBAR) based formation from FinCEN, answer indiation, it is my/our legal responsibil	ted in Part II; tha I to complete and d on the informat quiries and resol	it this inf d submi tion that ve issue	t to the Financial Crim I/we have provided; a s relating to this subm	t of my/or es Enforc nd that I/ rission. I/v	ur know ement I we auth we ackn	rledge ti Network norize th nowledg	rue, correct, < (FinCEN) a ne preparer le that,	
7. Owner signature (Author	ized representative if entity)	8. Date		9. Owner or entity TI	N	10. TIN		X EIN SSN/ITIN	
		MM DD YY	YYY	203312814		typ	c [	Foreign	
11. Spouse signature		12. Date		13. Spouse TIN		14. TIN	a	EIN	
			<u>,,,,,</u>			typ	e bl c[	SSN/ITIN	
Part II Individual or En	tity Authorized to File FBAR on			have an obligation to	file.				
15. Preparer last name	-	16. Preparer fir			17. Prep	parer M	.l. 18	. Preparer PTIN	
MITCHELL CPA		LAWRENCE					₽00164733		
19. Address		20. City	·		21. Stat	te	22. ZIP/postal code		
880 APOLLO STR	EET SUITE 140	EL SEGUN	DO		CA		9024	.5	
l	reparer's (item 15) employer's (En			Employer EIN	26. Pre				
code US LAW	RENCE R. MITCHELL	& COMPA	2	0-0545687					
	Instructions for compl				ord				
services. The completed red FBAR. The Preparer/filing en	ted by the individual or entity gran cord <u>must</u> be signed by the individ ntity must be registered with FinC	dual(s)/entity grai	nting the	e authorization (Part I)	and the i	ndividua	al/entity	that will file the	
Read and complete the acc	ount owner statement in Part I.								
	file the Foreign Bank and Financi te the document in Part I, items 7/	•	•			•		, items 1 through	
	Spouses (see exceptions in the F								
	g an FBAR jointly with his/her spou tems 11/12, (item 11 may be digit	· ·		-		-	-		
	d foreign account. In this case, bo						-		
	AR on behalf of both spouses will								
number x).			-l		414 C.C.			h	
	hrough 18 with the preparer's info an employee. Record the employe								
	ty preparer <u>must</u> sign in item 26 (o				• •				
by the authorizing authority		-							
	I, and the person listed in Part II a on and the filing itself, both for a p DO NOT SEND THIS REC	eriod of 5 years.	See 31	CFR 1010. 430(d).		art I, sh	ould ret	ain copies	
920011 04-01-19							Rev. 10	.7 May 21, 2015	

Form 8879-EO

#### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service For calendar year 2019, or fiscal year beginning \_\_\_\_\_\_, 2019, and ending \_\_\_\_\_\_, 2019, and ending \_\_\_\_\_\_.

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2019

Name of exempt organization

20-3312814

Employer identification number

20

#### WHEELS 4 LIFE

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

than one line in Part I.

	Form 990 check here <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here <b>b X b Total revenue,</b> if any (Form 990-EZ, line 9)	2b	54,980.
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here <b>b</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 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X lauthorize LAWRENCE R. MITCHELL & COMPANY, CPAS	enter my PIN 90245
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also autho enter my PIN on the return's disclosure consent screen.	.,
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 ele indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chariti program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature  Date  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.         Do not enter all zeros	]
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the c confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) I <i>e-file</i> Providers for Business Returns.	5
ERO's signature Date 11/0	9/20
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	30

#### FINANCIAL CRIMES ENFORCEMENT NETWORK

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

FinCEN Form 114

WHEELS420190001

Filing Name WHEELS 4 LIFE

Submission Type NEW

PIN NOT REQUIRED

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

NOTE: The FBAR must be received by the Department of the Treasury on or before April 17, 2020. An automatic extension to October 15, 2020 is available.

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

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

FinCEN Form 114

## **REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 2019 Amended

Part I F	iler informatio	n		WHE	ELS4	2019	0001	_						
2 Type of filer														
a 🗌 Individ	dual b 🗌 Part	nership c	X Corp	ooration (	d 🗌	Consoli	dated €	e 🗌 Fid	luciary or	other - Ent	er typ	be		
3 U.S. Taxpay	er Identification N	umber 3a	TIN type	4 Fore	ign ider	ntificatio	n (Comp	lete only if	item 3 is no	ot applicable	e)	5 Individual's		
2033128	14		SSN/ITI	N a Type	:	Passpo	rt 🗌	Foreign 1		Other		MM/DI	)/YY	YY
	U.S. Identification		EIN	b Num	ber		c Cou	ntry of Iss	sue					
6 Last name c WHEELS	or organization nan 4 LIFE	ne					7F	irst name				8 Middle initia	ıl 8	a Suffix
9 Mailing addr	ress (number, stre	et, and apt	t. or suite i	no.)										
30722 M	ARILYN DR	IVE												
10 City				11 State	12 ZII	P/Posta	l Code	13 Cour	ntry					
LAGUNA	BEACH			CA	926	51		USA						
14 a) Does the	e filer have a finan			more finan	cial acc	ounts?								
Yes L	」 Enter number o □	of accounts	s		Do not	comple	te Part	II or Part I	II, but mai	ntain reco	rds of	f the informatio	n.	
	⊔ e filer have signatı	ure authori	tv over bu	t no financi	ial inter	est in 25	5 or mor	e financia	l accounts	s?				
Yes	Enter number o										ose be	ehalf the filer has	sign.	authority.
No X		financia		unt(a) and	upod c	oporo	toly							
	formation on alue of account du			15a Amo		-	-	t a X F	Bank b	Securi	tios (	c Other - E	nter t	vne helow
15 Waximum va	alde of account do	ing calent	dai yeai	unknow		Type of	accourt				165 (		ntor tj	
	130,8	53.												
17 Name of fina LLOYDS	ancial institution in תכד	which acc	count is he	eld										
	nber or other desi	gnation		g address ( GRESI				suite no.)	of financi	al institutio	on in '	which account	is he	ld
20 City			21 State,	if known	2				known 23					
LONDON Signature		<b>X</b>					2V7F					INGDOM		
44 Filer signatu	44a Check here			porting a p				parer and	complete	the third p		preparer sectio		<u> </u>
The report w	ill be electronically d when filed		ie, il fiot le		cisona	accour	it.				40 L	Date (MM/DD/Y This date will auto FBAR is electron		
	47 Preparer's las		48 First			49 MI	50 Ch		f 51 TIN		5	51a TIN type	X	PTIN
Third Party	MITCHELL	-	LAWRE				self	f-employe						Foreign
Preparer	52 Contact pho 310.563.1	ne no. 010		i3 Firm's n AWREN(		. MI	тсня	LL &	54 Firn 20-0			54a TIN type		EIN Foreign
Use Only	55 Mailing addre								57 State			al Code		Country
		SUITE 14EL SEG			GUNI						US	5		

	~		Short Form								
Forr	<b>9</b>	90-EZ	еТа	ax	0040						
				ndation	" <b>2019</b>						
			Do not enter social security numbers on this feature	orm. a	s it mav be made p	ublic.					
		of the Treasury enue Service	tion.		Open to Public Inspection						
A	For the	e 2019 calendar	year, or tax year beginning		and ending						
	Check if pplicab		ime of organization			D Em	ployer i	dentification number			
		ess change									
		° '	HEELS 4 LIFE			2	20-33	312814			
	Initia	return Num	ber and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Te	lephone	number			
	Final termi	10100	)722 MARILYN DRIVE			9	49-4	499-2030			
	Amer	nded return City	or town, state or province, country, and ZIP or foreign postal code		·	F Gr	oup Exer	nption			
	Applic	ation pending LZ	AGUNA BEACH, CA 92651			Nu	mber 🕨	•			
		nting Method:	Cash X Accrual Other (specify)			H Ch	eck 🕨	if the organization is			
			ELS4LIFE.ORG			no	<b>t</b> require	d to attach Schedule B			
			$\frac{\text{eck only one}}{\text{cond}} = \underbrace{X} 501(c)(3) \underbrace{501(c)()} (c)() = \underbrace{501(c)()} (c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)($	4	947(a)(1) or 🛄 52	7 (Fo	orm 990,	, 990-EZ, or 990-PF).			
		•	X Corporation Trust Association	Other							
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 d					F4 000			
		1 (B)) are \$500,0	000 or more, file Form 990 instead of Form 990-EZ	d Pal	onoo (aaa tha inat		► \$	54,980.			
Pa	art I										
	•		organization used Schedule O to respond to any question in this Part I					50,212.			
			gifts, grants, and similar amounts received				2	50,212.			
	2						3				
	4		ues and assessments ome				4				
	- 5a		from sale of assets other than inventory				-				
			ther basis and sales expenses	5b							
			rom sale of assets other than inventory (subtract line 5b from line 5a)				5c				
	6	, ,	ndraising events:								
•	-	-	from gaming (attach Schedule G if greater than								
nu		<b>•</b> · <b>-</b> • • • • ·	······································	6a							
Revenue	b		from fundraising events (not including \$	of co	ntributions						
£		from fundraisir	ng events reported on line 1) (attach Schedule G if the sum of such	-							
		gross income a	and contributions exceeds \$15,000)	6b							
	c		penses from gaming and fundraising events	6c							
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and su	btract li	ine 6c)		6d				
	7a	Gross sales of	inventory, less returns and allowances								
		Less: cost of g		7b							
	C	Gross profit or	(loss) from sales of inventory (subtract line 7b from line 7a)				70				
	8	Other revenue	(describe in Schedule O) SI		8	4,768.					
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	54,980.			
	10		ilar amounts paid (list in Schedule O)				10				
	11	Benefits paid to	o or for members				11				
Expenses	12 13	Drofoccional fo	compensation, and employee benefits				12 13	1,925.			
ben	14		it, utilities, and maintenance		14	2,956.					
Ă		Printing public	ations nostage and shinning				15	195.			
	16	Other expenses	ations, postage, and shipping s (describe in Schedule 0)	EE S	CHEDULE O		16	89,471.			
	17	Total expense	s. Add lines 10 through 16		17	94,547.					
	18		cit) for the year (subtract line 17 from line 9)				18	-39,567.			
sets	19		und balances at beginning of year (from line 27, column (A))					<u> </u>			
As			th end-of-year figure reported on prior year's return)				19	247,667.			
Net Assets	20		in net assets or fund balances (explain in Schedule O)				20	0.			
~	21		und balances at end of year. Combine lines 18 through 20				21	208,100.			
		_									

