

## Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning 06/01/12 , and ending 05/31/13

45-1308941

WHEELCHAIRS 4 KIDS, INC.

**Net Asset / Fund Balance at Beginning of Year** 50,869

**Revenue**

Contributions	<u>342,214</u>		
Program service revenue	_____		
Investment income	_____		
Capital gain / loss	_____		
Special events:			
Gross revenue	_____		
Direct expenses	_____		
Net income	_____		
Other income	<u>0</u>		
<b>Total revenue</b>		<u>342,214</u>	

**Expenses**

Program services	<u>235,814</u>		
Management and general	<u>23,743</u>		
Fundraising	<u>38,771</u>		
<b>Total expenses</b>		<u>298,328</u>	
<b>Excess / (deficit)</b>			<u>43,886</u>

Other changes \_\_\_\_\_

**Net Asset / Fund Balance at End of Year** 94,755

**Reconciliation of Revenue**

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u>342,214</u></u>

**Reconciliation of Expenses**

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u>298,328</u></u>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>50,869</u>	<u>94,944</u>	
Liabilities	_____	<u>189</u>	
Net assets	<u><u>50,869</u></u>	<u><u>94,755</u></u>	<u><u>43,886</u></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 10/15/13  
 Failure to file penalty \_\_\_\_\_

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

For calendar year 2012, or fiscal year beginning 6/01, 2012, and ending 5/31, 20 13.

**2012**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Name of exempt organization

WHEELCHAIRS 4 KIDS, INC.

Employer identification number

45-1308941

Name and title of officer

MADELINE ROBINSON  
EXECUTIVE DIRECTOR

**Part I Type of Return and Return Information (Whole Dollars Only)**

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

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<u>342,214</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

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

I authorize CAMPBELL & COMPANY CPAS, PA to enter my PIN 08941 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2012 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.

Officer's signature }

Date } 07/15/13

**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.

59528711120

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date }

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

For Paperwork Reduction Act Notice, see back of form.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning 06/01/12, and ending 05/31/13**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center">WHEELCHAIRS 4 KIDS, INC.</p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1976 S. PINELLAS AVE City, town or post office, state, and ZIP code TARPON SPRINGS FL 34689	<b>D</b> Employer identification number <p align="center">45-1308941</p> <b>E</b> Telephone number <p align="center">727-946-0963</p> <b>G</b> Gross receipts\$ <p align="right">342,214</p>
<b>F</b> Name and address of principal officer: MADELINE ROBINSON 1406 STONEHAVEN WAY TARPON SPRINGS FL 34689		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <input type="checkbox"/>
<b>J</b> Website: <input type="checkbox"/> WWW.WHEELCHAIRS4KIDS.ORG		<b>L</b> Year of formation: 2011 <b>M</b> State of legal domicile: FL
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: DEDICATED TO IMPROVING THE LIVES OF CHILDREN WITH PHYSICAL DISABILITIES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	0
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	1
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	53
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
<b>Revenue</b>		<b>Prior Year</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)		342,214
	<b>9</b> Program service revenue (Part VIII, line 2g)		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		342,214
<b>Expenses</b>		<b>Current Year</b>	
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		3,637
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		37,915
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 38,771		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		256,776
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		298,328
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12		43,886
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	
	<b>20</b> Total assets (Part X, line 16)	50,869	94,944
	<b>21</b> Total liabilities (Part X, line 26)	0	189
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	50,869	94,755

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p align="center">MADELINE ROBINSON</p> Type or print name and title	Date <p align="center">EXECUTIVE DIRECTOR</p>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JACQUELYN R CAMPBELL	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00223949
	Firm's name } CAMPBELL & COMPANY CPAS, PA 7211 HIAWATHA PKWY Firm's address } SPRING HILL, FL 34606-2542	Firm's EIN } 59-3227066 Phone no. 352-683-7365

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: DEDICATED TO IMPROVING THE LIVES OF CHILDREN WITH PHYSICAL DISABILITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) WE PROVIDE WHEELCHAIRS, RAMPS, VEHICLE MODIFICATIONS AND OTHER ASSISTIVE DEVICES TO CHILDREN WITH PHYSICAL DISABILITIES DUE TO ILLNESS, ACCIDENT OR ABUSE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ 235,814 including grants of \$ ) (Revenue \$ )

