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Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2011 calendar year, or tax year beginning , 2011, and ending , 20


B Check if applicable: <input 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	C Name of organization HYUNDAI HOPE ON WHEELS FKA HOPE ON WHEELS HYUNDAI DEALERS		D Employer identification number 26-0628722
	Doing Business As		E Telephone number (714) 965-3584
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 14,528,373.
	3200 PARK CENTER DRIVE, 14TH FLOOR City or town, state or country, and ZIP + 4 COSTA MESA, CA 92626		
F Name and address of principal officer MICKEY PONG SAME AS ABOVE			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: HTTP://WWW.HYUNDAIHOPEONWHEELS.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 2007	M State of legal domicile CA

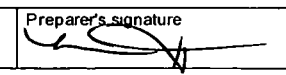
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO RAISE MONEY TO SUPPORT HOSPITAL BASED PEDIATRIC CANCER PROGRAMS THROUGHOUT THE U.S.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 6.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 6.
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 0
	6 Total number of volunteers (estimate if necessary)	6 14.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,875,510. Current Year 14,526,761.
	9 Program service revenue (Part VIII, line 2g)	0 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0 1,612.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0 0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,875,510. 14,528,373.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,316,000. 12,195,348.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	66,300. 301,875.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	16b Total fundraising expenses (Part IX, column (D), line 25)	0 0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,515,339. 1,991,748.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,897,639. 14,488,971.	
19 Revenue less expenses Subtract line 18 from line 12	977,871. 39,402.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,601,910. End of Year 1,694,272.
	21 Total liabilities (Part X, line 26)	131,605. 184,565.
	22 Net assets or fund balances Subtract line 21 from line 20	1,470,305. 1,509,707.

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.

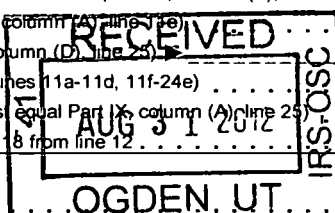
Sign Here	 Signature of officer	Date 8/22/12
	MICKEY PONG Type or print name and title	TREASURER

Paid Preparer Use Only	Pnn/Type preparer's name RHONDA A. HAN	Preparer's signature 	Date 8/13/12	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00648413
	Firm's name SQUAR MILNER PETERSON ET. AL. LLP		Firm's EIN 33-0835986	
	Firm's address 4100 NEWPORT PLACE DRIVE, SUITE 300 NEWPORT BEACH, CA 92660		Phone no 949-222-2999	

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED SEP 25 2012



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO RAISE MONEY TO SUPPORT HOSPITAL BASED PEDIATRIC CANCER PROGRAMS
THROUGHOUT THE U.S.

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 No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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 and section 4947(a)(1) trusts 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 \$ 14,380,976 including grants of \$ 12,195,348) (Revenue \$ 1,612)

RAISED FUNDS AND AWARDED GRANTS TO HOSPITALS IN SUPPORT OF THEIR
PEDIATRIC CANCER PROGRAMS.

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

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

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 14,380,976.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their fulfillment status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, sub-question, and Yes/No responses. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 with a taxable entity during the year? 16b 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 CA,
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 [X] Upon request
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 MICKEY PONG 3200 PARK CENTER DRIVE, 14TH FL COSTA MESA, CA 92626 714-965-3584

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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) MIKE KELLY BOARD MEMBER	1.25	X						0	0	0
(2) DON REILLY BOARD MEMBER	1.25	X						0	0	0
(3) GARY MICALLEF CHAIRMAN	1.25			X				0	0	0
(4) ZAFAR BROOKS PROGRAM DIRECTOR	10.00			X				0	0	0
(5) MICKEY PONG VICE CHAIRMAN/TREASURER	1.25			X				0	0	0
(6) KEN VANCE SECRETARY	1.25			X				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,526,761.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		14,526,761			
Program Service Revenue	Business Code					
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 1		1,612			1,612
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
		c Net income or (loss) from fundraising events		0		
	9a Gross income from gaming activities See Part IV, line 19	a				
		b Less direct expenses	b			
c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See instructions		14,528,373			1,612	