**Short Form** 

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

Form **990-EZ** (2019)

	n 990-EZ (2019) WHEELS 4 LIFE		2	20-3	33128	<u>14</u> <sup>+</sup>	Page <b>2</b>
Pa	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res	pond to any questio	n in this Part II				X
			(A) Beginning of year		• • •	nd of year	
22	, , ,		241,716.			205,1	05.
23	Land and buildings	、·····	E 0E1	23			0 -
24	Other assets (describe in Schedule 0) SEE SCHEDULE C		5,951.			2,9	95.
25	Total assets		247,667. 0.			208,1	00.
26	Total liabilities (describe in Schedule 0) Net assets or fund balances (line 27 of column (B) must agree with line 21)		247,667.	26		208,1	
27	art III Statement of Program Service Accomplishme	nts (see the instruct		21		penses	00.
ГС	Check if the organization used Schedule O to res	· ·	· · ·	X		for section	
Wha	t is the organization's primary exempt purpose?SEE SCHEDULE C	)				and 501(c)( ons; optiona	
	ribe the organization's program service accomplishments for each of its three largest program		es. In a clear and concise		others.)	Jiis, optiolia	
	her, describe the services provided, the number of persons benefited, and other relevant inform						
28	SEE SCHEDULE O						
				-			
	(Grants \$ ) If this amount includes foreign g	grants, check here	🕨 [		28a	90,0	59.
29				_			
				_			
				_,			
	(Grants \$) If this amount includes foreign g	grants, check here	🕨 l	<u> </u>	29a		
30				_			
				_			
				— ],			
	(Grants \$) If this amount includes foreign (				30a		
31	Other program services (describe in Schedule O)	aranta abaak bara		$\neg$	31a		
32					32	90,0	59.
I Pa	art IV List of Officers, Directors, Trustees, and Key E			ee the ir			
Pa	art IV List of Officers, Directors, Trustees, and Key E	Ilist each one	even if not compensated - se	ee the ir			
Pa	The check if the organization used Schedule O to res	Ilist each one	even if not compensated - se	d) Heal	nstructions for		
	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one pond to any questio (b) Average hours per week devoted to	even if not compensated - so n in this Part IV (c) Reportable compensation (Forms W/2/1090-MISC)	d) Heal contrib employ	th benefits, butions to ee benefit	or Part IV) (e) Estim amount of	ated other
	Ist of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title	Imployees       (list each one         pond to any questio       (b) Average hours	even if not compensated - so n in this Part IV (c) Reportable compensation (Forms W/2/1090-MISC)	<b>d)</b> Heal contrib employ blans, ar	th benefits,	or Part IV) (e) Estim	ated other
MA	Ist of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title         RK PETERMAN	mployees (list each one pond to any questio (b) Average hours per week devoted to position	even if not compensated - so n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit d deferred ensation	or Part IV) (e) Estim amount of	ated other
	Art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title         .RK PETERMAN         .AIRMAN OF THE BOARD	mployees (list each one pond to any questio (b) Average hours per week devoted to	even if not compensated - so n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit nd deferred	or Part IV) (e) Estim amount of	ated other
MA CH HA	Art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title         RK       PETERMAN         CAIRMAN OF THE BOARD         NS       REY	mployees (list each one pond to any questio (b) Average hours per week devoted to position 1.00	even if not compensated - su n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit d deferred ensation 0 .	or Part IV) (e) Estim amount of	ated other ation <b>0</b> •
MA CH HA EX	Art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title         RK       PETERMAN         AIRMAN OF THE BOARD         NS       REY         ECUTIVE DIRECTOR	mployees (list each one pond to any questio (b) Average hours per week devoted to position	even if not compensated - so n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit d deferred ensation	or Part IV) (e) Estim amount of	ated other ation
MA CH HA EX CA	Art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title         RK PETERMAN         AIRMAN OF THE BOARD         NS REY         ECUTIVE DIRECTOR         RMEN REY	mployees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00	even if not compensated - su n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit nd deferred ensation 0 •	or Part IV) (e) Estim amount of	iated other ation 0.
MA CH HA EX CA TR	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title         .RK PETERMAN         CAIRMAN OF THE BOARD         .NS REY         .ECUTIVE DIRECTOR         .RMEN REY         .EASURER / SECRETARY	mployees (list each one pond to any questio (b) Average hours per week devoted to position 1.00	even if not compensated - su n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit d deferred ensation 0 .	or Part IV) (e) Estim amount of	ated other ation <b>0</b> •
MA CH HA EX CA TR BR	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title         RK PETERMAN         CAIRMAN OF THE BOARD         NS REY         ECUTIVE DIRECTOR         RMEN REY         EASURER/SECRETARY         YAN COLE	mployees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00 45.00	even if not compensated - su n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit ad deferred ensation 0. 0.	or Part IV) (e) Estim amount of	Dated other ation 0. 0.
MACH HAEX CAR BO	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title	mployees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00	even if not compensated - su n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit nd deferred ensation 0 •	or Part IV) (e) Estim amount of	iated other ation 0.
MACHAEXAR BBOS	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title         RK PETERMAN         AIRMAN OF THE BOARD         NS REY         ECUTIVE DIRECTOR         RMEN REY         EASURER/SECRETARY         YAN COLE         ARD MEMBER         COTT ROBINSON	mployees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00 45.00 1.00	even if not compensated - su n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit nd deferred ensation 0. 0. 0.	or Part IV) (e) Estim amount of	ated other ation 0. 0. 0.
MAHAEZAR BOSOB	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title         RK PETERMAN         AIRMAN OF THE BOARD         NS REY         ECUTIVE DIRECTOR         RMEN REY         EASURER/SECRETARY         YAN COLE         ARD MEMBER         OTT ROBINSON         ARD MEMBER	mployees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00 45.00	even if not compensated - su n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit ad deferred ensation 0. 0.	or Part IV) (e) Estim amount of	Dated other ation 0. 0.
MCHAXARBOSOM	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to response         (a) Name and title         RK PETERMAN         CAIRMAN OF THE BOARD         NS REY         ECUTIVE DIRECTOR         RMEN REY         EASURER/SECRETARY         YAN COLE         ARD MEMBER         COTT ROBINSON         ARD MEMBER         CHELLE VEYNA	mployees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 45.00 1.00 1.00	even if not compensated - su n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	<b>d)</b> Heal contrib employ blans, ar	th benefits, witions to ee benefit ad deferred ensation 0. 0. 0. 0.	or Part IV) (e) Estim amount of	ated other ation 0. 0. 0. 0.
MCHAXARBOSOM	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to res         (a) Name and title         RK PETERMAN         AIRMAN OF THE BOARD         NS REY         ECUTIVE DIRECTOR         RMEN REY         EASURER/SECRETARY         YAN COLE         ARD MEMBER         OTT ROBINSON         ARD MEMBER	mployees (list each one pond to any questio (b) Average hours per week devoted to position 1.00 10.00 45.00 1.00	even if not compensated - su n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	<b>d)</b> Heal contrib employ blans, ar	th benefits, utions to ee benefit nd deferred ensation 0. 0. 0.	or Part IV) (e) Estim amount of	ated other ation 0. 0. 0.
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Form	990-EZ (2019) WHEELS 4 LIFE 20-3312	814		Page <b>3</b>
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th		
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>ID 37a 0</b> .			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
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 • 0 •			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization <b>0</b> .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed $ ightarrow {f CA}$			
42 a	The organization's books are in care of ► HANS REY Telephone no. ► 949-49			
	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			No
	account)?	42b	X	
	If "Yes," enter the name of the foreign country  UNITED KINGDOM			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 🕨 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

Form	990-EZ (2	2019)	WHEEL	s 4	LIFE						20-3	3128	14	Page <b>4</b>
46	Did the o	anization	angaga dire	octly or i	indirectly in	political campaign activiti	es on behalf of or	in annasitia	on to candi	dates for n	ublic offi	~2 <b>Г</b>	Ye	es No
		-		-								Jer	46	X
	rt VI	Sectio	n 501(c)(3	B) Org	anizatio	ons Only								
		All sectio	n 501(c)(3)	organiz	zations mu	st answer questions 47	-49b and 52, an	nd complet	te the tab	les for line	es 50 an	id 51.		
		Check if	the organiza	ation u	sed Sched	ule O to respond to an	y question in thi	s Part VI	<u></u>					
47	Did the e	achization		hhuina	antiviting or	have a section 501(h) ele	tion in offect duri	na tha tay y	oorQ If "Vo	o " complet	a Cab C		47 Ye	es No X
		-				170(b)(1)(A)(ii)? If "Yes," (							47 48	
						ot non-charitable related o							49a	 X
b	lf "Yes," w	as the rela	ated organiza	tion a se	ection 527 c	rganization?							49b	
50	Complete	this table	for the organ	ization'	s five highes	st compensated employee	s (other than office	ers, director	rs, trustees	s, and key e	mployee	s) who ea	ch receiv	ed more
i	than \$100		-		-	on. If there is none, enter "			1		17.0			
		(	<b>a)</b> Name and	title of e	each employ	/ee	(b) Average per week de		(C) Re compens	eportable ation (Forms	` contrib	th benefits, utions to		timated t of other
					N	ONE	por wook do		W-2/10	)99-MISC)	plans, ar	ee benefit nd deferred ensation		ensation
											comp	chisation		
							1							
							-							
							-							
			er employees	-				•			L			
	-		for the organ e is none, ent		-	st compensated independe ONE	ent contractors wh	o each rece	ived more	than \$100,	,000 of c	ompensat	ion from	the
						ndent contractor		(b)	) Type of s	ervice		(c) C	ompensa	tion
	(-7)							(-)	/			(-/-		
			•			receiving over \$100,000			►					
		•	•			l section 501(c)(3) organiz						► X	Yes	No
						this return, including acco								
			,			than officer) is based on	1 5 6							,
		•												
Sigr		Signature									Date			
Here		Type or p	MEN RE	iY, itle	TREAS	URER								
		Print/Tv	pe preparer's	name		Preparer's signature		Date		Check	if	PTIN		
D-'	J		ENCE M		HELL.					self- emplo	_			
Paic		CPA			·/			11/09		-		P001	6473	3
-	parer Only	Firm's n	ame 🕨 LA							Firm's EIN		)-054	5687	,
036	Uniy	Firm's a				O STREET, SU	JITE 140			Phone no	. 310	.563	.101	.0
						O, CA 90245							1	
Mav tl	ne IRS dis	scuss this	return with th	ne prepa	arer shown a	above? See instructions						. 🕨 🛛	Yes	No