4e Total program service expenses U 235,814

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  WHEELCHAIRS 4 KIDS 1406 STONEHAVEN WAY

TARPON SPRINGS

FL 34689

727-946-0963



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAY LEIGH	1.00									
LEGAL COUNSEL	0.00	X					0	0	0	
(2) DR. CARMINE PECORARO	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) MADELINE ROBINSON	60.00									
PRESIDENT	0.00			X			25,000	0	3,637	
(4) SUSANNE GOMEZ-BARNASON	1.00									
TREASURER	0.00			X			0	0	0	
(5) KIMBERLY KNORR	1.00									
VICE CHAIR	0.00			X			0	0	0	
(6) MARGO CARTER	1.00									
SECRETARY	0.00			X			0	0	0	
(7)										
(8)										
(9)										
(10)										
(11)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>							25,000		3,637	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							25,000		3,637	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	85,583			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	256,631			
	<b>g</b> Noncash contributions included in lines 1a-1f	\$	117,394			
	<b>h Total.</b> Add lines 1a-1f	<b>U</b>	342,214			
	<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code			
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		<b>U</b>				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>U</b>			
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>U</b>				
	<b>5</b> Royalties	<b>U</b>				
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>U</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)	<b>U</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ 85,583 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events		<b>U</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	<b>U</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	<b>U</b>				
<b>Miscellaneous Revenue</b>	<b>11a</b>	Busn. Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>U</b>				
<b>12 Total revenue.</b> See instructions.	<b>U</b>	342,214	0	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	3,637	3,637		
5 Compensation of current officers, directors, trustees, and key employees	25,000	17,500	2,500	5,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,220	6,065	4,155	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	2,695	1,781	531	383
11 Fees for services (non-employees):				
a Management				
b Legal	120		120	
c Accounting	2,088		2,088	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	3,152	3,152		
13 Office expenses	1,606	960	98	548
14 Information technology	1,806	1,806		
15 Royalties				
16 Occupancy	5,867	3,943	1,924	
17 Travel	888	857	31	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,546	1,546		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,424		5,424	
23 Insurance	3,612	2,303	1,309	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WHEEL KID BUDGET	78,310	78,310		
b DONATED ITEMS	58,749	58,749		
c DONATED ITEMS	24,331			24,331
d PROGRAM VOLUNTEER SERVICE	22,527	22,527		
e All other expenses	46,750	32,678	5,563	8,509
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>298,328</b>	<b>235,814</b>	<b>23,743</b>	<b>38,771</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest bearing	24,119	1	52,188	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	26,350	8	37,224	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,383			
	10b	Less: accumulated depreciation	6,189	400	10c	4,194
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15	1,338	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	50,869	16	94,944		
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	189	
	26	<b>Total liabilities.</b> Add lines 17 through 25	0	26	189	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets	50,869	27	94,755	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	50,869	33	94,755		
34	<b>Total liabilities and net assets/fund balances</b>	50,869	34	94,944		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	342,214
2	Total expenses (must equal Part IX, column (A), line 25)	2	298,328
3	Revenue less expenses. Subtract line 2 from line 1	3	43,886
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,869
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,755

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. Ⓛ See separate instructions.

Name of the organization

WHEELCHAIRS 4 KIDS, INC.

Employer identification number

45-1308941

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**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) $\cup$	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 <b>Total.</b> Add lines 1 through 3						
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)						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) $\cup$	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
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 IV.)						
11 <b>Total support.</b> Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five 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 2012 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2011.** 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 IV 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 9 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) $\cup$	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			7,000	180,524	315,159	502,683
<b>2</b> 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				19,330	27,055	46,385
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5			7,000	199,854	342,214	549,068
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						549,068

**Section B. Total Support**

Calendar year (or fiscal year beginning in) $\cup$	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6			7,000	199,854	342,214	549,068
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)			7,000	199,854	342,214	549,068

**14 First five 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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	100.00 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2012.** 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—2011.** 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



Schedule of Contributors

2012

U Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization WHEELCHAIRS 4 KIDS, INC.	Employer identification number 45-1308941
--	--

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ► \$ .....

