

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

NOVEMBER 4, 2022

WHEELS 4 LIFE
30722 MARILYN DRIVE
LAGUNA BEACH, CA 92651

WHEELS 4 LIFE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT
ORGANIZATION RETURNS, AS FOLLOWS...

2021 FORM 990-EZ

FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

2021 CALIFORNIA FORM 199

2021 CALIFORNIA FORM RRF-1

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

VERY TRULY YOURS,

LAWRENCE R. MITCHELL & COMPANY, CPAS

Filing Instructions

Prepared for:

WHEELS 4 LIFE
30722 MARILYN DRIVE
LAGUNA BEACH, CA 92651

Prepared by:

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

2021 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-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

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

Filing Instructions

Prepared for:

WHEELS 4 LIFE
30722 MARILYN DRIVE
LAGUNA BEACH, CA 92651

Prepared by:

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

2021 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.

2021 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF\$ 50.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$50.00, 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 Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015 | <h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 0;">(See instructions below for completion)</p> <p style="margin: 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 0;">The form 114a may be digitally signed</p> | WHEELS420210001 |
|---|---|------------------------|

Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

| | | |
|---|----------------------|----------------|
| 1. Owner last name or entity's legal name WHEELS 4 LIFE | 2. Owner first name | 3. Owner M.I. |
| 4. Spouse last name (if jointly filing FBAR - see instructions below) | 5. Spouse first name | 6. Spouse M.I. |

I/we declare that I/we have provided information concerning 1 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, **2021** to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

| | | | |
|--|---------------------------------|--|--|
| 7. Owner signature (Authorized representative if entity) | 8. Date _____ MM DD YYYY | 9. Owner or entity TIN 203312814 | 10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign |
| 11. Spouse signature | 12. Date _____ MM DD YYYY | 13. Spouse TIN | 14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign |

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

| | | | |
|--|--|---------------------------------------|---------------------------------------|
| 15. Preparer last name MITCHELL CPA | 16. Preparer first name LAWRENCE | 17. Preparer M.I. | 18. Preparer PTIN P00164733 |
| 19. Address 880 APOLLO STREET, SUITE 140 | 20. City EL SEGUNDO | 21. State CA | 22. ZIP/postal code 90245 |
| 23. Country code US | 24. Preparer's (item 15) employer's (Entity) name LAWRENCE R. MITCHELL & COMPA | 25. Employer EIN 20-0545687 | 26. Preparer's signature |

Instructions for completing the FBAR Signature Authorization Record

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

Read and complete the account owner statement in Part I.

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

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

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

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

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

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

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer: WHEELS 4 LIFE; EIN or SSN: 20-3312814

Name and title of officer or person subject to tax: CARMEN REY, TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Amount (1b-10b). Includes rows for Form 990, 990-EZ, 1120-POL, 990-PF, 8868, 990-T, 4720, 5227, 5330, and 8038-CP. Total revenue is 55,399.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize LAWRENCE R. MITCHELL & COMPANY, CPAS to enter my PIN 90245. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95954090245 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 11/04/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

FinCEN Form 114

WHEELS420210001

Filing Name WHEELS 4 LIFE

Submission Type NEW

PIN NOT REQUIRED

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

NOTE: The FBAR must be received by the Department of the Treasury on or before April 15, 2022. An automatic extension to October 17, 2022 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. 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)

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
2021
Amended

Part I Filer information WHEELS420210001

2 Type of filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or other - Enter type _____

| | | | |
|---|---|--|--|
| 3 U.S. Taxpayer Identification Number 203312814 If filer has no U.S. Identification number complete item 4 | 3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN | 4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____ | 5 Individual's date of birth MM/DD/YYYY |
|---|---|--|--|

| | | | |
|--|--------------|------------------|-----------|
| 6 Last name or organization name WHEELS 4 LIFE | 7 First name | 8 Middle initial | 8a Suffix |
|--|--------------|------------------|-----------|