Form	990-EZ	(2019)
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
(1.01111	000	<b>U</b> 1	000 LL,

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Nam	e of t	he organization						Employer	identification number
			LS 4 LIFE						0-3312814
Pa	tΙ	Reason for Public (	Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instruction	S.	
The o	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental	unit describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7									
	section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	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-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:						-	
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from
		activities related to its exem							
		income and unrelated busir							-
		See section 509(a)(2). (Cor		· · · · · ·		•	,	0	,
11		An organization organized a	• •	ively to test for public sa	fety. See s	section 50	)9(a)(4).		
12		An organization organized a	-	•	•			arry out the	e purposes of one or
		more publicly supported or	-	-	-			-	
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga				-		-	aivina
		the supported organization	-	-	•	-			
		organization. You must c							
b		<b>Type II.</b> A supporting orga	-		tion with it	s support	ed organizatio	on(s), by ha	vina
		control or management o	-				-		-
		organization(s). You mus			I			5 1	
с		<b>Type III functionally inte</b>			in connec	tion with.	and functiona	llv integrate	ed with.
		its supported organization							,
d		] Type III non-functionally						rted organi	zation(s)
		that is not functionally int						-	
		requirement (see instruct			•		-		
е		Check this box if the orga		-				II. Type III	
-	-	functionally integrated, or						, . , pe	
f	Ente	er the number of supported of			0 0				
g		vide the following informatior							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									

## Schedule A (Form 990 or 990 EZ) 2019 WHEELS 4 LIFE

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	186,950.	81,453.	89,639.	83,908.	50,212.	492,162.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	186,950.	81,453.	89,639.	83,908.	50,212.	492,162.
5	The portion of total contributions	-		-	· · · ·	-	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						87,708.
6	Public support. Subtract line 5 from line 4.						404,454.
	tion B. Total Support						101,151.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
		(a)2015 186,950.	(b)2016 81,453.	(c) 2017 89,639.	(d) 2018 83,908.	(e) 2019 50,212.	(f) Total 492,162.
-	Amounts from line 4	100,000	01,100.	00,000.	00,000.	50,212.	492,102.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						100 100
11	Total support. Add lines 7 through 10					-	492,162.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	bhere					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (		•			14	82.18 %
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14			15	82.59 %
<b>16</b> a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization	-	
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
	5		, • = •	. , ,			-

Schedule A (Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990 EZ) 2019 WHEELS 4 LIFE

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 20 <sup>-</sup>	19 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	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						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10							
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20 <sup>-</sup>	19 (f) Total
	Amounts from line 6	(,	(0) = 0 + 0	(0) = 0	(0, 2010	(0)=0	(1) 10101
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	organization,
	check this box and stop here						
See	ction C. Computation of Publi	c Support Pe					
15	Public support percentage for 2019 (li	ne 8, column (f), (	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	<b>19</b> (line 10c. colu <sup>,</sup>	mn (f), divided by I	ine 13. column (f))		17	%
	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2019.</b> If the						
	more than 33 1/3%, check this box ar						
r	<b>33 1/3% support tests - 2018.</b> If the						1/3%, and
~	line 18 is not more than 33 1/3%, che	•			•		
20	<b>Private foundation.</b> If the organization						
				, 5			<b>F</b>

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
-		
3a		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
5b 5c		
50		
6		
7		
8		
9a		
9b		
9c		
90		
100		
10a		
10b		

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

1

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

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

Current Year Optional)
Current Year Optional)
rrent Year

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

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Sect	ion D - Distributions		, , ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			(Form 000 or 000 EZ) 2010

Schedule A (Form 990 or 990-EZ) 2019

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 A

## Identification of Excess Contributions Included on Part II, Line 5

2019

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

Contributor's Name	Total Contributions	Excess Contributions
CANNONDALE SPORTS GROUP	10,000.	157.
WALWORTH MEMORIAL	42,952.	33,109.
CLIF BAR FAMILY FOUNDATION	10,500.	657.
CYCLING SPORTS GROUP	18,750.	8,907.
DEUTER SPORT GMBH	33,339.	23,496.
MARK MAURISSEN	31,225.	21,382.
Total Excess Contributions to Schedule A, Part II, Line 5		87,708.

## Schedule B

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

Name of the organization

## Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

20-3312814	

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

Name of organization

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#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 WALWORTH MEMORIAL FUND X Person Payroll 9,069. 13 LODE LANE Noncash \$ (Complete Part II for WILTSHIRE, UNITED KINGDOM P5 3PW noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 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.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Pavroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019	Э)
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Name of organization

Employer identification number

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#### WHEELS 4 LIFE

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

lame of orga	anization		Employer identification num
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	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) ti completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	hrough <b>(e) and</b> the following line en aritable, etc., contributions of <b>\$1,000 or</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for th http: For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 - - -	Transferee's name, address, and	(e) Transfer of gif	ft Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	[
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -		(e) Transfer of gif	 ft
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
-			

SCHEDULE G Suppler	mental Information Regardin	g Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if	the organization answered "Yes" o organization entered more than \$				or 19,	or if the	2019
Department of the Treasury	Attach to Form 99						Open to Public
	Go to www.irs.gov/Form990 for ins	truction	is and	the latest informat	ion.	From Low core ind	
Name of the organization WHEELS	S 4 LIFE					20-331	entification number 2814
	es. Complete if the organization answ	vered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
required to complete this	part. raised funds through any of the follow	vina ooti	vition	Chook all that apply			
a X Mail solicitations		-		overnment grants	•		
<b>b</b> X Internet and email solicitati			0	nment grants			
c X Phone solicitations	g 🔀 Specia	al fundra	aising	events			
d X In-person solicitations							
<b>2 a</b> Did the organization have a writte	en or oral agreement with any individu ), Part VII) or entity in connection with	•	•			, or Ye	s No
	ndividuals or entities (fundraisers) purs	•		e e			
compensated at least \$5,000 by							
		(iii)	Did		(v)	Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundi have c	raiser ustody	(iv) Gross receipts	tò (o	r retained by)	to (or retained by)
or entity (fundraiser)		or cor	ntrol of utions?	from activity		undraiser ed in col. (i)	organization
		Yes	No				
Total							
3 List all states in which the organiz	ation is registered or licensed to solici	t contrik	oution	s or has been notified	d it is	exempt from	registration
or licensing.							

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

Schedule G (Form 990 or 990-EZ) 2019

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

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

Sch	nedule G (Form 990 or 990-EZ) 2019 WHEELS 4 LIFE 20-	3312	814	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		1	,,,
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	📖	Yes	└── No
k	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party  \$			
c	c If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation    \$			
	5 5 1 5 1			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	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 the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		-	

Part IV	Supplemental information (continued)	

#### 2019 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990-EZ PAGE 1

#### 990-EZ

FORM 390-E2 FAGE 1 390-E2															
Asset No.	Description	Date Acquired	Method	Life	C o n v	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		16	5,568.				5,568.	5,568.		٥.	5,568
2	CAMERA EQUIPMENT	01/18/08	SL	5.00		16	756.				756.	756.		٥.	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.	9,435.		0.	9,435
4	DOCUMENTARY PRODUCTION COSTS	12/17/09	SL	10.00		16	14,710.				14,710.	13,239.		1,471.	14,710
5	DOCUMENTARY PRODUCTION COSTS	05/31/10	SL	10.00		16	7,348.				7,348.	6,309.		735.	7,044
6	DOCUMENTARY PRODUCTION COSTS	07/31/13	SL	10.00		16	7,504.				7,504.	4,063.		750.	4,813
	* 990-EZ PG 1 TOTAL -						38,997.				38,997.	33,046.		2,956.	36,002
	* GRAND TOTAL 990-EZ PG 1 DEPR						45,321.				45,321.	39,370.		2,956.	42,326

928111 04-01-19

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	-EZ	OMB No. 1545-0047 <b>2019</b> Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employ	Inspection ver identification number
	WHEELS 4 LIFE		3312814
FORM 990-EZ,	PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION	OF OTHER REVENUE:		AMOUNT:
CURRENCY CON	VERSION GAIN		4,768.
FORM 990-EZ,	PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND	MAINTENANCE:
DESCRIPTION	OF EXPENSES:		AMOUNT :
DEPRECIATION			2,956.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION	OF OTHER EXPENSES:		AMOUNT:
BICYCLES DIS	TRIBUTED		87,103.
INSURANCE			1,135.
OFFICE EXPEN	SE		1,205.
MISCELLANEOU	S EXPENSE		28.
TOTAL TO FOR	M 990-EZ, LINE 16		89,471.
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
OTHER DEPREC	IABLE ASSETS 5,	951.	2,995.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - ORGANIZAT	ION'S	PRIMARY
PURPOSE IS T	O PROVIDE BIKES TO PEOPLE IN NEED OF TRANSPO	RTATI	ON IN
THIRLD WORLD	COUNTRIES TO GET TO WORK, MEDICAL CARE OR TO	SCHC	OOL.
FORM 990-EZ,	PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENT	'S :

TO PROVIDE BIKES TO PEOPLE IN NEED OF TRANSPORTATION IN

LABOR.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BEN	VEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY	FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CO	DNTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PRE	MIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	chedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)