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

<b>Name of organization</b> WHEELCHAIRS 4 KIDS, INC.	<b>Employer identification number</b> 45-1308941
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**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	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	..... ..... .....	\$ ..... 15,936	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	..... ..... .....	\$ ..... 42,307	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	..... ..... .....	\$ ..... 7,800	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> WHEELCHAIRS 4 KIDS, INC.	<b>Employer identification number</b> 45-1308941
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**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
7	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	..... ..... .....	\$ ..... 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	..... ..... .....	\$ ..... 7,800	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> WHEELCHAIRS 4 KIDS, INC.	<b>Employer identification number</b> 45-1308941
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**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
13	..... ..... .....	\$ ..... 6,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	..... ..... .....	\$ ..... 5,107	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization WHEELCHAIRS 4 KIDS, INC.	Employer identification number 45-1308941
--	--

**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
2	DISCOUNTED EQUIPMENT PURCHASES	\$ 15,936	
6	BUS BENCHES (INCLUDED SET UP)	\$ 7,800	
12	EQUIPMENT	\$ 7,800	
13	INKIND EQUIPMENT	\$ 6,000	
14	DISCOUNTED EQUIPMENT PURCHASES	\$ 5,107	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

WHEELCHAIRS 4 KIDS, INC.

Employer identification number

45-1308941

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: U \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,166		3,166
e Other		7,217	6,189	1,028

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  4,194

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PAYROLL TAXES PAYABLE	189	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u</b> 189	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row codes (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row codes (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Dotted lines for providing supplemental information.



**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
**U Attach to Form 990 or Form 990-EZ. U See separate instructions.**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

WHEELCHAIRS 4 KIDS, INC.

Employer identification number

45-1308941

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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

**2a** 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 ten 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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....							

**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" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>JAIL &amp; BAIL</u>	<u>A WHEELY GOOD T</u>	<u>NONE</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	44,256	34,959	79,215	
	2	Less: Contributions	44,256	34,959	79,215	
	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. Combine line 3, column (d), and line 10				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	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. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate 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 operate 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 operated in:
 

a	The organization's facility	<b>13a</b>	%
b	An outside facility	<b>13b</b>	%

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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
 Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**WHEELCHAIRS 4 KIDS, INC.**

Employer identification number

**45-1308941**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <input type="checkbox"/> ( )	X	9	117,394	
26 Other <input type="checkbox"/> ( )				
27 Other <input type="checkbox"/> ( )				
28 Other <input type="checkbox"/> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X



**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[Dotted lines for supplemental information input]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

Ⓛ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

WHEELCHAIRS 4 KIDS, INC.

Employer identification number

45-1308941

FORM 990, PART I, LINE 6

WHEELCHAIRS 4 KIDS VOLUNTEERS DO A VARIETY OF DUTIES. THEY CAN RANGE FROM OFFICE WORK, EVENT PLANNING, DAY OF EVENT DUTIES, WRITING MINUTES, WRITING STORIES FOR WEBSITE AND PRESS RELEASES, AND PHOTOGRAPHY. THEY ALSO ASSIST WITH EQUIPMENT PRESENTATIONS AND ON LOCATION HOME MODIFICATION SITES, AS WELL AS OUR INCLUSION PROGRAM, WHEELY FUN DAYS!

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

WE PROVIDE WHEELCHAIRS, RAMPS, VEHICLE MODIFICATIONS AND OTHER ASSISTIVE DEVICES TO CHILDREN WITH PHYSICAL DISABILITIES DUE TO ILLNESS, ACCIDENT OR ABUSE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

AMOUNT

DISBURSEMENT OF GOODS

\$ 21,069 \$ 0 \$ 0

WASHINGTON NAT'L FUN DAY

\$ 5,557 \$ 0 \$ 0

DONATED ITEMS

Name of the organization

WHEELCHAIRS 4 KIDS, INC.

