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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)

OMB No 1545-0047 2009

Inter	nai	Reven	ue Service	>	The organization may have to us	se a copy of this return t	o satisfy state	reporting red	uiremer	nts	inspec	tion
A	Fo	r the	2009 calend		or tax year beginning		1 , 2009, an			06-		
8	Che	eck if a	applicable	Please	C Name of organization CARS FOR	CHARITY INC				To	Employer iden	tification no.
	Add	dress o	hange	use IRS label or	Doing Business As						84-147941	
	Nan	ne cha	inge	print or type.	Number and street (or P O box if ma	il is not delivered to street a	ddress)	Room	suite	E	Telephone nun	nber
	Initi	ıal retu	irn	See	8300 BLAKELAND DR 20	0 W	•	ļ			(303)853-	
	Ter	minate	ed .	Specific Instruc-	City or town, state or country, and Z	IP + 4					Gross receipts	
	Ame	ended	return	tions.	LITTLETON, CO 80125					- (· _	54,894
	Арр	olicatio	n pending	F Name	and address of principal officerERIC	DENDORFER						
				8300	BLAKELAND DR, LITTLET	ON, CO 80125		H(a)	s this a gr affiliates?	oup reti	urn for Y	es 🛚 No
<u></u>	Tax	-exen	pt status [X 501(c)(3) ◄ (insert no) 4947(a)(1)	or 527		Н(b)	Are all affi	liațes in	ncluded? 🔲 Y	es 🔲 No
		bsite:			ARITY.NET			H(c)	i "No," att Group exe	ach a lis	ncluded? Yest (see instruction number	ins)
-	_				on Trust Association Other	▶ Ł	Year of formatio	n 1998	M State	of lega	I domicile CO	
P	<u>irt</u>		Summar									
					ganization's mission or most signif		E PURPOSE					
A	1				NTITY FOR SMALLER TAX-						O TO ALLO	N
ĉ (THESE OR	GANIZA	TIONS TO BENEFIT FROM	A "VEHICLE DONA	TION" FUN	DRAISING	PROGI	RAM.		
i	;											
, t	1			_	f the organization discontinued its	•						
t r	١.				mbers of the governing body (Part					3	· · · · · · · · · · · · · · · · · · ·	3
e r	; [ent voting members of the governi					4		3
Sc					oyees (Part V, line 2a)					5		1
8	-				nteers (estimate if necessary)					6		
	-				business revenue from Part VIII, c					7a		0
	4	ь	Net unrelated	d busines	ss taxable income from Form 990-	T, line 34	<u>.</u>		<u> </u>	7b		0
R	-	_			1 -				or Year	ļ	Current Y	
e	ļ			_	ints (Part VIII, line 1h)				569	975	7	54,894
_ •					nue (Part VIII, line 2g)							0
3.	- [art VIII, column (A), lines 3, 4, and							0
) u 1	- 1				/III, column (A), lines 5, 6d, 8c, 9c,							0
<u> </u>	-				ines 8 through 11 (must equal Part				569	975	7	54,894
€	- 1				nounts paid (Part-IX, column (A), lin							
E	- 1									740		0 756
ς ζ		15	Salaries oin	er compe	ensation, employee benefits (Part I	X, column (A), lines 5-1	0)	•	- Ь,	,718		8,756
e		102	Totessional	WO Vaisi	ng fees (Rant IX) column (A), line 1 enses (Part IX, column (D), line 25)	1e)		· 				 '
] s	1	17	Other common	ising expe	IX. column (A) ines 11a-11d, 11f	245)	5,933	<u> </u>	£75	F 6 7	<u> </u>	22 202
e s		17	Other expen		TAda 13177 (must assual Bast IV a	-241)	· · · · · · ·	`}		,567		33,283
É		10	Power leading	96069	Inds 131 17 (must equal Part IX, co	olumn (A), line 25)		`		285		12,855
Ž 	-	19	Revenue les	s expense	es Subtract line 18 from line 12 .	• • • • • • • • • • • • • • • • • • • •	• • • • • • •			,310		
Net Ass	ets	20	Total assets	(Da++ ∨ 1.	ne 16)			Beginning		495	End of Y	68,580
or Fun		21	Total liabilitie							236		419
Bai-	.	22			lances Subtract line 21 from line				54	, 259		68,161
anc	_		Signatu					`		,		007.0.
ئىشا	***		Under penal	ties of perju	ury, I declare that I have examined this re							
			and belief, it	t is true, cor	rrect, and complete Declaration of prepa	rer (other than officer) is bas	ed on all informa	tion of which p	reparer h	as any k	knowledge	
Sig	n		1 8	Di ale	20th Nagan					10	10/2010	
He	re		Signati	ire of office	ar, 17					Dat	ie	
	•		F	Viza	beth Kisen	Dinector						
			Type or	r print name		VIII.						
_	_		Preparer's			Date		heck if			entifying number	
_			signature		h		s	elf- mployed ▶ 🗌	(see in	structio	ons)	
Pai			1	/	anna VI	11-05	Į.		\perp PC	امالا	43911	
	•	rer's		·/arva	Tanya Weeks Account	ing		EIN	>			
Us	e U	nıy	Firm's name if self-emple	oyed),	6002 E 113th Pl				_54	/- J	189745	
			address, and	d ZIP + 4	Thornton, CO 80233			Phone n	o ▶ 303	-462	2-3421	
Ma	y th	ne IRS	discuss this	return w	ith the preparer shown above? (se	ee instructions)					🗓 Yes	☐ No