9 Mailing address (number, street, and apt. or suite no.)

30722 MARILYN DRIVE

| | | | |
|--------------------------------|-----------------------|------------------------------------|--------------------------|
| 10 City LAGUNA BEACH | 11 State CA | 12 ZIP/Postal Code 92651 | 13 Country USA |
|--------------------------------|-----------------------|------------------------------------|--------------------------|

14 a) Does the filer have a financial interest in 25 or more financial accounts?
 Yes Enter number of accounts _____ Do not complete Part II or Part III, but maintain records of the information.
 No

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?
 Yes Enter number of accounts _____ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.
 No

Part II Information on financial account(s) owned separately

| | | |
|---|---|---|
| 15 Maximum value of account during calendar year 163,950. | 15a Amount unknown <input type="checkbox"/> | 16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below |
|---|---|---|

17 Name of financial institution in which account is held
LLOYDS TSB

| | | | |
|---|--|--|-------------------------------------|
| 18 Account number or other designation 00430402 | 19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held 25 GRESHAM STREET | | |
| 20 City LONDON | 21 State, if known | 22 Foreign postal code, if known EC2V7HN | 23 Country UNITED KINGDOM |

Signature 44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

| | | |
|--|---|--|
| 44 Filer signature <small>The report will be electronically signed when filed</small> | 45 Filer title, if not reporting a personal account | 46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small> |
|--|---|--|

| | | | | | | |
|--------------------------------------|--|----------------------------------|---|--|------------------------------------|---|
| Third Party Preparer Use Only | 47 Preparer's last name MITCHELL CPA | 48 First name LAWRENCE | 49 MI | 50 Check <input type="checkbox"/> if self-employed | 51 TIN P00164733 | 51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign |
| | 52 Contact phone no. 310.563.1010 | 52a Ext. | 53 Firm's name LAWRENCE R. MITCHELL & | | 54 Firm's TIN 20-0545687 | 54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign |
| | 55 Mailing address (number, street, apt. or suite no.) 880 APOLLO STREET, SUITE 14 | | 56 City EL SEGUNDO | 57 State CA | 58 ZIP/Postal Code 90245 | 59 Country US |

Short Form Return of Organization Exempt From Income Tax

2021

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

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

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

| | | | |
|--|---|------------|--|
| A For the 2021 calendar year, or tax year beginning | | and ending | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization WHEELS 4 LIFE | | D Employer identification number 20-3312814 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | E Telephone number 949-499-2030 |
| | 30722 MARILYN DRIVE | | F Group Exemption Number ▶ |
| | City or town, state or province, country, and ZIP or foreign postal code LAGUNA BEACH, CA 92651 | | |
| | G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ | | H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990). |
| I Website: ▶ WHEELS4LIFE.ORG | | | |
| J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | |
| L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 55,399. | | | |

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) | | | |
|---|--|--|-----------------|
| Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> | | | |
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 54,280. |
| | 2 | Program service revenue including government fees and contracts | |
| | 3 | Membership dues and assessments | |
| | 4 | Investment income | |
| | 5a | Gross amount from sale of assets other than inventory | |
| | 5b | Less: cost or other basis and sales expenses | |
| | 5c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | |
| | 6 | Gaming and fundraising events: | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | |
| | 6b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | |
| 6c | Less: direct expenses from gaming and fundraising events | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | |
| 7a | Gross sales of inventory, less returns and allowances | | |
| 7b | Less: cost of goods sold | | |
| 7c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | | |
| 8 | Other revenue (describe in Schedule O) SEE SCHEDULE O | 1,119. | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 55,399. | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | |
| | 11 | Benefits paid to or for members | |
| | 12 | Salaries, other compensation, and employee benefits | |
| | 13 | Professional fees and other payments to independent contractors | 2,775. |
| | 14 | Occupancy, rent, utilities, and maintenance SEE SCHEDULE O | 750. |
| | 15 | Printing, publications, postage, and shipping | 267. |
| | 16 | Other expenses (describe in Schedule O) SEE SCHEDULE O | 65,883. |
| 17 | Total expenses. Add lines 10 through 16 ▶ | 69,675. | |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | -14,276. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 212,750. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 0. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 198,474. |