Employer identification number

45-1308941

	\$	0	\$	0	\$	3,950
TELEPHONE & TELECOMMUNICA						
	\$	1,846	\$	1,766	\$	0
A WHEELY WINTER CHRISTMAS						
	\$	3,529	\$	0	\$	0
SUPPLIES						
	\$	250	\$	1,306	\$	0
MEALS & ENTERTAINMENT						
	\$	0	\$	0	\$	1,275
BEVERAGES						
	\$	0	\$	0	\$	1,006
DONATED ITEMS						
	\$	0	\$	0	\$	841
PAYROLL FEES						
	\$	0	\$	788	\$	0
PAYPAL FEES						
	\$	0	\$	517	\$	0
INTUIT FEES						
	\$	0	\$	450	\$	0
SERVICE EXPENSES						
	\$	0	\$	0	\$	350
MARKETING						
	\$	0	\$	0	\$	334
MEALS						
	\$	178	\$	121	\$	0
SUPPLIES						
	\$	0	\$	0	\$	236

Name of the organization

WHEELCHAIRS 4 KIDS, INC.

Employer identification number

45-1308941

## BUSINESS REGISTRATION FEE

\$	0	\$	215	\$	0
----	---	----	-----	----	---

## CHANGE

\$	0	\$	0	\$	200
----	---	----	---	----	-----

## DUES &amp; MEMBERSHIPS

\$	0	\$	185	\$	0
----	---	----	-----	----	---

## EVENTS - RIBBON CUTTING

\$	154	\$	0	\$	0
----	-----	----	---	----	---

## DONATED ITEMS

\$	0	\$	0	\$	150
----	---	----	---	----	-----

## WASHINGTON NATIONALS FUN

\$	95	\$	0	\$	0
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## BOOKS, SUBSCRIPTIONS, REF

\$	0	\$	88	\$	0
----	---	----	----	----	---

## EQUIPMENT RENTAL

\$	0	\$	52	\$	0
----	---	----	----	----	---

## MARKETING

\$	0	\$	0	\$	50
----	---	----	---	----	----

## FUNDRAISING EXPENSES

\$	0	\$	0	\$	50
----	---	----	---	----	----

## SUPPLIES

\$	0	\$	0	\$	42
----	---	----	---	----	----

## REPAIRS &amp; MAINTENANCE

\$	0	\$	40	\$	0
----	---	----	----	----	---

## INTERNATIONAL FEES

\$	0	\$	27	\$	0
----	---	----	----	----	---

## PERMIT

Name of the organization

WHEELCHAIRS 4 KIDS, INC.

Employer identification number

45-1308941

\$ 0 \$ 0 \$ 25

BANK FEES

\$ 0 \$ 8 \$ 0

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Name(s) shown on return

WHEELCHAIRS 4 KIDS, INC.

Identifying number

45-1308941

Business or activity to which this form relates

INDIRECT DEPRECIATION

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	9,219
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	605
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	605