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), and (D)

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 United States See Part IV, line 21	12,195,348.	12,195,348.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	301,875.	301,875.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	41,809.		41,809.	
c Accounting	25,760.		25,760.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	494,618.	494,618.		
13 Office expenses	3,450.		3,450.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	118,905.	118,905.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	10,305.	10,305.		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	10,406.	10,406.		
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 <u>EQUIPMENT RENTAL</u>	137.	137.		
b <u>EVENT COLLATERAL</u>	210,329.	210,329.		
c <u>BANK CHARGES</u>	17.		17.	
d <u>MEALS EXPENSE</u>	5,845.	5,845.		
e All other expenses	1,070,167.	1,033,208.	36,959.	
25 Total functional expenses. Add lines 1 through 24e	14,488,971.	14,380,976.	107,995.	
26 Joint costs. 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)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	645,351.	1	-1,291,747.
	2 Savings and temporary cash investments	0	2	1,294,055.
	3 Pledges and grants receivable, net	956,559.	3	1,652,100.
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	39,864.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	b Less accumulated depreciation 10b		10c	0
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,601,910.	16	1,694,272.	
Liabilities	17 Accounts payable and accrued expenses	131,605.	17	184,565.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	131,605.	26	184,565.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	1,470,305.	32	1,509,707.
33 Total net assets or fund balances	1,470,305.	33	1,509,707.	
34 Total liabilities and net assets/fund balances	1,601,910.	34	1,694,272.	

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	14,528,373.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,488,971.
3	Revenue less expenses. Subtract line 2 from line 1	3	39,402.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,470,305.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,509,707.

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 type="checkbox"/> Cash <input checked="" 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?	X	
2b	Were the organization's financial statements audited by an independent accountant?	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	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
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

2011

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 **HYUNDAI HOPE ON WHEELS** Employer identification number
FKA HOPE ON WHEELS HYUNDAI DEALERS 26-0628722

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 - Other

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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,170,292	1,884,587	1,916,312	11,875,510	14,580,760	31,427,461
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,170,292	1,884,587	1,916,312	11,875,510	14,580,760	31,427,461
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).						5,834,796
6 Public support. Subtract line 5 from line 4						25,592,665

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,170,292	1,884,587	1,916,312	11,875,510	14,580,760	31,427,461
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					1,612	1,612
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 Total support. Add lines 7 through 10						31,429,073
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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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		<input type="checkbox"/>
b 33 1/3% support test - 2010. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2011. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2010. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ▶
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization HYUNDAI HOPE ON WHEELS FKA HOPE ON WHEELS HYUNDAI DEALERS

Employer identification number 26-0628722

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.

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
Table with 2 columns: Held at the End of the Tax Year, Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.
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 XIV, 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.

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 XIV, the text of the footnote to its financial statements that describes these items
b 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

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

Schedule D (Form 990) 2011

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 XIV

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?

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?

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g

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

Table with columns Yes, No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other

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

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) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

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

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for Part XI reconciliation. Line 1: Total revenue 14,528,373. Line 2: Total expenses 14,488,971. Line 3: Excess or (deficit) 39,402. Line 10: Excess or (deficit) per audited financial statements 39,402.

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

Table with 5 main rows for Part XII. Line 1: Total revenue 14,528,373. Line 3: Subtract line 2e from line 1, result 14,528,373. Line 5: Total revenue 14,528,373.

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

Table with 5 main rows for Part XIII. Line 1: Total expenses 14,488,971. Line 3: Subtract line 2e from line 1, result 14,488,971. Line 5: Total expenses 14,488,971.

Part XIV 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information *(continued)*

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization HYUNDAI HOPE ON WHEELS Employer identification number 26-0628722
FKA HOPE ON WHEELS HYUNDAI DEALERS

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SEE ATTACHED STATEMENT	VARIOUS	VARIOUS	11,760,000				TO SUPPORT CANCER PR
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

HYUNDAI HOPE ON WHEELS

Employer identification number

FKA HOPE ON WHEELS HYUNDAI DEALERS

26-0628722

FORM 990, PART VI, LINE 11

THE FORM 990 WILL BE REVIEWED BY BOARD MEMBER GARY MICALLEF FOR
APPROVAL.