WHEELS 4 LIFE

Name of the organization

Employer identification number 20-3312814

Form 8938		nent of Specified Fore				OMB No. 1545-2195
Department of the Treasury		Attach to your tag				Attachment
nternal Revenue Service	For calendar year 2	019 or tax year beginning	and	ending		Sequence No. <b>175</b>
lf you ha	ave attached continua	ation statements, check here	Numbe	of continuation	n stateme	
1 Name(s) shown on re WHEE	eturn ELS 4 LIFE			2 Taxpayer 20-33128		tion Number (TIN)
<ul> <li>Type of filer</li> <li>a Specified in</li> </ul>	ndividual <b>b</b>	Partnership c	Corporation		d 🗌	Trust
partnership or corpo	ration. If you checked	bu checked box 3b or 3c, enter the box 3d, enter the name and TIN of o do if you have more than one spe	the specified pers	on who is a curr	ent benefi	
a Name				<b>b</b> TIN	11 to 110t.)	
	eposit and Custo	dial Accounts Summary				
•	•	Part V)		▶		
		· · · · · · · · · · · · · · · · · · ·			\$	130,853
		n Part V)		►		
		,			\$	
		ounts closed during the tax year?			Ye	es X No
Part II Other Fore	eign Assets Sumi	mary				
1 Number of Foreign A	Assets (reported in Parl	t VI)				
2 Maximum Value of A	II Assets (reported in F	Part VI)			\$	
3 Were any foreign as	sets acquired or sold d	luring the tax year?			Ye	es X No
Part III Summary	of Tax Items Attr	ibutable to Specified Forei	gn Financial /	Assets (see ir	nstructio	ns)
		(c) Amount reported on		Where r	eported	
(a) Asset Category	(b) Tax item	form or schedule	<b>(d)</b> Form a	and line	(e)	Schedule and line
1 Foreign Deposit and	1a Interest	\$				
Custodial Accounts	1b Dividends	\$				
	1c Royalties	\$				

	ie noyanica	Ψ	
	1d Other income	\$	
	1e Gains (losses)	\$	
	1f Deductions	\$	
	1g Credits	\$	
-	2a Interest	\$	
	2b Dividends	\$	
	2c Royalties	\$	
	2d Other income	\$	
	2e Gains (losses)	\$	
	2f Deductions	\$	

# 2g Credits \$ Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. Yo	ou do not need to
include these assets on Form 8938 for the tax year.	

1. Number of Forms 3520 \_\_\_\_\_

2. Number of Forms 3520-A

#### 3. Number of Forms 5471

4. Number of Forms 8621 \_\_\_\_\_ 5. Number of Forms 8865

#### Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

lf yo	you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).									
1	Type of account X Deposit	Custodial	2 Account number or other designation 00430402							
3	B Check all that apply a Account opened during tax year b Account closed during tax year									
	c 🗌 Account joir	ntly owned with spouse 🛛 🔲 No tax	x item reported in Part III with respect to this asset							
4	Maximum value of account during tax year		\$ 130,853.							
5	Did you use a foreign currency exchange ra	ate to convert the value of the account in	nto U.S. dollars? X Yes No							
6	If you answered "Yes" to line 5, complete a	II that apply.								
	(a) Foreign currency in which account	(b) Foreign currency exchange rate use	ed to (c) Source of exchange rate used if not from U.S.							
TTN		convert to U.S. dollars • 75800000	Treasury Department's Bureau of the Fiscal Service US TREASURY							
UN	ITED KINGDOM, POUND	•758000000	US IREASURI							

923021 12-18-19

LHA For Paperwork Reduction Act Notice, see the separate instructions. 1

30,853.

Form 8938 (2019)			Page <b>2</b>
Part V Detailed Information for Each	n Foreign Deposit and Cust	odial Account Included ir	n the Part I Summary
(see instructions) (continued)			
7a Name of financial institution in which account LLOYDS TSB	is maintained	<b>b</b> Global Intermediary Identific	ation Number (GIIN) (Optional)
8 Mailing address of financial institution in which 25 GRESHAM STREET	h account is maintained. Number, si	reet, and room or suite no.	
9 City or town, state or province, and country (ii	ncluding postal code)		
LONDON	UNITED KINGDOM	EC2V 7HN	
Part VI Detailed Information for Eac	· · · · · · · · · · · · · · · · · · ·		
If you have more than one asset to report in Part V		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
1 Description of asset	2	dentifying number or other desigr	nation
3 Complete all that apply. See instructions for re	eporting of multiple acquisition or di	sposition dates.	
a Date asset acquired during tax year, if applica	able		
<b>b</b> Date asset disposed of during tax year, if app			
<b>c</b> Check if asset jointly owned with spor		k if no tax item reported in Part II	I with respect to this asset
4 Maximum value of asset during tax year (chec			1
		,001 - \$150,000 <b>d</b>	\$150,001 - \$200,000
e If more than \$200,000, list value 5 Did you use a foreign currency exchange rate			
<ul><li>5 Did you use a foreign currency exchange rate</li><li>6 If you answered "Yes" to line 5, complete all t</li></ul>			Yes L No
	<b>b)</b> Foreign currency exchange rate t	used to (c) Source of exchange	ge rate used if not from U.S.
	onvert to U.S. dollars		s Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign	n entity or an interest in a foreign ent	ity, enter the following information	n for the asset.
a Name of foreign entity		<b>b</b> GIIN (Optional)	
c Type of foreign entity (1)	Partnership (2) Co	rporation (3) Trus	st (4) 🗔 Estate
d Mailing address of foreign entity. Number, stre	eet, and room or suite no.		
· City externs state as province, and country (iii	naluding nantal anda)		
e City or town, state or province, and country (ii	ncluding postal code)		
8 If asset reported on line 1 is not stock of a fore	ign entity or an interest in a foreign	entity, enter the following informa	tion for the asset.
Note: If this asset has more than one issuer or			
or counterparty (see instructions).			
a Name of issuer or counterparty			
Check if information is for	ssuer Counterparty		
<b>b</b> Type of issuer or counterparty			
(1) [] Individual (2) [] P	Partnership (3) Co	rporation (4) Trus	st (5) 🛄 Estate
<b>c</b> Check if issuer or counterparty is a	U.S. person Foreign p	person	
	and an adverte such a		
d Mailing address of issuer or counterparty. Nu	mber, street, and room or suite no.		
e City or town, state or province, and country (ii	ncluding postal code)		
y, >- protince, and country (i			

Form 8938 (2019)

#### 2019 DEPRECIATION AND AMORTIZATION REPORT

#### - CURRENT YEAR FEDERAL - WHEELS 4 LIFE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	CAMERA EQUIPMENT	01140	8SL	5.00	16	5,568.			5,568.	5,568.		0.
	CAMERA EQUIPMENT * 990-EZ PG 1 TOTAL	01180	8SL	5.00	16	756.			756.	756.		0.
	_	1				6,324.		0.	6,324.	6,324.		0.
3	DOCUMENTARY PRODUCTION COSTS DOCUMENTARY	12310	8SL	10.00	16	9,435.			9,435.	9,435.		0.
4	PRODUCTION COSTS	12170	9SL	10.00	16	14,710.			14,710.	13,239.		1,471.
5		05311	0SL	10.00	16	7,348.			7,348.	6,309.		735.
		07311	3SL	10.00	16	7,504.			7,504.	4,063.		750.
	* 990-EZ PG 1 TOTAL -	1				38,997.		0.	38,997.	33,046.		2,956.
	* GRAND TOTAL 990-EZ PG 1 DEPR					45,321.		0.	45,321.	39,370.		2,956.

928102 04-01-19

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

#### - NEXT YEAR FEDERAL -

#### WHEELS 4 LIFE

Asset No.	Description		Date quire	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.	5,568.	0.
	CAMERA EQUIPMENT	01 01	18	) 8	SL	5.00	756.		756.	756.	0.
	* 990-EZ PG 1 TOTAL -						6,324.		6,324.	6,324.	0.
3	DOCUMENTARY PRODUCTION COSTS	12	31	) 8	SL	10.00	9,435.		9,435.	9,435.	0.
	DOCUMENTARY PRODUCTION COSTS	12	17	)9	SL	10.00	14,710.		14,710.	14,710.	0.
	DOCUMENTARY PRODUCTION COSTS	05	31	L 0,	SL	10.00	7,348.		7,348.	7,044.	304.
6		07	31	L 3	SL	10.00			7,504.	4,813.	750.
	* 990-EZ PG 1 TOTAL -						38,997.		38,997.		
	* GRAND TOTAL 990-EZ PG 1 DEPR						45,321.		45,321.	42,326.	1,054.
				_							
				_							