Part IV . Checklist of Required Schedules

٠,			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	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_ 5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	_6_		<u>X</u>
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	_7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.5
	complete Schedule D, Part III	_8		_X_
9	Did the organization report an amount in Part X, line 21, 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,"			
40	complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		7.7
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		Х
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete	- 11		
	Schedule D, Part VI			
•	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.			
•	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			
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			1
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A				
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			[
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	L	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, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		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	17		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	18		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	19	<u> </u>	X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X
	EEA	Forn	1 990 (2009)

Form 990 (2009) CARS FOR CHARITY INC Part IV . Checklist of Required Schedules (continued)

٠,			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	l		
	United States on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		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	23		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	24a		_X_
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	'		
	to defease any tax-exempt bonds?	24c		<u></u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			_
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		} :	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		,	
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ļ	
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ļ	,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			,,
	III, IV, and V, line 1	34	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	l	Į	
	Schedule R, Part V, line 2	35	 	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		l	3.5
	organization? If "Yes," complete Schedule R, Part V, line 2	36	├	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,			17
	Part VI	37	}	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Pa	** Statements Regarding Other IRS Filings and Tax Compliance	12		age 5
	. Statements regarding other Ind Fillings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
	U.S. Information Returns Enter -0- if not applicable	`		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			, <u>, , , , , , , , , , , , , , , , , , </u>
	instructions)		·	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account) ⁹	4a		X
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
_	and Financial Accounts	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
60	Prohibited Tax Shelter Transaction?	5c		<u> </u>
6a	organization solicit any contributions that were not tax deductible?	6-		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	-	
D	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	OD		ļ
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	X	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		Ī	1,,
a	Did the organization make any taxable distributions under section 4966?			X
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		X
10	Section 501(c)(7) organizations. Enter		•	
a	Initiation fees and capital contributions included on Part VIII, line 12	1	I	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	ŧ	}
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		Ī	
a	Gross income from members or shareholders	1	1	
þ	amounts due or received from them)		Ī	
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŧ	
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<u> </u>	
	n 100, other the different of the extension for the control of the state of defining the year	·		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management No Yes 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Does the organization have members, stockholders, or other persons who may elect one or more members 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8a Each committee with authority to act on behalf of the governing body?................ Х 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 $\dots \dots \dots \dots \dots$ X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? 10a Х **b** If "Yes," does the organization have written policies and procedures governing the activities of such chapters, Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11 X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CO 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization ► CARS FOR CHARITY INC (303)853-4483 8300 BLAKELAND DR 200W LITTLETON, CO 80125