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

Form **990-EZ** (2021)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Table with 2 columns: Description of program service, Expenses. Rows include SEE SCHEDULE O, 28, 29, 30, 31, 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Lists officers like MARK PETERMAN, HANS REY, etc.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No columns. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

| | | |
|--|------------|-----------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|------------|-----------|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
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| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 NONE

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

| | | |
|------------------|---|------|
| Sign Here | Signature of officer | Date |
| | CARMEN REY, TREASURER Type or print name and title | |

| | | | | | |
|-------------------------------|--|--|------------------|---|------------------------|
| Paid Preparer Use Only | Print/Type preparer's name LAWRENCE MITCHELL, CPA | Preparer's signature | Date 11/04/22 | Check <input type="checkbox"/> if self-employed | PTIN P00164733 |
| | Firm's name | LAWRENCE R. MITCHELL & COMPANY, CPAS | | | Firm's EIN |
| | Firm's address | 880 APOLLO STREET, SUITE 140 EL SEGUNDO, CA 90245 | | | Phone no. 310.563.1010 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| | |
|--|---|
| Name of the organization WHEELS 4 LIFE | Employer identification number 20-3312814 |
|--|---|

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 89,639. | 83,908. | 50,212. | 87,471. | 54,280. | 365,510. |
| 2 Tax revenues levied for the organization'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 | 89,639. | 83,908. | 50,212. | 87,471. | 54,280. | 365,510. |
| 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) | | | | | | 74,734. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 290,776. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 89,639. | 83,908. | 50,212. | 87,471. | 54,280. | 365,510. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 365,510. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))..... | 14 | 79.55 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 74.62 % |

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described on line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 2 | | |

Section 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 | | |

Section 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 3 | | |

Section 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 year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a 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. | | Yes | No |
| 2a | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI . | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

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

1 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.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|---------------------|----------------------|
| CANNONDALE SPORTS GROUP | 10,000. | 2,690. |
| WALWORTH MEMORIAL | 28,539. | 21,229. |
| CLIF BAR FAMILY FOUNDATION | 20,500. | 13,190. |
| DEUTER SPORT GMBH | 11,882. | 4,572. |
| MARK MAURISSEN | 40,173. | 32,863. |
| JOHN CRATON TRUSTEE DEPT | 7,500. | 190. |
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| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | | 74,734. |

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

WHEELS 4 LIFE

Employer identification number

20-3312814

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Schedule B (Form 990) (2021)

| | |
|--|---|
| Name of organization WHEELS 4 LIFE | Employer identification number 20-3312814 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | BAYWAR USA THE BROADWALK IRVINE, CA 92612 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | HAMILTON WRIGHT GWYN FOUNDATION 505 WEST CHESTNUT OXFORD, OH 45056 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization WHEELS 4 LIFE | Employer identification number 20-3312814 |
|--|---|

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

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

| | |
|--|---|
| Name of organization WHEELS 4 LIFE | Employer identification number 20-3312814 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

WHEELS 4 LIFE

Employer identification number

20-3312814

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
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| | | | | | | |