(D) - Asset disposed

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

# TAXABLE YEARCalifornia Exempt Organization2019Annual Information Return

	201	9 Annual Information Return	1					199	
Са	lendar Yea	r 2019 or fiscal year beginning (mm/dd/yyyy)		, and ending (	mm/dd/yy	уу)			_
С	orporation/O	ganization name			Cal	ifornia corp	oration	number	-
		_							
		4 LIFE				2770	142	2	
A	dditional info	rmation. See instructions.			FE		210	0014	
	4					20-3 PMB no.	312	2814	
		(suite or room) MARILYN DRIVE				PIVID NO.			
	UIZZ	MARIDIN DRIVE			State	ZIP code			
	,	BEACH			CA	9265	1		
	oreign countr		te/county			Foreign p		ode	
A	First Retu	ırnYes 🚺 No	J If exe	mpt under R&TC S	ection 237	01d, has	the or	ganization	_
В		l Return 🛛 🖳 Yes 🗴 No	enga	ged in political activ	vities? See	instructio	ns.	• Yes 🗶 No	
C		ion 4947(a)(1) trust Yes 🚺 No	K Is the	organization exem	pt under R	&TC Sect	ion 23	3701g? • 🗌 Yes 🗴 No	)
D	Final Info	rmation Return?		s," enter the gross					
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized	-	anization is a publi	-	-			
-		$(mm/dd/yyy) \bullet $		on 23701d and me		•			
E		counting method: (1) $\Box$ Cash (2) $X$ Accrual (3) $\Box$ Other eturn filed? (1) $\bullet$ 990T(2) $\bullet$ 990PF (3) $\bullet$ Sch H (990)	DOX.	No filing fee is requ organization a Lim	irea		 	• A • Yes X No	~
г		Other 990 series		le organization file					J
G		group filing? See instructions	repor	t taxable income?			00 10	• Yes X No	)
H			0 Is the	organization unde	r audit by t	he IRS or	has th	ne	
		vhat is the parent's name?						• Yes 🔀 No	כ
				eral Form 1023/10					)
Т		rganization have any changes to its guidelines	Date	iled with IRS					
_		ted to the FTB? See instructions • Yes X No							
-	Partl	Complete Part I unless not required to file this form. See General In					_	4,7680	_
		<ol> <li>Gross sales or receipts from other sources. From Side 2, Part</li> <li>Gross dues and assessments from members and affiliates</li> </ol>	n, nne 8				1	4,7000	
		3 Gross contributions offs grants and similar amounts receive			STMT	1.	2	50,2120	
	Receipts	<ul> <li>Gross contributions, gifts, grants, and similar amounts receive</li> <li>Total gross receipts for filing requirement test. Add line 1 through line 3.</li> <li>This line must be completed. If the result is less than \$50,000, see Gener</li> </ul>	al Information	 ۱В		•	4	54,980 0	
	and	5 Cost of goods sold	•	5		00	-	· · · ·	
I	Revenues	<ul> <li>5 Cost of goods sold</li> <li>6 Cost or other basis, and sales expenses of assets sold</li> </ul>	•	6		00			
		7 Total costs. Add line 5 and line 6					7	0	
		8 Total gross income. Subtract line 7 from line 4				•	8	54,980 <sub>0</sub>	
	Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 1					9	94,547 <sub>0</sub>	
	•	10 Excess of receipts over expenses and disbursements. Subtrac					10	-39,567 <sub>0</sub>	
		11       Total payments         12       Use tax. See General Information K					11 12	0	
		<ul><li>12 Use tax. See General Information K</li><li>13 Payments balance. If line 11 is more than line 12, subtract line</li></ul>					12	0	
1	Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 1			14	0			
	, in groot	<b>15</b> Filing fee \$10 or \$25. See General Information F					15	N/A 0	
							16	0	
		17 Balance due, Add line 12, line 15, and line 16. Then subtract l	ine 11 fron	n the result			17	0	)0
Si	gn	Under penalties of perjury, I declare that I have examined this return, including a it is true, correct, and complete. Declaration of preparer (other than taxpayer) is b	ccompanying based on all i	nformation of which p	reparer has a	ny knowled	f my kr lge.	lowledge and belief,	
	ere	Signature .	Title		Date			Telephone	
		Signature of officer	TREA	SURER	_			● PTIN	
		Preparer's signature		11/09/2		if nployed 🖿		P00164733	
D,	aid			11/09/2		Picycu		● Firm's FEIN	_
	eparer's	Firm's name (or yours, LAWRENCE R. MITCHELL & Cu	OMPAN	Y, CPAS				20-0545687	
	se 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? Se	e instructio	ins		• X	Yes	No	

022 3651194

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Form 199 2019 Side 1

#### WHEELS 4 LIFE

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

928951 12-04-19

		1	Gross sales or receipts from all	busine	ss activities. See instruc	ctions		•	1		00
		2	Interest					•	2		00
		3	Dividends						3		00
Rec	eipts	4	Gross rents						4		00
fron	n	5	Gross royalties						5		00
Oth	er	6	Gross amount received from sa	le of as	sets (See Instructions)			•			00
Sou	irces	7	Other income				SEE STA	TEMENT 2	7		<b>4</b> ,768 <sub>00</sub>
		8	Total gross sales or receipts fro	om othe	er sources. Add line 1 th	rough	line 7. Enter here and	on Side 1, Part I, line 1	8		4,768 00
		9	Contributions, gifts, grants, and	l similar	amounts paid				9		00
		10	Disbursements to or for member	ers				•	10		00
		11	Disbursements to or for member Compensation of officers, direct	tors, an	id trustees		SEE STA	TEMENT 3	11		0 00
		12	Other salaries and wages						12		00
Exp	enses		Interest						13		00
and			Taxes						14		00
	burse-		Rents								00
mei			Depreciation and depletion (See						16		2,956 00
		17	Other Expenses and Disbursem	ents			SEE STA	TEMENT 4			91,591 00
		18	Total expenses and disburseme	ents Ar	ld line 9 through line 17	7 Ente	r here and on Side 1 P	art I line 9			94,547 00
Sc	hedu			51110.710	Beginning of				ld of ta		
Ass					(a)		(b)	(c)			(d)
	<u> </u>						241,716			•	205,105
			s receivable				, -			•	
			ceivable							•	
										•	
			state government obligations							•	
			in other bonds							•	
			in stock							•	
										•	
	Mortga	•								•	
10		rociab	ments		45,321			45,	321	-	
10			le assets Imulated depreciation	(	39,370		5,951				2,995
				(	59,570		5,951	42,5	20 /		2,995
										•	
							217 667			•	208,100
			B				247,667				200,100
			et worth								
			yable							•	
			s, gifts, or grants payable							•	
			notes payable							•	
			payable							•	
			es								
			c or principal fund							•	
20			tal surplus. Attach reconciliation							•	
21			nings or income fund				247,667			•	208,100
			ties and net worth				247,667				208,100
Sc	hedu	le N	1-1 Reconciliation of income Do not complete this sche				ne 13, column (d), is les	s than \$50,000.			
1	Net inc	come	per books		• -39,						
			me tax		•		not included in th	-		•	
3	Excess	s of ca	pital losses over capital gains		•		-	s return not charged			
			recorded on books this year		•			ome this year		•	
			corded on books this year not				9 Total. Add line 7				
•			this return		•		10 Net income per r				
6			ne 1 through line 5		-39,	567		om line 6			-39,567

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WHEELS 4 LIFE

20-3312814

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	STATEMENT	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
WALWORTH MEMORIAL FUND	13 LODE LANE WILTSHIRE UNITED KINGDOM P5 3PW	03/07/19	9,0	69.
TOTAL INCLUDED ON LINE 3			9,0	69.
CA 199	OTHER INCOME	S	FATEMENT	2
DESCRIPTION			AMOUNT	
CURRENCY CONVERSION GAIN	ſ		4,7	68.
TOTAL TO FORM 199, PART	II, LINE 7		4,7	68.
CA 199 COMPENSATIO	N OF OFFICERS, DIRECTORS AND TRUS	STEES ST	FATEMENT	3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKEI	D/WK (	COMPENSAT	ION
MARK PETERMAN 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651	CHAIRMAN OF THE BO 1.00	DARD		0.
HANS REY 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651	EXECUTIVE DIRECTOF 10.00	ł		0.
CARMEN REY 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651	TREASURER/SECRETAE 45.00	Y		0.
BRYAN COLE 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651	BOARD MEMBER 1.00			0.
SCOTT ROBINSON 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651	BOARD MEMBER 1.00			0.

MICHELLE VEYNA 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651 BOARD MEMBER 1.00

TOTAL TO FORM 199, PART II, LINE 11

CA 199 OTHER EXPENSES	STATEMENT 4
DESCRIPTION	AMOUNT
BICYCLES DISTRIBUTED	87,103.
INSURANCE	1,135.
OFFICE EXPENSE	1,205.
MISCELLANEOUS EXPENSE	28.
PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT	4 995
CONTRACTORS	1,925.
PRINTING, PUBLICATIONS, POSTAGE AND SHIPPING	195.
TOTAL TO FORM 199, PART II, LINE 17	91,591.

## 0.

0.