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	4,610
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	114
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		766	5.0	HY	200DB	152
c 7-year property		3,843	7.0	HY	200DB	548
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,424
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>										
8	TOSHIBA LAPTOP (OFFICE DEPOT)	11/26/12	400				X 200	5 HY 200DB	0	240
9	LENOVO LAPTOP (OFFICE DEPOT)	11/26/12	280				X 140	5 HY 200DB	0	168
14	HP OFFICE JET 8600 ALL IN ONE PRIN	12/26/12	150				X 75	5 HY 200DB	0	90
18	EXTERNAL HARD DRIVE (STAPLES)	1/22/13	144				X 72	5 HY 200DB	0	86
23	ACER ASPIRE 5532 LAPTOP	12/17/12	240				X 120	5 HY 200DB	0	144
24	HP COLOR LASER JET 3600n PRINTER	12/17/12	225				X 112	5 HY 200DB	0	135
29	GATEWAY MONITOR	1/20/13	94				X 47	5 HY 200DB	0	56
			<u>1,533</u>				<u>766</u>		<u>0</u>	<u>919</u>
<b>7-year GDS Property:</b>										
5	SHREDDER - STAPLES	11/26/12	60				X 30	7 HY 200DB	0	34
6	2 - 6 FT TABLES (OFFICE DEPOT)	11/26/12	60				X 30	7 HY 200DB	0	34
7	DESK CHAIR (OFFICE DEPOT)	11/26/12	50				X 25	7 HY 200DB	0	29
10	RCA PHONE (OFFICE DEPOT)	12/03/12	136				X 68	7 HY 200DB	0	78
11	RCA PHONE (OFFICE DEPOT)	12/04/12	136				X 68	7 HY 200DB	0	78
12	VERIZON IPHONE	12/05/12	100				X 50	7 HY 200DB	0	57
13	RCA PHONE (OFFICE DEPOT)	12/26/12	136				X 68	7 HY 200DB	0	78
15	MAGIC CHEF MICROWAVE (HOME DE	12/31/12	88				X 44	7 HY 200DB	0	50
16	VISSANI SMALL FRIDGE (HOME DEPC	12/31/12	191				X 95	7 HY 200DB	0	109
17	DESK CHAIR (OFFICE DEPOT)	1/11/13	130				X 65	7 HY 200DB	0	74
19	L SHAPED DESK W/HUTCH (OFFICE W	2/21/13	2,580				X 1,290	7 HY 200DB	0	1,474
20	L SHAPED DESK W/HUTCH (OFFICE W	2/21/13	1,880				X 940	7 HY 200DB	0	1,074
21	8 CHAIRS	2/21/13	372				X 186	7 HY 200DB	0	213
22	ACCESSIBLE DESK (OFFICE WORX)	2/21/13	872				X 436	7 HY 200DB	0	498
25	DESK W/HUTCH - 5 SHELF BOOKCASE	12/17/12	355				X 178	7 HY 200DB	0	203
26	2 DRAWER FILE CABINET	12/17/12	65				X 33	7 HY 200DB	0	37
27	COUCH & LOVE SEAT	1/04/13	375				X 187	7 HY 200DB	0	214
28	3 DRAWER FILE CABINET	1/04/13	100				X 50	7 HY 200DB	0	57
			<u>7,686</u>				<u>3,843</u>		<u>0</u>	<u>4,391</u>
<b>Prior MACRS:</b>										
2	CELL PHONE	4/11/11	560				X 400	7 HY 200DB	160	114
3	ASUS LAPTOP	8/01/11	505		X	X	0	5 HY 200DB	505	0
4	OUTDOOR CANOPY (DONATED BY HC	11/02/11	100		X	X	0	7 HY 200DB	100	0
			<u>1,165</u>				<u>400</u>		<u>765</u>	<u>114</u>
<b>Other Depreciation:</b>										
1	PRINTER	11/28/10	139				139	0 -- Memo	0	0
	<b>Total Other Depreciation</b>		<u>139</u>				<u>139</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>139</u>				<u>139</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		10,523				5,148		765	5,424
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Less: Start-up/Org Expense</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>10,523</u>				<u>5,148</u>		<u>765</u>	<u>5,424</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>										
8	TOSHIBA LAPTOP (OFFICE DEPOT)	11/26/12	400				200	5 HY 200DB	0	240
9	LENOVO LAPTOP (OFFICE DEPOT)	11/26/12	280				140	5 HY 200DB	0	168
14	HP OFFICE JET 8600 ALL IN ONE PRIN	12/26/12	150				75	5 HY 200DB	0	90
18	EXTERNAL HARD DRIVE (STAPLES)	1/22/13	144				72	5 HY 200DB	0	86
23	ACER ASPIRE 5532 LAPTOP	12/17/12	240				120	5 HY 200DB	0	144
24	HP COLOR LASER JET 3600n PRINTER	12/17/12	225				112	5 HY 200DB	0	135
29	GATEWAY MONITOR	1/20/13	94				47	5 HY 200DB	0	56
			<u>1,533</u>				<u>766</u>		<u>0</u>	<u>919</u>
<b>7-year GDS Property:</b>										
5	SHREDDER - STAPLES	11/26/12	60				30	7 HY 200DB	0	34
6	2 - 6 FT TABLES (OFFICE DEPOT)	11/26/12	60				30	7 HY 200DB	0	34
7	DESK CHAIR (OFFICE DEPOT)	11/26/12	50				25	7 HY 200DB	0	29
10	RCA PHONE (OFFICE DEPOT)	12/03/12	136				68	7 HY 200DB	0	78
11	RCA PHONE (OFFICE DEPOT)	12/04/12	136				68	7 HY 200DB	0	78
12	VERIZON IPHONE	12/05/12	100				50	7 HY 200DB	0	57
13	RCA PHONE (OFFICE DEPOT)	12/26/12	136				68	7 HY 200DB	0	78
15	MAGIC CHEF MICROWAVE (HOME DE	12/31/12	88				44	7 HY 200DB	0	50
16	VISSANI SMALL FRIDGE (HOME DEPC	12/31/12	191				95	7 HY 200DB	0	109
17	DESK CHAIR (OFFICE DEPOT)	1/11/13	130				65	7 HY 200DB	0	74
19	L SHAPED DESK W/HUTCH (OFFICE W	2/21/13	2,580				1,290	7 HY 200DB	0	1,474
20	L SHAPED DESK W/HUTCH (OFFICE W	2/21/13	1,880				940	7 HY 200DB	0	1,074
21	8 CHAIRS	2/21/13	372				186	7 HY 200DB	0	213
22	ACCESSIBLE DESK (OFFICE WORX)	2/21/13	872				436	7 HY 200DB	0	498
25	DESK W/HUTCH - 5 SHELF BOOKCASE	12/17/12	355				178	7 HY 200DB	0	203
26	2 DRAWER FILE CABINET	12/17/12	65				33	7 HY 200DB	0	37
27	COUCH & LOVE SEAT	1/04/13	375				187	7 HY 200DB	0	214
28	3 DRAWER FILE CABINET	1/04/13	100				50	7 HY 200DB	0	57
			<u>7,686</u>				<u>3,843</u>		<u>0</u>	<u>4,391</u>
<b>Prior MACRS:</b>										
2	CELL PHONE	4/11/11	560				0	7 HY 200DB	560	0
3	ASUS LAPTOP	8/01/11	505		X	X	0	5 HY 200DB	505	0
4	OUTDOOR CANOPY (DONATED BY HC	11/02/11	100		X	X	0	7 HY 200DB	100	0
			<u>1,165</u>				<u>0</u>		<u>1,165</u>	<u>0</u>
<b>Other Depreciation:</b>										
1	PRINTER	11/28/10	0				0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		10,384				4,609		1,165	5,310
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>10,384</u>				<u>4,609</u>		<u>1,165</u>	<u>5,310</u>



# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
2	CELL PHONE	4/11/11	560		0	0	160	400
3	ASUS LAPTOP	8/01/11	505		505	0	0	0
4	OUTDOOR CANOPY (DONATED BY HON	11/02/11	100		100	0	0	0
5	SHREDDER - STAPLES	11/26/12	60		0	30	0	30
6	2 - 6 FT TABLES (OFFICE DEPOT)	11/26/12	60		0	30	0	30
7	DESK CHAIR (OFFICE DEPOT)	11/26/12	50		0	25	0	25
8	TOSHIBA LAPTOP (OFFICE DEPOT)	11/26/12	400		0	200	0	200
9	LENOVO LAPTOP (OFFICE DEPOT)	11/26/12	280		0	140	0	140
10	RCA PHONE (OFFICE DEPOT)	12/03/12	136		0	68	0	68
11	RCA PHONE (OFFICE DEPOT)	12/04/12	136		0	68	0	68
12	VERIZON IPHONE	12/05/12	100		0	50	0	50
13	RCA PHONE (OFFICE DEPOT)	12/26/12	136		0	68	0	68
14	HP OFFICE JET 8600 ALL IN ONE PRINTI	12/26/12	150		0	75	0	75
15	MAGIC CHEF MICROWAVE (HOME DEP	12/31/12	88		0	44	0	44
16	VISSANI SMALL FRIDGE (HOME DEPOT	12/31/12	191		0	96	0	95
17	DESK CHAIR (OFFICE DEPOT)	1/11/13	130		0	65	0	65
18	EXTERNAL HARD DRIVE (STAPLES)	1/22/13	144		0	72	0	72
19	L SHAPED DESK W/HUTCH (OFFICE WC	2/21/13	2,580		0	1,290	0	1,290
20	L SHAPED DESK W/HUTCH (OFFICE WC	2/21/13	1,880		0	940	0	940
21	8 CHAIRS	2/21/13	372		0	186	0	186
22	ACCESSIBLE DESK (OFFICE WORX)	2/21/13	872		0	436	0	436
23	ACER ASPIRE 5532 LAPTOP	12/17/12	240		0	120	0	120
24	HP COLOR LASER JET 3600n PRINTER	12/17/12	225		0	113	0	112
25	DESK W/HUTCH - 5 SHELF BOOKCASE	12/17/12	355		0	177	0	178
26	2 DRAWER FILE CABINET	12/17/12	65		0	32	0	33
27	COUCH & LOVE SEAT	1/04/13	375		0	188	0	187
28	3 DRAWER FILE CABINET	1/04/13	100		0	50	0	50
29	GATEWAY MONITOR	1/20/13	94		0	47	0	47
	<b>Form 990, Page 1</b>		<u>10,384</u>		<u>0</u>	<u>4,610</u>	<u>160</u>	<u>5,009</u>
	<b>Grand Total</b>		<u>10,384</u>		<u>0</u>	<u>4,610</u>	<u>160</u>	<u>5,009</u>