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|-----------------------------|--------------|------------------|--|
| | | GALA EVENT (event type) | (event type) | (total number) | |
| 1 | Gross receipts | 0. | | | |
| 2 | Less: Contributions | | | | |
| 3 | Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|--------|
| a The organization's facility | 13a | _____% |
| b An outside facility | 13b | _____% |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 1 | CAMERA EQUIPMENT | 01/14/08 | SL | 5.00 | | 16 | 5,568. | | | | 5,568. | 5,568. | | 0. | 5,568. |
| 2 | CAMERA EQUIPMENT | 01/18/08 | SL | 5.00 | | 16 | 756. | | | | 756. | 756. | | 0. | 756. |
| | * 990-EZ PG 1 TOTAL - | | | | | | 6,324. | | | | 6,324. | 6,324. | | 0. | 6,324. |
| 3 | DOCUMENTARY PRODUCTION COSTS | 12/31/08 | SL | 10.00 | | 16 | 9,435. | | | | 9,435. | 9,435. | | 0. | 9,435. |
| 4 | DOCUMENTARY PRODUCTION COSTS | 12/17/09 | SL | 10.00 | | 16 | 14,710. | | | | 14,710. | 14,710. | | 0. | 14,710. |
| 5 | DOCUMENTARY PRODUCTION COSTS | 05/31/10 | SL | 10.00 | | 16 | 7,348. | | | | 7,348. | 7,348. | | 0. | 7,348. |
| 6 | DOCUMENTARY PRODUCTION COSTS | 07/31/13 | SL | 10.00 | | 16 | 7,504. | | | | 7,504. | 5,563. | | 750. | 6,313. |
| | * 990-EZ PG 1 TOTAL - | | | | | | 38,997. | | | | 38,997. | 37,056. | | 750. | 37,806. |
| | * GRAND TOTAL 990-EZ PG 1 DEPR | | | | | | 45,321. | | | | 45,321. | 43,380. | | 750. | 44,130. |

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

WHEELS 4 LIFE

Employer identification number

20-3312814

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

| DESCRIPTION OF OTHER REVENUE: | AMOUNT: |
|-------------------------------|---------|
| CURRENCY CONVERSION GAIN | 1,119. |

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

| DESCRIPTION OF EXPENSES: | AMOUNT: |
|--------------------------|---------|
| DEPRECIATION | 750. |

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|--------------------------------------|----------------|
| BICYCLES DISTRIBUTED | 64,588. |
| INSURANCE | 1,135. |
| OFFICE EXPENSE | 160. |
| TOTAL TO FORM 990-EZ, LINE 16 | 65,883. |

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--------------------------|--------------|-------------|
| OTHER DEPRECIABLE ASSETS | 1,941. | 1,191. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ORGANIZATION'S PRIMARY

PURPOSE IS TO PROVIDE BIKES TO PEOPLE IN NEED OF TRANSPORTATION IN

THIRLD WORLD COUNTRIES TO GET TO WORK, MEDICAL CARE OR TO SCHOOL.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO PROVIDE BIKES TO PEOPLE IN NEED OF TRANSPORTATION IN

THIRD WORLD COUNTRIES TO GET TO WORK, MEDICAL CARE, OR TO

Name of the organization

WHEELS 4 LIFE

Employer identification number

20-3312814

SCHOOL. THIS WAS ACHIEVED PRIMARILY USING VOLUNTEER LABOR.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Statement of Specified Foreign Financial Assets
 ▶ Go to www.irs.gov/Form8938 for instructions and the latest information.
 ▶ Attach to your tax return.

OMB No. 1545-2195
 Attachment
 Sequence No. **938**

For calendar year **2021** or tax year beginning _____ and ending _____

If you have attached additional statements, check here Number of additional statements _____

1 Name(s) shown on return
WHEELS 4 LIFE

2 Taxpayer identification number (TIN)
20-3312814

3 Type of filer
 a Specified individual b Partnership c Corporation d Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name _____ b TIN _____