Attach to Form 100 or Form 100W.         FORM 199         FEIN         20-3312814           Corporation name         California corporation number         2770142           WHEELS 4 LIFE         2770142           Part I Election To Expense Certain Property Under IRC Section 179         1         Strongenetic corporation number           1 Maximum deduction under IRC Section 179 once (allornia corporation in imitation.         1         Strongenetic corporation corporation number           3 Threshold cost of IRC Section 179 once (becaling in iteration in the life corporation in imitation.         3         Strongenetic corporation in imitation.         3           4 Reduction in imitation. Subtract line 3 from line 2. If zero or less, enter -0.         5         4         Strongenetic corporation in the life corporation of property (elected IRC Section 179 corport).         7         8           6	TAXABLE YEARCOI2019and	rporatio d Amorti	n Depi	reciatio	on							NIA FORM 385
Corporation number         California corporation number           WHEELS 4 LIFE         2770142           Part 1 Exection To Segure Certain Property Under IRC Section 179 property baland in service         1         \$55,000           1 Instanting discussion under IRC Section 179 property baland in service         1         \$50,000           1 Instanting discussion under IRC Section 179 property baland in service         1         \$50,000           6         1         2         1         \$50,000           6         1         2         1         \$50,000           9 Instanded cost of IRC Section 179 property Add amounts in column (c), line 6 and line 7         7         8         9           9 Instande decidentic Fiber and line 1 If zero or less, enter -0         5         10         11           1 Lined arcperty (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7         7         8         9           9 Instande decidentic Fiber and property and amounts in column (c), line 6 and line 7         11         12         11           12 Consol of 18 property (elected doct of IRC Section 179 property and amounts in column (c), line 6 and line 10, liss is 12         11         12         12           12 Consol of 18 property (inter angle of basiese income (note RET Section 179 property angle ang			Zation			199			1	FETN		
Part 1: Exclose To Express Cartial Property Date (IIIC Section 179 for California         1         \$\$25,000           1 Maximum deduction under IRG Section 179 for California         2         \$\$25,000           2 The store of IRG Section 179 property placed in service         2         \$\$3         \$\$200,000           4 Relaction in limitation. Subtact line 4 from line 1.1 zero or less, enter -0         4         \$\$         \$\$           5 Dotating the fination to tracely avaid. Subtact line 4 from line 1.1 zero or less, enter -0         \$\$         \$\$         \$\$           6         (a) Description of property.         (b) Cost (business use only.)         (c) Elected cost         \$\$           7 Listed property (dected IRC Section 179 property.         (b) Cost (business use only.)         (c) Elected cost         \$\$           9 Total election on Electron on prior thable years         10         11         12           10 Carryover of disallowed deduction. Add line 3 and line 10, busines income (not less than zero) or line 5         11         12           12 IIC Section 179 spaces deduction. Add line 3 and line 10, busines line TAR Section 24365         11         12           Part II Description of property         (d) Description and Electron of Additional and line 10, busines line and the target and line 10.1         11         12           12 IIC Section 179 spaces deduction. Add line 3 and line 10, busines linconce line 11 <t< td=""><td>Corporation name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Corporation name											
Part 1: Exclose To Express Cartial Property Date (IIIC Section 179 for California         1         \$\$25,000           1 Maximum deduction under IRG Section 179 for California         2         \$\$25,000           2 The store of IRG Section 179 property placed in service         2         \$\$3         \$\$200,000           4 Relaction in limitation. Subtact line 4 from line 1.1 zero or less, enter -0         4         \$\$         \$\$           5 Dotating the fination to tracely avaid. Subtact line 4 from line 1.1 zero or less, enter -0         \$\$         \$\$         \$\$           6         (a) Description of property.         (b) Cost (business use only.)         (c) Elected cost         \$\$           7 Listed property (dected IRC Section 179 property.         (b) Cost (business use only.)         (c) Elected cost         \$\$           9 Total election on Electron on prior thable years         10         11         12           10 Carryover of disallowed deduction. Add line 3 and line 10, busines income (not less than zero) or line 5         11         12           12 IIC Section 179 spaces deduction. Add line 3 and line 10, busines line TAR Section 24365         11         12           Part II Description of property         (d) Description and Electron of Additional and line 10, busines line and the target and line 10.1         11         12           12 IIC Section 179 spaces deduction. Add line 3 and line 10, busines linconce line 11 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>												
1 Meaning decidion under IRC Section 179 for California         1         1         \$\$25,000           2 Total cost of HC Section 179 property before reduction in limitation         3         \$\$200,000           4 Reduction in limitations. Buttrate line 3 from line 2. If zero or less, enter -0-         6         4           6 Obtain Hinkinton to totable yeas. Subtrate line 4 from line 1. If zero or less, enter -0-         6         4           7 Listed property (dected IRC Section 179 property Add amounts in column (c), line 6 and line 7         8         9           9 Total-bot of IRC Section 179 property dected add line 9 and line 7         8         9           9 Total-bot of IRC Section 179 property dediced double in particular by ease. Sublematication and the section 170 totable yeas. Sublematication add line 9 and line 9 and line 7         8         9           9 Total-bot of IRC Section 179 property dediced doublematic not not totable yeas. Sublematication add line 9 and line 9 and line 1         11         12           11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5         11         12           12 GR Section 179 property badie doublematics into 2200. Add line 9 and line 10, less than zero) or line 5         11         12           12 GR Section 179 property bate sequence doublematics.         0         0         0         0           13 Garryover of disallowed doubution torinot taxable yeas. Sublematics adue to a non-odubie to											277014	.2
2 Total cost of IRG Section 179 appropring backer and controls in limitation         2         3         3200,000         4           4 Reduction in limitation. Subtract lime 3 from line 2.1 zero or less, enter -0-         4         5         3         3200,000         4           6         (a) Description of property         (b) Clost (business use only)         (c) Elected cost         4         5           7         Listed property (deted IRG Section 179 cost)         7         3											.	<u> </u>
3 Treshold cost of IPG Section 179 property before reduction in limitation.       3       \$200,000         4 Reduction in limitation. Subtrat line 3 from line 2, if zero or less, enter -0-       3         c Obdar initiation to reactely set. Subtrate line 4 from line 1, if zero or less, enter -0-       3         c Obdar initiation to reactely set. Subtrate line 4 from line 1, if zero or less, enter -0-       3         c Obdar initiation to reactely set. Subtrate line 4 from line 1, if zero or less, enter -0-       3         7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7       1         8 Total lected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       1         9 Tentaite deduction. Enter the smaller of business income (not lines than zero) or line 5       10         11 Business income limitation. Chier the smaller of business income (not line stan zero) or line 5       11         12 CR Section 179 property.       Qath (b), do do not enter more than line 1       12         13 Carroyove of disallowed deduction to 2020. Add line 9 and line 10, liess line 12       13       13         13 Carroyove of disallowed deduction to 2020. Add line 9 and line 10, liess line 12       13       14         9 Every distribution (line more than line 1       12       13       14       14       14         14 Depreciation allowed or bia detaction allowed or bia deta columa fill (line more deta line 2) <td></td> <td>_</td> <td>\$25,000</td>											_	\$25,000
4 Reduction in Imitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for taxable years. Subtract line 4 from line 1. If zero or less, enter -0- 6  7 Used property (alcted IRC Section 179 cost) 7 Used property. (b) Cost (business use only) 7 Used or IRC Section 179 cost) 7 Used or IRC Section 179 cost 7 Used or IRC Sect												¢200.000
5 Dolar Initiation for taxable years. Subtract line 4 from line 1. If zero or less, enter -0											-	φ200,000
(a) Description of property       (b) Cost (business use only)       (c) Elected cost         6       7       Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7       7         7       Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7       7       8         9       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       9       10         11       Business income limitation. Enter the smaller of line 6 and line 10, but do not enter more han line 11       12       13         12       ICS Cachon 179 expense deduction. Add line 9 and line 10, but do not enter more han line 11       13       14         13       Description of property       Otal experiment of additional First Year Depreciation Deduction Inder RATC Section 24355       10       11         14       Description of property       Otal experiment of additional First Year Depreciation allowed or allowable in earlier years       13       14       14         15       45 5, 321.       39, 370.       15       2, 956         21       Description of property       0       16       2, 956         16       Edd amounts in column (t). The total of column (t) may not exceed \$2,000.       15       2, 956         21       Description of property       Description of pr											-	
6       7       Listed property (elected IRC Section 179 cost)       7         7       1       1       1       1         8       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8       9         9       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8       9         10       Enrolmant Section 179 property. Add amounts in column (c), line 6 and line 7       9       10         11       Business income limitation. Enter the smaller of business income (not less than zero) or line 5       11       11         12       ICR Section 179 expense deduction to 2020. Add line 9 and line 10, but do not enter more than line 1       12       12         13       Description of property       Date acquired (mm/dd/9yyy)       Ost or other basis       Depreciation allowed or enter more than line 1       12         14       Improved of section 179       Date Section 4230       Depreciation allowed or enter more than line 1       12       12         14       Improved of section 179       Date Section 4230       Depreciation allowed or enter more than line 1       12       12         14       Improved of section 179       Date Section 4230       Depreciation allowed or enter more than line 1       12       12       12         15       <											- 1	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8         9 Tentative deduction. Enter the smaller of line 5 or line 8       9         10 Carryover of disallowed deduction. Tom prot taxable years       10         11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5       11         12 IRC Section 179 expenses deduction. Add line 9 and line 10, ut do not enter more than line 11       12         13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12       13         21R O Section 179 expense deduction. Add line 9 and line 10, less line 12       13         21R O Section 179 expense deduction to 2020. Add line 9 and line 10, less line 12       13         21R O Section 179 expense deduction to 2020. Add line 9 and line 10, less line 12       13         21R O Section 179 expense deduction to 2020. Add line 9 and line 10, less line 12       14         21R O Section 179 expense deduction 175       45,321.         39,370.       15         21S Add the amounts in column (n)       14         21 Column (n)       14         21 Column (n)       15         2,956       17         2,956       17         2,956       17         2,956       17         2,956       17         18 O D deducting	6						5,	<u> </u>				
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8         9 Tentative deduction. Enter the smaller of line 5 or line 8       9         10 Carryover of disallowed deduction. Tom prot taxable years       10         11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5       11         12 IRC Section 179 expense deduction. Add line 9 and line 10, less line 12       13         21 RC Section 179 expense 12 (minited in 10, but do not enter more than line 11       12         13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12       13         21 RC Section 179 expense deduction to 2020. Add line 9 and line 10, less line 12       13         21 RC Section 179 expense deduction to 2020. Add line 9 and line 10, less line 12       13         21 RC Section 179 expense deduction to 2020. Add line 9 and line 10, less line 12       14         21 RC Section 179 expense deduction to 2020. Add line 9 and line 10, less line 12       39 , 370 .         14       15       2, 956         21 RC Section 179 expense, add the amounts no line 12 and line 15, column (g) or Additional first veri degreeshand under RATC Section 24366, add the amounts no line 12, column (g) or Additional first veri degreeshand under RATC Section 24366, add the amounts on line 12, column (g) or Additional first veri degreeshand under RATC Section 24366, add the amounts on line 12, column (g) or Additional first veri degreeshand under RATC Section 24366, add the amounts on line 12, col												
9 Tentahive deduction. Enter the smaller of bine 5 or line 5 or line 6			,									
10       Caryover 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         21 ROS Section 179 expense deduction. Add line 9 and line 10, less line 12       13         21 ROS Section and Election of Additional First Year Depreciation Deduction Under RATC Section 2020. Add line 9 and line 10, less line 12       13         21 ROS Section 179 expense deduction. Add line 9 and line 10, less line 12       13         21 ROS Section 179 expense deduction. Add line 9 and line 10, less line 12       13         21 ROS Section 179 expense deduction. Add line 9 and line 10, less line 12       13         21 ROS Section 179 expense deduction. Add line 9 and line 10, less line 12       16         21 ROS Section 179 expense deduction. Add line 9 and line 10, less line 12       19         21 ROS Section 179 expense.       45 5, 3221.       39, 370.         31 Section 179 expense, add the amount on line 12 and line 15, column (a) or form 100W, Side 1, line 6, line 17       16       2, 956         21 ROS Section 179 expense, add the amount on line 12 and line 15, column (a) or form 100W, Side 1, line 6, line 6       17       2, 956         21 RO Section 179 expense, add the amount on line 12, column (a) or form 100W, Side 1, line 6, line 6       17       2, 956         21 ROS Section 179 expense, add the amount on line 12, column (a) or form 100W, Side 2, line 12, line 6 </td <td></td> <td>-</td> <td></td>											-	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5       11       11         12 IRG Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11       13         13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, but do not enter more than line 11       13         14 Depreciation and Election of Additional First Year Depreciation Deduction Under RATC Section 24356       (e)       (f)       (g)       (h)         14 Depreciation of property       Date acquired       Cost or other basis       Depreciation allowed or method       (e)       (f)       (g)       (h)         14 Depreciation of property       Date acquired       Cost or other basis       Depreciation allowed or allowable in earlier years       (f)       (g)       (h)       Addition the target and the another target and target and the another target and target another target and ta	9 Tentative deduction. Enter	the <b>smaller</b> of li	ne 5 or line 8								-	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11       12         13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12       13         Part II Depreciation and Election of Additional First Year Depreciation Deduction Under RRTC Section 24356       (f)         Description of property       Date acquired (mm/dd/yyyy)       (c) Cost or other basis       (f)         14       Image: Cost or other basis       Depreciation and Election of Additional First Year Depreciation Other RRTC Section (method)       (f)       (f)         14       Image: Cost or other basis       Depreciation and Election (mm/dd/yyyy)       (f)       (f)       Depreciation (f)       (f)         14       Image: Cost or other basis       Depreciation (h)       (f)       (f)       Depreciation (f)       (f)       (f)       Depreciation (f) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></td<>											-	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12       13         Part II Depreciation and Election of Additional First Year Depreciation Deduction Under RATC Section 24356       (e)       (f)       Depreciation diverse or allowed or allowed or allowable in earlier years       (e)       (f)       Depreciation for this year       (h) Acational first Year Depreciation allowed or allowable in earlier years       (e)       (f)       Depreciation for this year       (h) Acational first Year Depreciation allowed or allowable in earlier years       (e)       (f)       Depreciation for this year       (h) Acational first Year Depreciation         14       (h)       (h)       (h)       (h)       (h)       (h)       (h)         14       (h)       (h)       (h)       (h)       (h)       (h)       (h)         14       (h)       (h)       (h)       (h)       (h)       (h)       (h)       (h)         14       (h)       (h)       (h)       (h)       (h)       (h)       (h)       (h)       (h)         15       45,321.       39,370.       (h)												
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356       (h)       (h)         Description of property       Date acquired (mm/dd/yyyy)       (c)       (c)       (d)       Depreciation allowed or allowable in earlier years       (h)       (f)       (h)       Additional free year         14       Image: Control of Property       Date acquired (mm/dd/yyyy)       (h)       Depreciation allowed or allowable in earlier years       (h)       Depreciation free year       (h)       Depreciation free year       (h)       Depreciation free year       (h)       Additional free year         14       Image: Control of Property       5       45, 321.       39, 370.       Image: Control of Property       (h)       (h)       Additional first Year depreciation free year       Image: Control of Property       (h)       (h								1			2	
(a) Description of property       (b) Date acquired (mr/dd/yyy)       (c) other basis       (d) Depreciation allowable in earlier years       (e) Depreciation earlier wats       (f) Depreciation rate       (g) Depreciation for this year       (h) Additional depreciation depreciation         14												
Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Depreciation allowed or allowable in earlier years       Life or method       Life or rate       Depreciation for this year       Actional first year         14       Image: control of the property       Date acquired (mm/dd/yyyy)       Cost or other basis       Depreciation allowed or allowable in earlier years       Life or rate       Life or rate       Depreciation for this year       Actional first year         14       Image: control of the property       Depreciation allowed or appreciation       Image: control of the property       Depreciation allowed or allowable in earlier years       Life or rate       Image: control of the property       Depreciation allowed or appreciation         14       Image: control of the property       Depreciation allowed or allowable in earlier years       Image: control of the property       Depreciation allowed or allowable in earlier years       Image: control of the property       Depreciation allowed or allowable in earlier years       Image: control of the property       Depreciation allowed or allowable in earlier years       Image: control of the property       Depreciation allowed or allowable in earlier years       Image: control of the property       Image: control of the property       Image: control of the property       Depreciation allowed or allowable in earlier years       Image: control of the property       Image: control of the property       Image: control of the propenty       Image: control of the prope	(a)	1	-				1	(f)			(g)	(h)
14	Description of property				Depreciation	allowed or	Depreciation	Life	or		preciation	Additional
SEE       STATEMENT       5       45,321.       39,370.       15         15       Add the amounts in column (a) and column (b). The total of column (b) may not exceed \$2,000.       15       2,956         Part III       See instructions for line 14, column (b).       15       2,956         16       Total: If the corporation is electing:       16       2,956         17       Total corporation is electing:       16       2,956         18       Depreciation (fn o election) is made), enter the amount form line 15, column (g) or form 100 w, Side 1, line 6.       16       2,956         17       Total depreciation calimed for federal purposes from federal Form 4562, line 22       17       2,956         18       Depreciation dijustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or form 100W, Side 1, line 6.       18       18       0         Part IV       Amortization       18       0       0       18       0         Part IV Amortization       (a)       Cost or other basis       Amortization allowed or Amortization allowed or Amortization allowed or percentation allowed or percentage       18       0         19       0       Description of property       Date acquired (mm/ddyyyy)       Amortization allowed or allowed or allowed or allowed or allowed or allowe		(11111/00/9999)	othe	i Dasis	allowable in	earlier years	method	Tale	;	101	uns year	depreciation
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       2,956         Part III Summary       16       2,956         18 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 24366, add the amounts on line 15, columns (g) and (h) or Depreciation (if no electing):       16       2,956         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 1000W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization 19       0       Cost or other basis       Amortization allowed or allowable in earlier years       Period or for this year       4         20       10       20       20       20       20         21       20       21       21       21	14											
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       2,956         Part III Summary       16       2,956         18 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 24366, add the amounts on line 15, columns (g) and (h) or Depreciation (if no electing):       16       2,956         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 1000W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization 19       0       Cost or other basis       Amortization allowed or allowable in earlier years       Period or for this year       4         20       10       20       20       20       20         21       20       21       21       21												
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       2,956         Part III Summary       16       2,956         18 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 24366, add the amounts on line 15, columns (g) and (h) or Depreciation (if no electing):       16       2,956         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 1000W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization 19       0       Cost or other basis       Amortization allowed or allowable in earlier years       Period or for this year       4         20       10       20       20       20       20         21       20       21       21       21												
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       2,956         Part III Summary       16       2,956         18 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 24366, add the amounts on line 15, columns (g) and (h) or Depreciation (if no electing):       16       2,956         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 1000W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization 19       0       Cost or other basis       Amortization allowed or allowable in earlier years       Period or for this year       4         20       10       20       20       20       20         21       20       21       21       21								_				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       2,956         Part III Summary       16       2,956         18 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 24366, add the amounts on line 15, columns (g) and (h) or Depreciation (if no electing):       16       2,956         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 1000W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization 19       0       Cost or other basis       Amortization allowed or allowable in earlier years       Period or for this year       4         20       10       20       20       20       20         21       20       21       21       21												
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       2,956         Part III Summary       16       2,956         18 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 24366, add the amounts on line 15, columns (g) and (h) or Depreciation (if no electing):       16       2,956         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 1000W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.       18       0         Part IV Amortization 19       0       Cost or other basis       Amortization allowed or allowable in earlier years       Period or for this year       4         20       10       20       20       20       20         21       20       21       21       21	SEE STATEMENT	5	4	5.321.		39.370.						
See instructions for line 14, column (h)       15       2,956         Part III Summary       16 Total: If the corporation is electing:       16 Total: If the corporation is made), enter the amount from line 15, column (g) or Additional first year depreciation under R&TC Section 24366, 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)       16       2,956         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         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, no adjustment is necessary.)       18       0         Part IV Amortization       (a)       (b)       (c)       Amortization allowed or allowable in earlier years       R&TC Section generative percentage       Period or Amortization for this year         19       10       1				-								
18       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 claimed for federal purposes from federal Form 4562, line 22       16       2,956         17       Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         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.)       18       0         Part IV Amortization       (b)       (c)       (d)       R&TC R&TC R&TC allowable in earlier years       (f)       Period or percentage       Period or percentage       Amortization for this year         19       19       10		<b>A A A A</b>							15		2,956	
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 claimed for federal purposes from federal Form 4562, line 22       16       2,956         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         18 Depreciation adjustment. If line 17 is greater 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.)       18       0         Part IV Amortization       (a)       (b)       (c)       (d)       R&TC Section Section allowable in earlier years       Period or Section Section percentage       Period or for this year         19       10       10       10       10       10       10       10         19       10	Part III Summary											
Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or       16       2,956         Depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         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.       17       2,956         18 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.)       18       0         Part IV Amortization       (a)       (b)       (c)       (d)       R&TC Section allowed or allowable in earlier years       R&TC Section generation for this year       Amortization for this year         19       0       0       Cost or other basis       10	16 Total: If the corporation is	electing:	on line 10 on	d line 1E eelu	mn (a) <b>e</b> r							
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       2,956         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 1000 r 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.)       18       0         Part IV Amortization       (a)       (b)       (c)       (d)       R&TC Section allowed or allowable in earlier years       Period or period or period or for this year       Amortization for this year         19       10       11       10	Additional first year depre	ciation under R&	TC Section 24	4356, add the	amounts on lin	e 15, columns	(g) and (h)	or				
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, or adjustment is necessary.)       18       0         Part IV Amortization         (a)       (b)       (c)       (d)       R&TC       Section       Period or percentage       Amortization for this year         19       (a)       (b)       (c)       (c)       (d)       R&TC       Section       Amortization for this year         19       (a)       (b)       (c)       (c)       (d)       (e)       (f)       (g)         19       (a)       (b)       (c)					(-)							2,956
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.)       18       0         Part IV Amortization         (a)       (b)       (c)       (d)       (e)       (f)       (g)         Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Amortization allowed or allowable in earlier years       (e)       (f)       (g)         19       Image: Cost of the basis	-										7	2,950
18       0         Part IV Amortization       18       0         Part IV Amortization       (a)       (b)       (c)       (d)       (f)       (g)         Part IV Amortization       amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)       18       0         Part IV Amortization       (d)       (d)       R&TC       Period or peretro or peretro or other basis       (d)       Amortization allowed or allowable in earlier years       (g)       Amortization for this year         19       (a)       (a)       (a)       (a)       (a)       (b)       (Cost or other basis       (a)       (b)       (a)       (a)       (a)       (a)       (b)       (a)       (b)       (Cost or other basis       (a)       (a)       (a)       (b)       (a)       (b)       (b)       (b)       (b)										·		
Part IV Amortization       (a) Description of property       (b) Date acquired (mm/dd/yyyy)       (c) Cost or other basis       (d) Amortization allowed or allowable in earlier years       (e) R&TC Section (see instructions)       (f) Period or percentage       (g) Amortization for this year         19											R	0
(a) Description of property       (b) Date acquired (mm/dd/yyyy)       (c) Cost or other basis       (d) Amortization allowed or allowable in earlier years       (e) R&TC Section (see instructions)       (f) Period or percentage       (g) Amortization for this year         19			boloro otato			10111110000,1						-
Description of property     Data adjunct     Object of signation     Information anomalous     Section (see instructions)     Information of of for this year       19	(a)		(b)		(c)	(	d)	(e)		(f)		g)
19       (see instructions)       -       -       -         10       -       -       -       -       -         10       -       -       -       -       -         10       -       -       -       -       -         110       -       -       -       -       -         110       -       -       -       -       -         110       -       -       -       -       -         110       -       -       -       -       -         110       -       -       -       -       -         1110       -       -       -       -       -         1110       -       -       -       -       -       -         1110       -       <	Description of prope		te acquired	Co	st or			Continu	• I'		Amor	tization
Image: Second state of the second		(11)	m/uu/yyyy)	Ulle	1 Dasis	allowable ill	earlier years	(see instructi	ons) Pe	ercentay		is year
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	19											
21 Total amortization claimed for federal purposes from federal Form 4562, line 44												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44									-+			
21 Total amortization claimed for federal purposes from federal Form 4562, line 44									_			
21 Total amortization claimed for federal purposes from federal Form 4562, line 44												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44								1	+		-	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	20 Total. Add the amounts in	column (g)		I				_ <b>I</b>		2	)	
		(4)								····· –		
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 22	Side 1, line 6. If line 21 is	less than line 20,	enter the diff	erence here ar	nd on Form 100	) or Form 100\	N, Side 2, lin	e 12		2	2	