Form 990 (2009)

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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

(A)	(B)			(0	-)			(D)	(E)	(F)
Name and Title	Average hours per	Position (check all that apply) I t d I t O K Hce F nr i nr f e i om o d ur s u f y g mp r						Reportable compensation	Reportable compensation	Estimated amount of
	week	nrir dure vector de r ar	nrust te	f	y e	omployee stated	r	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RIC DENDORFER						[
RESIDENT TREASURER	1.00	ļ	_	X	_			0	0	
ANDALL HALL IRECTOR				X				0	0	
TEPHEN HOUY	 									
IRECTOR SECRETARY				Х			_	0	0	
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Name and filties Average Postumic fortex all that scopy) Reportation comparation from the comparation of the scopy Postumic fortex all that scopy Reportation from the comparation of the compar	P	rt V报 . Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)		<u>_</u>	age c
Post									•			Ι	(F)	
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19 Total Total number of independent Contractors (A) Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 or reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1s? If Yes, Complete Schedule J for such individual (B) Complete Schedule J for such individual (B) Complete Schedule J for such individual (C) Complete Schedule J for such individual (B) Complete Schedule J for such individual (B) Complete Schedule J for such individual (C) Complete Schedule J for such individual (B) Complete Schedule J for such individual (C) Complete Schedule J for such individual (C) Complete Schedule J for such individual (D) Complete Schedule J for such individual (E) Complete Schedule J for such individual individu			1 .	in r c	Inr	l f		lı om	0	1 .		aı		f
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	_													
	_													
														
	2			d to th	ose	liste	d at	ove) v	who	received				

Part VIII		Statement of Revenue					
` .	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaigns 1a	754,894	**	revenue		512,513, or 514
	ь	Membership dues 1b	734,034				`
Contri-		Fundraising events 1c					•
butions, gifts,	d	Related organizations 1d				,	
grants	•	Government grants (contributions) . 1e					
and		· ·			`	` `	
other similar	f	All other contributions, gifts, grants,					
amounts		and similar amounts not included above 1f		,	,		
	9	Noncash contributions included in lines 1a-1f \$					
	<u> </u>	Total. Add lines 1a-1f		754,894			
	_		Business Code			}	
	2a						
Program	ь						
Service	C		·				
Revenue	d						
	е				·		
		All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,	and	Ì			
	Ì	other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	<u> ▶</u>				
]	(ı) Real	(II) Personal				
	6a	Gross Rents		[
	ь	Less rental expenses					
		Rental income or (loss)]		•	
	d	Net rental income or (loss)			<u> </u>		
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	ь	Less cost or other basis		1			
•		and sales expenses		<u> </u>		1	
ť	С	Gain or (loss)					
h		Net gain or (loss)	>				· · · · · · · · · · · · · · · · · · ·
e r	8a	Gross income from fundraising				‡	
•	ļ	events (not including \$	ļ	,		1	
R		of contributions reported on line 1c)				‡	
e V		See Part IV, line 18 a					
е	Ь	Less direct expenses b		1		Ţ	
n u	С	Net income or (loss) from fundraising events .		1			
e	9a	Gross income from gaming activities				[
	ļ	See Part IV, line 19 a	<u> </u>			! ,	
	ь	Less direct expenses b				<u> </u>	
		Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances				1	
		Less: cost of goods sold b	 	1		1	
	1	Net income or (loss) from sales of inventory		f	İ	Ţ	ĺ
	-	Miscellaneous Revenue	Business Code	 	,	 	
	11a		Disciplina Contract	1	1	Ţ	Ì
	1 .			 			
	P			 	 		
	٥	All other revenue		 	 	 	1
		Total. Add lines 11a-11d		 	 	 	
		Total revenue. See instructions		754,894	1	C	0
	16	FORM TOTAL DEC MINIMOLIOTIS	EEA	1,34,094	<u>'L</u>	<u>- </u>	Form 990 (2009)