Part I Foreign Deposit and Custodial Accounts Summary

5 Number of deposit accounts (reported in Part V) **1**

6 Maximum value of all deposit accounts \$ **163,950.**

7 Number of custodial accounts (reported in Part V) **1**

8 Maximum value of all custodial accounts \$

9 Were any foreign deposit or custodial accounts closed during the tax year? Yes No

Part II Other Foreign Assets Summary

10 Number of foreign assets (reported in Part VI) **1**

11 Maximum value of all assets (reported in Part VI) \$

12 Were any foreign assets acquired or sold during the tax year? Yes No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

| (a) Asset category | (b) Tax item | (c) Amount reported on form or schedule | Where reported | |
|--|------------------|---|-------------------|-----------------------|
| | | | (d) Form and line | (e) Schedule and line |
| 13 Foreign deposit and custodial accounts | a Interest | \$ | | |
| | b Dividends | \$ | | |
| | c Royalties | \$ | | |
| | d Other income | \$ | | |
| | e Gains (losses) | \$ | | |
| | f Deductions | \$ | | |
| | g Credits | \$ | | |
| 14 Other foreign assets | a Interest | \$ | | |
| | b Dividends | \$ | | |
| | c Royalties | \$ | | |
| | d Other income | \$ | | |
| | e Gains (losses) | \$ | | |
| | f Deductions | \$ | | |
| | g 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. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____ **16** Number of Forms 3520-A _____ **17** Number of Forms 5471 _____
18 Number of Forms 8621 _____ **19** Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary

(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account a [X] Deposit b [] Custodial 21 Account number or other designation 00430402
22 Check all that apply a [] Account opened during tax year b [] Account closed during tax year
c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$ 163,950.
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [] No
25 If you answered "Yes" to line 24, complete all that apply.
(a) Foreign currency in which account is maintained UNITED KINGDOM, POUND
(b) Foreign currency exchange rate used to convert to U.S. dollars .727000000
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service US TREASURY
26a Name of financial institution in which account is maintained LLOYDS TSB
b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 25 GRESHAM STREET
28 City or town, state or province, country, and ZIP or foreign postal code LONDON UNITED KINGDOM EC2V 7HN

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset 30 Identifying number or other designation
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [] Check if asset jointly owned with spouse d [] Check if no tax item reported in Part III with respect to this asset
32 Maximum value of asset during tax year (check box that applies)
a [] \$0 - \$50,000 b [] \$50,001 - \$100,000 c [] \$100,001 - \$150,000 d [] \$150,001 - \$200,000
e If more than \$200,000, list value \$
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [] Yes [] No
34 If you answered "Yes" to line 33, complete all that apply.
(a) Foreign currency in which asset is denominated
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) [] Partnership (2) [] Corporation (3) [] Trust (4) [] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.
a Name of issuer or counterparty
Check if information is for [] Issuer [] Counterparty
b Type of issuer or counterparty
(1) [] Individual (2) [] Partnership (3) [] Corporation (4) [] Trust (5) [] Estate
c Check if issuer or counterparty is a [] U.S. person [] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code

2021 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 | 011408 | SL | 5.00 | 16 | 5,568. | | | 5,568. | 5,568. | | 0. |
| 2 | CAMERA EQUIPMENT | 011808 | SL | 5.00 | 16 | 756. | | | 756. | 756. | | 0. |
| | * 990-EZ PG 1 TOTAL | | | | | 6,324. | | 0. | 6,324. | 6,324. | | 0. |
| | DOCUMENTARY | | | | | | | | | | | |
| 3 | PRODUCTION COSTS | 123108 | SL | 10.00 | 16 | 9,435. | | | 9,435. | 9,435. | | 0. |
| | DOCUMENTARY | | | | | | | | | | | |
| 4 | PRODUCTION COSTS | 121709 | SL | 10.00 | 16 | 14,710. | | | 14,710. | 14,710. | | 0. |
| | DOCUMENTARY | | | | | | | | | | | |
| 5 | PRODUCTION COSTS | 053110 | SL | 10.00 | 16 | 7,348. | | | 7,348. | 7,348. | | 0. |
| | DOCUMENTARY | | | | | | | | | | | |
| 6 | PRODUCTION COSTS | 073113 | SL | 10.00 | 16 | 7,504. | | | 7,504. | 5,563. | | 750. |
| | * 990-EZ PG 1 TOTAL | | | | | 38,997. | | 0. | 38,997. | 37,056. | | 750. |
| | * GRAND TOTAL | | | | | 45,321. | | 0. | 45,321. | 43,380. | | 750. |
| | 990-EZ PG 1 DEPR | | | | | | | | | | | |