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CA 3885		DEPRECIATION				STATEMENT 5			
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS		
1 CAMERA EQUI	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									
	12/31/08	9,435.	9,435.	$\mathtt{SL}$	10.00	0.			
4 DOCUMENTARY			10.000	~-		4 4 5 4			
	12/17/09	14,710.	13,239.	SL	10.00	1,471.			
5 DOCUMENTARY			c 200	<b>at</b>	10 00	<b>B</b> 2 <b>F</b>			
	05/31/10	•	6,309.	SL	10.00	735.			
6 DOCUMENTARY	PRODUCTION 07/31/13	7,504.	1 062	CT	10.00	750.			
	01/31/13	7,504.	4,063.	ЦС	T0.00	/50.			
TOTAL TO FORM 388	5	45,321.	39,370.		-	2,956.			
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TAXABLE YEAR 2019	California e-file F Exempt Organiza		zation fo	or			3	FORM 3453-EO
Exempt Organization name						ldenti	fying number	
WHEELS 4 LI	IFE					20	-331281	4
Part I Electronic	Return Information (whole dolla	rs only)						
1 Total gross rece	eipts (Form 199, line 4)						1	54,980 54,980 94,547
2 Total gross inco								54,980
<b>3</b> Total expenses	and disbursements (Form 199, lin	e 9)					3	94,547
Part II Settle You	r Account Electronically for Tax	able Year 2019						
	funds withdrawal <b>4a</b> Amoun		4b Wit	hdrawal d	ate (mm/do	l/yyyy)		
Part III Banking Ir	nformation (Have you verified the	exempt organization's ba	nking informati	on?)				
5 Routing number				_		_		
6 Account number			7 Type of ac	count:	Checki	ng L	Savings	
Part IV Declaratio						<i>(</i> )		
I authorize the exempt c on line 4a.	organization's account to be settled as	designated in Part II. If I chec	k Part II, Box 4, I	authorize a	in electronic	tunds w	ithdrawal for th	e amount listed
transmitter, or intermed California electronic retu a balance due return, I u organization will remain statements be transmitt	Iry, I declare that I am an officer of the liate service provider and the amounts urn. To the best of my knowledge and understand that if the Franchise Tax Bo I liable for the fee liability and all applic and to the FTB by the ERO, transmitter, e FTB to disclose to the ERO or intern	in Part I above agree with the belief, the exempt organizatio bard (FTB) does not receive fu able interest and penalties. I a or intermediate service provid nediate service provider the	amounts on the n's return is true. Il and timely pay uthorize the exer Jer. If the proces reason(s) for the	correspond , correct, an ment of the npt organiz ssing of the e delay.	ling lines of d complete. exempt orga ation return	the exen If the ex anization and acco	npt organization empt organizat 's fee liability, t ompanying sch	n's 2019 ion is filing he exempt edules and
Sign			TREASUR	ER				
Here	e of officer	Date Tit	le					
I declare that I have revi am only an intermediate accurately reflects the d provided the organizatio 1345, 2019 Handbook f the exempt organization I declare that I have exa	on of Electronic Return Originato iewed the above exempt organization's e service provider, I understand that I a lata on the return.) I have obtained the on officer with a copy of all forms and i for Authorized e-file Providers. I will ke n return is filed, whichever is later, and mined the above exempt organization' lete. I make this declaration based on a	s return and that the entries or am not responsible for reviewi organization officer's signatu information that I will file with ep form FTB 8453-EO on file I will make a copy available to s return and accompanying s	n form FTB 8453 ing the exempt o re on form FTB 8 the FTB, and I ha for <b>four</b> years fro o the FTB upon re chedules and sta	rganization' 453-E0 bef ave followec m the due c equest. If I a	s return. I de ore transmit I all other re late of the re m also the p	eclare, h ting this quirement turn or aid prep	owever, that for return to the F nts described ir f <b>our</b> years from arer, under per	m FTB 8453-EO TB; I have I FTB Pub. the date nalties of perjury,
ERO's-		l c	Date	Check if	Che		ERO's PTI	ı
ERO signature				also paid preparer	X if se	lf- loyed	<b>₽</b> 0016	54733
Must Firm's name (or	yours LAWRENCE R.	MITCHELL & C	OMPANY,	CPAS		Firm		545687
Sign if self-employed and address	880 APOLLO	STREET, SUITE	140					
	EL SEGUNDO,	CA				ZIP	code 90245	5
	ry, I declare that I have examined the a					ents, and	I to the best of	my knowledge
Paid Paid Preparer Signature	s		Date		Check if self- employed		Paid preparer's F	PTIN
if self-em	ame (or yours					Firm	's FEIN	
Sign and addr						ZIP	code	