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) but are not required to complete columns (B) (C)

	All other organizations must complete colur				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	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,		1		x
	organizations, and individuals outside the				
_	U.S. See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	7,200		7,200	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)			ļ	
9	Other employee benefits			ļ	
10	Payroll taxes	1,556	<u> </u>	1,556	
11	Fees for services (non-employees)				
a	Management				
Ь	Legal				
С	Accounting	1,700		1,700	
d	Lobbying		77 mg - 2000-000-000-000-000-000-000-000-000-		
e	Professional fundraising services See Part IV, line 17.				_
f	Investment management fees				
g	Other		!		
12	Advertising and promotion	5,847			5,847
13	Office expenses	824		824	
14	Information technology				
15	Royalties				
16	Occupancy		<u> </u>		
17	Travel	86		 	86
18	Payments of travel or entertainment expenses			Ì	
10	for any federal, state, or local public officials		 		
19 20	Conferences, conventions, and meetings		 		
	Payments to affiliates				
21 22	, r		 		
	Depreciation, depletion, and amortization	400	 	400	
23 24	Other expenses Itemize expenses not	400	 	400	
24	•	·			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed			•	
_	5% of total expenses shown on line 25 below)	F31 005	F31 90E		
a	PAYMENTS TO ORGANIZATIONS	531,805	531,805		
b	SALE EXPENSES	189,883	189,883	 -	
C	PROGRAM EXPENSE	969 541	909	541	
d	LICENSES AND PERMITS	600	 	600	
e	TELEPHONE All other expenses	628	 	628	
f 25	All other expenses	742,039	722,657	13,449	5,933
25 26	Joint Costs. Check here > 1 if following	/44,039	122,057	13,223	3,333
	SOP 98-2 Complete this line only if the		1		
	organization reported in column (B) joint costs		1		
	from a combined educational campaign and		1	(
	fundraising solicitation	L	<u> </u>		L

rm 990 (2			34-147941	2 Page
*********		(A)	T	(B)
		Beginning of year	1 1	End of year
1	Cash - non-interest-bearing	54,495	1	68,580
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		1-1-	
- 1	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		1 - 1 -	
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
A	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a		777717 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 1 1 1	
	other basis Complete Part VI of Schedule D 10a		1 1	
l t			10c	
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	
16	Total assets. Add lines 1 through 15 (must equal line 34)	54,495	16	68,58
17	Accounts payable and accrued expenses	236	17	41
18	Grants payable		18	
L 19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	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	
5 24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	236	26	41
- 	Organizations that follow SFAS 117, check here ▶ ☐ and		1	1,,
_	complete lines 27 through 29, and lines 33 and 34.			
F 27	Unrestricted net assets		27	
n 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
в	Organizations that do not follow SFAS 117, check here ▶ 🂢			
a	and complete lines 30 through 34.			
a 30	Capital stock or trust principal, or current funds		30	
n 30	Paid-in or capital surplus, or land, building, or equipment fund		31	
e 32	Retained earnings, endowment, accumulated income, or other funds	54,259	-+	68,16
~ JZ				68,16
S 33	Total net assets or fund balances	54,259	1 33 1	חו. חח

Form	990	(2009)	
	330	12003	١

CARS FOR CHARITY INC

84-1479412

Page **12**

F	R AT Financial Statements and Reporting						
	•		Yes	No			
1	Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 🔲 Other						
	If the organization changed its methods 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?	2a		Х			
Ь	Were the organization's financial statements audited by an independent accountant?	2b		Х			
C	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?	2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O						
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
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?	3a		Х			
ь	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	3b		<u> </u>			