2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - WHEELS 4 LIFE

| Asset No. | Description | Date Acquired | Method | Life | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|-----------|--------------------------------|---------------|--------|-------|--------------------------|----------------------|------------------------|--------------------------|------------------------|
| 1 | CAMERA EQUIPMENT | 011408 | SL | 5.00 | 5,568. | | 5,568. | 5,568. | 0. |
| 2 | CAMERA EQUIPMENT | 011808 | SL | 5.00 | 756. | | 756. | 756. | 0. |
| | * 990-EZ PG 1 TOTAL - | | | | 6,324. | | 6,324. | 6,324. | 0. |
| 3 | DOCUMENTARY PRODUCTION COSTS | 123108 | SL | 10.00 | 9,435. | | 9,435. | 9,435. | 0. |
| 4 | DOCUMENTARY PRODUCTION COSTS | 121709 | SL | 10.00 | 14,710. | | 14,710. | 14,710. | 0. |
| 5 | DOCUMENTARY PRODUCTION COSTS | 053110 | SL | 10.00 | 7,348. | | 7,348. | 7,348. | 0. |
| 6 | DOCUMENTARY PRODUCTION COSTS | 073113 | SL | 10.00 | 7,504. | | 7,504. | 6,313. | 750. |
| | * 990-EZ PG 1 TOTAL - | | | | 38,997. | | 38,997. | 37,806. | 750. |
| | * GRAND TOTAL 990-EZ PG 1 DEPR | | | | 45,321. | | 45,321. | 44,130. | 750. |

(D) - Asset disposed

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

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **WHEELS 4 LIFE** California corporation number: **2770142**

Additional information. See instructions. FEIN: **20-3312814**

Street address (suite or room): **30722 MARILYN DRIVE** PMB no. _____

City: **LAGUNA BEACH** State: **CA** ZIP code: **92651**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ _____ Yes No

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

| | | | | | |
|---|--|--|---|----------------------------------|----------------------------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 1,119 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 54,280 | 00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B | 4 | 55,399 | 00 |
| | 5 | Cost of goods sold | 5 | | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 55,399 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 69,675 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | -14,276 | 00 |
| Filing Fee | 11 | Total payments | 11 | | 00 |
| | 12 | Use tax. See General Information K | 12 | | 00 |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | | 00 |
| | 15 | Penalties and interest. See General Information J | 15 | | 00 |
| | 16 | Balance due. Add line 12 and line 15. Then subtract line 11 from the result | 16 | | 00 |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| | Signature of officer | Title TREASURER | Date | Telephone | |
| Paid Preparer's Use Only | Preparer's signature | Date 11/04/22 | Check if self-employed <input type="checkbox"/> | PTIN P00164733 | |
| | Firm's name (or yours, if self-employed) and address LAWRENCE R. MITCHELL & COMPANY, CPAS 880 APOLLO STREET, SUITE 140 EL SEGUNDO, CA 90245 | | | | Firm's FEIN 20-0545687 |
| | | | | Telephone 310.563.1010 | |
| May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

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.

128951 01-19-22

| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|-------|--------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | | 00 | |
| | 2 | Interest | • | 2 | | 00 | |
| | 3 | Dividends | • | 3 | | 00 | |
| | 4 | Gross rents | • | 4 | | 00 | |
| | 5 | Gross royalties | • | 5 | | 00 | |
| | 6 | Gross amount received from sale of assets (See instructions) | • | 6 | | 00 | |
| | 7 | Other income | • | 7 | 1,119 | 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 1,119 | 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | | 00 | |
| | 10 | Disbursements to or for members | • | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees | • | 11 | 0 | 00 | |
| | 12 | Other salaries and wages | • | 12 | | 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | | 00 |
| | | 14 | Taxes | • | 14 | | 00 |
| | | 15 | Rents | • | 15 | | 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 750 | 00 |
| | | 17 | Other expenses and disbursements | • | 17 | 68,925 | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 69,675 | 00 |