# Depreciation Adjustment Report

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	2	CELL PHONE	114	0	114
Page 1	1	3	ASUS LAPTOP	0	0	0
Page 1	1	4	OUTDOOR CANOPY (DONATED BY HOME	0	0	0
Page 1	1	5	SHREDDER - STAPLES	34	34	0
Page 1	1	6	2 - 6 FT TABLES (OFFICE DEPOT)	34	34	0
Page 1	1	7	DESK CHAIR (OFFICE DEPOT)	29	29	0
Page 1	1	8	TOSHIBA LAPTOP (OFFICE DEPOT)	240	240	0
Page 1	1	9	LENOVO LAPTOP (OFFICE DEPOT)	168	168	0
Page 1	1	10	RCA PHONE (OFFICE DEPOT)	78	78	0
Page 1	1	11	RCA PHONE (OFFICE DEPOT)	78	78	0
Page 1	1	12	VERIZON IPHONE	57	57	0
Page 1	1	13	RCA PHONE (OFFICE DEPOT)	78	78	0
Page 1	1	14	HP OFFICE JET 8600 ALL IN ONE PRINTER	90	90	0
Page 1	1	15	MAGIC CHEF MICROWAVE (HOME DEPOT	50	50	0
Page 1	1	16	VISSANI SMALL FRIDGE (HOME DEPOT)	109	109	0
Page 1	1	17	DESK CHAIR (OFFICE DEPOT)	74	74	0
Page 1	1	18	EXTERNAL HARD DRIVE (STAPLES)	86	86	0
Page 1	1	19	L SHAPED DESK W/HUTCH (OFFICE WORX	1,474	1,474	0
Page 1	1	20	L SHAPED DESK W/HUTCH (OFFICE WORX	1,074	1,074	0
Page 1	1	21	8 CHAIRS	213	213	0
Page 1	1	22	ACCESSIBLE DESK (OFFICE WORX)	498	498	0
Page 1	1	23	ACER ASPIRE 5532 LAPTOP	144	144	0
Page 1	1	24	HP COLOR LASER JET 3600n PRINTER	135	135	0
Page 1	1	25	DESK W/HUTCH - 5 SHELF BOOKCASE	203	203	0
Page 1	1	26	2 DRAWER FILE CABINET	37	37	0
Page 1	1	27	COUCH & LOVE SEAT	214	214	0
Page 1	1	28	3 DRAWER FILE CABINET	57	57	0
Page 1	1	29	GATEWAY MONITOR	56	56	0
				<u>5,424</u>	<u>5,310</u>	<u>114</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
2	CELL PHONE	4/11/11	560	82	0
3	ASUS LAPTOP	8/01/11	505	0	0
4	OUTDOOR CANOPY (DONATED BY HOME	11/02/11	100	0	0
5	SHREDDER - STAPLES	11/26/12	60	8	8
6	2 - 6 FT TABLES (OFFICE DEPOT)	11/26/12	60	8	8
7	DESK CHAIR (OFFICE DEPOT)	11/26/12	50	6	6
8	TOSHIBA LAPTOP (OFFICE DEPOT)	11/26/12	400	64	64
9	LENOVO LAPTOP (OFFICE DEPOT)	11/26/12	280	45	45
10	RCA PHONE (OFFICE DEPOT)	12/03/12	136	16	16
11	RCA PHONE (OFFICE DEPOT)	12/04/12	136	16	16
12	VERIZON IPHONE	12/05/12	100	12	12
13	RCA PHONE (OFFICE DEPOT)	12/26/12	136	16	16
14	HP OFFICE JET 8600 ALL IN ONE PRINTER	12/26/12	150	24	24
15	MAGIC CHEF MICROWAVE (HOME DEPOT)	12/31/12	88	11	11
16	VISSANI SMALL FRIDGE (HOME DEPOT)	12/31/12	191	24	24
17	DESK CHAIR (OFFICE DEPOT)	1/11/13	130	16	16
18	EXTERNAL HARD DRIVE (STAPLES)	1/22/13	144	23	23
19	L SHAPED DESK W/HUTCH (OFFICE WORX	2/21/13	2,580	316	316
20	L SHAPED DESK W/HUTCH (OFFICE WORX	2/21/13	1,880	230	230
21	8 CHAIRS	2/21/13	372	45	45
22	ACCESSIBLE DESK (OFFICE WORX)	2/21/13	872	107	107
23	ACER ASPIRE 5532 LAPTOP	12/17/12	240	38	38
24	HP COLOR LASER JET 3600n PRINTER	12/17/12	225	36	36
25	DESK W/HUTCH - 5 SHELF BOOKCASE	12/17/12	355	43	43
26	2 DRAWER FILE CABINET	12/17/12	65	8	8
27	COUCH & LOVE SEAT	1/04/13	375	46	46
28	3 DRAWER FILE CABINET	1/04/13	100	12	12
29	GATEWAY MONITOR	1/20/13	94	15	15
			<u>10,384</u>	<u>1,267</u>	<u>1,185</u>
<b>Other Depreciation:</b>					
1	PRINTER	11/28/10	139	0	0
	<b>Total Other Depreciation</b>		<u>139</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>139</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>10,523</u>	<u>1,267</u>	<u>1,185</u>