EEA

Form 990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

4011FC	01 111	e Organization							Employer	identificatio	in numbei	•	
		OR CHARITY INC								479412			
Pal		Reason for	Public Charity	y Status (All organiza	itions must	complete	this part)	See instru	ıctıons				
The o	orgai			use it is (For lines 1 thro					_				
1		A church, convention	n of churches, or a	issociation of churches o	described i	n section	170(ъ)(1)(A)(i).					
2		A school described i	n section 170(b) (1	I)(A)(ii). (Attach Schedu	le E)								
3		A hospital or a coop	erative hospital sei	vice organization descri	bed in sec	tion 170(b)(1)(A)(iii)).					
4		A medical research of	organization opera	ted in conjunction with a	hospital d	lescribed ii	n section	170(b)(1)(A)(iii). Ent	er the hos	pital's n	ame,	
		city, and state											
5		An organization oper	rated for the benef	it of a college or univers	ity owned	or operate	d by a gov	vernmenta	l unit desc	ribed in			
		section 170(b)(1)(A)			•	·	, ,						
6	П		•	governmental unit desc	ribed in se	ection 170	(b)(1)(a)(v	v).					
7	図		-	a substantial part of its s					the genera	al public			
	_	described in section				J			J	•			
8	П			n 170(b)(1)(A)(vi). (Com	plete Part	u)							
9	Ī			(1) more than 33 1/3%	-		ntribution	s, membe	rship fees,	and gross	6		
				empt functions - subject						-			
				and unrelated business		-							
		-		30, 1975 See section									
10	П	-		ed exclusively to test for		•		(a)(4).					
11	Ē	-		ed exclusively for the ber	-	-			carry out th	ne			
	_	-	-	orted organizations des	•								
				s the type of supporting									
		a Type i	b Type	<u> </u>	Type III-				d l	Type I	II-Other		
e	П			organization is not contro					-		•		
-	_			ers and other than one o									
		509(a)(1) or section			. more pu	one, supp	0						
f				etermination from the IR	S that it is	a Type I T	vne II or	Tyne III su	nnorting				
•		-					•						🗀
g		•		zation accepted any gift									
9		following persons?		-uner develou un, g.i.	0. 00,,,,,,,,,,,		u., o						
			directly or indirectly	controls, either alone o	r together	with perso	ns describ	ned in (ii)				Yes	No
				ly of the supported orga							11g(i)	1	
				cribed in (i) above?							11g(ii)	 	
				on described in (i) or (ii)							11g(iii)		
h				t the supported organization							1.9(1.5)	<u></u>	L
	W V	ame of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did v	ou notify	(vi))	s the	(vii)	Amoun	t of
	(1)	organization	()	(described on lines 1-9		sted in your		nization in	organizat			support	
				above or IRC section (see instructions))	governing	document?	col (i)	of your port?	(i) organiz	red in the S ?			
				(see nanucuons)	Yes	No	Yes	No	Yes	No	i		
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CARS FOR CHARITY INC Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 3,075,080 include any "unusual grants") . . . 294,476 722,278 733,457 569,975 754,894 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 294,476 722,278 733,457 569,975 754,894 3,075,080 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) Public support. Subtract line 5 from In 4 3,075,080 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total Amounts from line 4 294,476 722,278 733,457 569,975 3,075,080 754,894 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 3,075,080 11 Total support. Add lines 7 through 10 . 12 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 100.00 % % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2009. 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 b 10%-facts-and-circumstances test - 2008. 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

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) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 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) Section C. Computation of Public Support Percentage 15 16 % Section D. Computation of Investment Income Percentage % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2008 Schedule A, Part III, line 17.......... 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line b 33 1/3% support tests - 2008. 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

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

· SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Open to Public Inspection Employer identification number

CARS FOR CHARITY INC	84-1479412
01. Form 990 governing body review (Part VI, line 11)	
TAX RETURN WILL BE PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY FOR REVI	EW BEFORE FILING.
02. Governing documents, etc, available to public (Part VI, line 19)	
DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
	
	
	