| Schedule L Balance Sheet | Beginning of taxable year | | | End of taxable year |
|--|---------------------------|---------|------------|---------------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 210,809 | | • 197,283 |
| 2 Net accounts receivable | | | | • |
| 3 Net notes receivable | | | | • |
| 4 Inventories | | | | • |
| 5 Federal and state government obligations | | | | • |
| 6 Investments in other bonds | | | | • |
| 7 Investments in stock | | | | • |
| 8 Mortgage loans | | | | • |
| 9 Other investments | | | | • |
| 10 a Depreciable assets | 45,321 | | 45,321 | |
| b Less accumulated depreciation | (43,380) | 1,941 | (44,130) | 1,191 |
| 11 Land | | | | • |
| 12 Other assets | | | | • |
| 13 Total assets | | 212,750 | | 198,474 |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | | | • |
| 15 Contributions, gifts, or grants payable | | | | • |
| 16 Bonds and notes payable | | | | • |
| 17 Mortgages payable | | | | • |
| 18 Other liabilities | | | | |
| 19 Capital stock or principal fund | | | | • |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | • |
| 21 Retained earnings or income fund | | 212,750 | | • 198,474 |
| 22 Total liabilities and net worth | | 212,750 | | 198,474 |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|--|-----------|--|---------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | |
| 1 Net income per books | • -14,276 | 7 Income recorded on books this year not included in this return. Attach schedule | • |
| 2 Federal income tax | • | 8 Deductions in this return not charged against book income this year. Attach schedule | • |
| 3 Excess of capital losses over capital gains | • | 9 Total. Add line 7 and line 8 | |
| 4 Income not recorded on books this year. Attach schedule | • | 10 Net income per return. Subtract line 9 from line 6 | -14,276 |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule | • | | |
| 6 Total. Add line 1 through line 5 | -14,276 | | |

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|---------------------------------|------------------------------------|--------------|---------|
| BAYWAR USA | THE BROADWALK IRVINE, CA 92612 | 06/29/21 | 5,000. |
| HAMILTON WRIGHT GWYN FOUNDATION | 505 WEST CHESTNUT OXFORD, OH 45056 | 11/18/21 | 5,000. |
| TOTAL INCLUDED ON LINE 3 | | | 10,000. |

CA 199 OTHER INCOME STATEMENT 2

| DESCRIPTION | AMOUNT |
|------------------------------------|--------|
| CURRENCY CONVERSION GAIN | 1,119. |
| TOTAL TO FORM 199, PART II, LINE 7 | 1,119. |

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|---|------------------------------------|--------------|
| MARK PETERMAN 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651 | CHAIRMAN OF THE BOARD 1.00 | 0. |
| HANS REY 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651 | EXECUTIVE DIRECTOR 10.00 | 0. |
| CARMEN REY 30722 MARILYN DRIVE LAGUNA BEACH, CA 92651 | TREASURER/SECRETARY 45.00 | 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 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | | 0. |

CA 199 OTHER EXPENSES STATEMENT 4

| DESCRIPTION | AMOUNT |
|---|---------|
| BICYCLES DISTRIBUTED | 64,588. |
| INSURANCE | 1,135. |
| OFFICE EXPENSE | 160. |
| PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS | 2,775. |
| PRINTING, PUBLICATIONS, POSTAGE AND SHIPPING | 267. |
| TOTAL TO FORM 199, PART II, LINE 17 | 68,925. |

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 20-3312814

Corporation name

California corporation number

WHEELS 4 LIFE

2770142

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property description and cost breakdown.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation.