## Federal Statements

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
DISBURSEMENT OF GOODS	\$ 21,069	\$ 21,069	\$	\$
WASHINGTON NAT'L FUN DAY	5,557	5,557		
DONATED ITEMS	3,950			3,950
TELEPHONE & TELECOMMUNICA	3,612	1,846	1,766	
A WHEELY WINTER CHRISTMAS	3,529	3,529		
SUPPLIES	1,556	250	1,306	
MEALS & ENTERTAINMENT	1,275			1,275
BEVERAGES	1,006			1,006
DONATED ITEMS	841			841
PAYROLL FEES	788		788	
PAYPAL FEES	517		517	
INTUIT FEES	450		450	
SERVICE EXPENSES	350			350
MARKETING	334			334
MEALS	299	178	121	
SUPPLIES	236			236
BUSINESS REGISTRATION FEE	215		215	
CHANGE	200			200
DUES & MEMBERSHIPS	185		185	
EVENTS - RIBBON CUTTING	154	154		
DONATED ITEMS	150			150
WASHINGTON NATIONALS FUN	95	95		
BOOKS, SUBSCRIPTIONS, REF	88		88	
EQUIPMENT RENTAL	52		52	
MARKETING	50			50
FUNDRAISING EXPENSES	50			50
SUPPLIES	42			42
REPAIRS & MAINTENANCE	40		40	
INTERNATIONAL FEES	27		27	
PERMIT	25			25
BANK FEES	8		8	
<b>TOTAL</b>	<b>\$ 46,750</b>	<b>\$ 32,678</b>	<b>\$ 5,563</b>	<b>\$ 8,509</b>