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STATE OF CALIFORNIA RRF-1					1	DEPARTM		
(Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300   Street	T	JAL REGISTRATION RENEV O ATTORNEY GENERAL OF Section 12586 and 12587, California ( 11 Cal. Code Regs. section 301-307	F CALIFO Government C 7, 311 and 31	RNIA Gode 2		or Registry Use Only)		
Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	organization's minimum tax of	mit this report annually no later than four months s accounting period may result in the loss of tax f \$800, plus interest, and/or fines or filing penalti 3703; Government Code section 12586.1. IRS ext	exemption and es. Revenue & T	the assessmer Faxation Code	nt of a			
			Check if:	ange of add	tress			
WHEELS 4 LIFE				ended repo				
List all DBAs and names the organization	uses or has used							
30722 MARILYN DE Address (Number and Street)	RIVE		State Cha	arity Regist	ration Numbe	ег <b>ст</b> <u>129333</u>		
LAGUNA BEACH, CA	A 92651		Corporati	on or Orga	nization No. $2$	2770142		
949-499-2030 Telephone Number	E-mail Address		Federal E	mployer ID	No. 20-3	312814		
		RENEWAL FEE SCHEDULE (11 Cal			301-307, 31	1, and 312)		
Gross Annual Revenue	Fee	Make Check Payable to Depart	ment of Jus Fee		nnual Reven	ue	Fe	e
Less than \$25,000 Between \$25,000 and \$100,00	0 00 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50	Betwee		and \$10 million 1 and \$50 million llion	\$1 \$2 \$3	
PART A - ACTIVITIES		01/01/00	10	10	/21/201	0		
		period (beginning $01/01/20$	19 end	ling <u>⊥</u> ∠	/31/201	.9_) list:		
Gross Annual Revenue\$ Program Expens	54,9 ses \$	Noncash Contributions\$ 90,059	Total Expe	0 enses \$	Total Assets \$	<u>20</u> 94,547	8,1	00
		80       Noncash Contributions\$         90,059         ANIZATION DURING THE PERIOD			Total Assets \$	94,547 20	8,1	00
PART B - STATEMENTS REG. Note: All questions must be	ARDING ORGA answered. If y		OF THIS RE	EPORT w, you mu	st attach a se	eparate page		
PART B - STATEMENTS REG.         Note:       All questions must be providing an explanat         1.       During this reporting period	ARDING ORGA answered. If y ion and details	ANIZATION DURING THE PERIOD	OF THIS RE stions belo review RRF financial trar	EPORT w, you mu -1 instruct	st attach a se ions for infor petween the o	eparate page mation required. rganization		00 No X
<ul> <li>PART B - STATEMENTS REG.</li> <li>Note: All questions must be providing an explanat</li> <li>1. During this reporting periodic and any officer, director of any financial interest?</li> <li>2. During this reporting periodical periodic</li></ul>	ARDING ORGA e answered. If y ion and details od, were there a r trustee thereo	ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r iny contracts, loans, leases or other	OF THIS RE stions belo review RRF financial trar vhich any su	EPORT w, you mu -1 instruct nsactions k uch officer,	st attach a so ions for infor between the o director or tru	eparate page rmation required. rganization ustee had		No X
<ul> <li>PART B - STATEMENTS REG.</li> <li>Note: All questions must be providing an explanat</li> <li>1. During this reporting perio and any officer, director or any financial interest?</li> <li>2. During this reporting perio or funds?</li> </ul>	ARDING ORGA answered. If y ion and details od, were there a r trustee thereo od, was there ar	ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r any contracts, loans, leases or other of, either directly or with an entity in v	OF THIS RE stions belo eview RRF financial trar vhich any su misuse of th	EPORT w, you mu -1 instruct nsactions k uch officer, ne organiza	st attach a so ions for infor petween the o director or tru tion's charital	eparate page rmation required. rganization ustee had		No
<ul> <li>PART B - STATEMENTS REG.</li> <li>Note: All questions must be providing an explanat</li> <li>1. During this reporting period and any officer, director of any financial interest?</li> <li>2. During this reporting period or funds?</li> <li>3. During this reporting period</li> </ul>	ARDING ORGA answered. If y ion and details od, were there a r trustee thereo od, was there ar od, were any org od, were the ser	ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r any contracts, loans, leases or other of, either directly or with an entity in v my theft, embezzlement, diversion or	OF THIS RE stions belo review RRF financial trar vhich any su misuse of th nalty, fine or	EPORT w, you mu -1 instruct nsactions k uch officer, ne organiza i judgment	st attach a so ions for infor petween the o director or tru tion's charitat	eparate page mation required. Irganization Justee had ble property		No X X
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