Part III Summary

Summary table with 3 rows for total election, depreciation claimed, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC Section, (f) Period or percentage, (g) Amortization for this year.

| CA 3885 | | DEPRECIATION | | | | STATEMENT | 5 |
|--------------------------------|--------------------|------------------|---------------|--------|-------|-------------------|-------|
| ASSET NO./ DESCRIPTION | DATE IN SERVICE | COST OR BASIS | PRIOR DEPR | METHOD | LIFE | DEPRE- CIATION | BONUS |
| 1 CAMERA EQUIPMENT | 01/14/08 | 5,568. | 5,568. | SL | 5.00 | 0. | |
| 2 CAMERA EQUIPMENT | 01/18/08 | 756. | 756. | SL | 5.00 | 0. | |
| 3 DOCUMENTARY PRODUCTION COSTS | 12/31/08 | 9,435. | 9,435. | SL | 10.00 | 0. | |
| 4 DOCUMENTARY PRODUCTION COSTS | 12/17/09 | 14,710. | 14,710. | SL | 10.00 | 0. | |
| 5 DOCUMENTARY PRODUCTION COSTS | 05/31/10 | 7,348. | 7,348. | SL | 10.00 | 0. | |
| 6 DOCUMENTARY PRODUCTION COSTS | 07/31/13 | 7,504. | 5,563. | SL | 10.00 | 750. | |
| TOTAL TO FORM 3885 | | 45,321. | 43,380. | | | 750. | |

TAXABLE YEAR
2021

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|--|---|
| Exempt Organization name WHEELS 4 LIFE | Identifying number 20-3312814 |
|--|---|

Part I Electronic Return Information (whole dollars only)

| | | | |
|---|---|----------|---------------|
| 1 | Total gross receipts (Form 199, line 4) | 1 | 55,399 |
| 2 | Total gross income (Form 199, line 8) | 2 | 55,399 |
| 3 | Total expenses and disbursements (Form 199, line 9) | 3 | 69,675 |

Part II Settle Your Account Electronically for Taxable Year 2021

| | | |
|--|-----------|---------------------------------|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|--|-----------|---------------------------------|

Part III Banking Information (Have you verified the exempt organization's banking information?)

| | |
|------------------------|---|
| 5 Routing number _____ | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number _____ | |

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

| | | | |
|------------------|----------------------|------|---------------------------|
| Sign Here | | Date | |
| | Signature of officer | | Title TREASURER |

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|------------------|---|---|---|---|-------------------------------|
| ERO | ERO's signature | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P00164733 |
| Must Sign | Firm's name (or yours if self-employed) and address | LAWRENCE R. MITCHELL & COMPANY, CPAS | | | Firm's FEIN 20-0545687 |
| | | 880 APOLLO STREET, SUITE 140 | | | ZIP code 90245 |
| | | EL SEGUNDO, CA | | | |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|----------------------|---|-------------|---|----------------------|
| Paid Preparer | Paid preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| Must Sign | Firm's name (or yours if self-employed) and address | Firm's FEIN | | |
| | | ZIP code | | |

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

| | |
|---|---|
| <p>WHEELS 4 LIFE Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>30722 MARILYN DRIVE Address (Number and Street)</p> <p>LAGUNA BEACH, CA 92651 City or Town, State, and ZIP Code</p> <p>949-499-2030 Telephone Number</p> <p style="text-align: right;">E-mail Address</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT129333</p> <p>Corporation or Organization No. 2770142</p> <p>Federal Employer ID No. 20-3312814</p> |
|---|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) \$ 55,399 Noncash Contributions \$ 0 Total Assets \$ 198,474
 Program Expenses \$ 64,587 Total Expenses \$ 69,675

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|--|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | | X |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | | X |
| 5. During this reporting period, did the organization receive any governmental funding? | | X |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes? | | X |
| 7. Does the organization conduct a vehicle donation program? | | X |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | | X |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | | X |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

| | | |
|-------------------------------|------------------|-------|
| CARMEN REY | TREASURER | |
| Signature of Authorized Agent | Printed Name | Title |
| | | Date |