FORM 990, PART VI, LINE 12C

THE FOLLOWING ARE THE WRITTEN PROCEDURES FOR ADDRESSING THE CONFLICT OF
INTEREST:

1. DUTY OF DISCLOSE:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN
INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST
AND BE GIVEN THE OPPORUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE
DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS
CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

2. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE
GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A
CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR
COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

3. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

A. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR
COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE
MEETING DURING THE DISCUSSION OF , AND THE VOTE ON, THE TRANSACTION OR
ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

Name of the organization HYUNDAI HOPE ON WHEELS
 FKA HOPE ON WHEELS HYUNDAI DEALERS

Employer identification number
 26-0628722

B. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

C. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLE POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

4. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:

A. IF THE GOVERNING BOARD OF COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

B. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

Name of the organization HYUNDAI HOPE ON WHEELS
FKA HOPE ON WHEELS HYUNDAI DEALERS

Employer identification number
26-0628722

FORM 990, PART VI, LINE 15B

A. A VOTING MEMBER OF THE GOVERNING BOARD WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION.

B. A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION.

C. NO VOTING MEMBER OF THE GOVERNING BOARD OR ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO A COMMITTEE REGARDING COMPENSATION.

FORM 990, PART VI, LINE 19

THE FOUNDATION MAKES GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A)</u> <u>TOTAL</u> <u>REVENUE</u>	<u>(B)</u> <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	<u>(C)</u> <u>UNRELATED</u> <u>BUSINESS REV.</u>	<u>(D)</u> <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST INCOME	1,612.			1,612.
TOTALS	<u>1,612.</u>			<u>1,612.</u>

	Organization	Grant Amount	Exemption	EIN #	Mailing Address	City	State	Zip	Purpose of Grant
1	Children's Hospital & Research Center, Oakland	\$ 100,000.00	501(c)(3)	94-0382330	747 52nd Street	Oakland	CA	94609	To Support Cancer Program
2	Children's Hospital Colorado Foundation	\$ 150,000.00	509(a)(1) and 170(b)(1)(A)(v)	84-0813462	13123 E 16th Ave, Box 045	Aurora	CO	80045	To Support Cancer Program
3	Children's Hospital Los Angeles- CHLA	\$ 150,000.00	501(c)(3)	95-1690877	4650 Sunset Blvd, Mailstop #29	Los Angeles	CA	90027	To Support Cancer Program
4	CHOC Children's Hospital	\$ 2,050,000.00	501(c)(3)	95-6097416	455 S. Main Street	Orange	CA	92668	To Support Cancer Program
5	Doernbecher Children's Hospital Foundation	\$ 100,000.00	501(c)(3)	93-0579589	1121 SW Salmon Street, Ste 100	Portland	OR	97205	To Support Cancer Program
6	Fred Hutchinson Cancer Research Center	\$ 100,000.00	501(c)(3)	23-7156071	1100 Fairview Ave, N, J5-200	Seattle	WA	98109	To Support Cancer Program
7	Kap'olani	\$ 150,000.00	501(c)(3)	98-0246364	55 Merchant Street, Ste 2600	Honolulu	HI	96813	To Support Cancer Program
8	Lucile Packard Foundation for Children's Health	\$ 150,000.00	501(c)(3)	77-0440090	400 Hamilton Ave., Ste 340	Palo Alto	CA	94301	To Support Cancer Program
9	Miller Children's Hospital- JGCC	\$ 100,000.00	501(c)(3)	95-6105984	2801 Atlantic Ave.	Long Beach	CA	90806	To Support Cancer Program
10	Phoenix Children's Hospital	\$ 150,000.00	501(c)(3)	74-2421549	2929 E Camelback Rd., Ste 122	Phoenix	AZ	85016	To Support Cancer Program
11	Primary Children's Foundation	\$ 100,000.00	501(c)(3)	87-0453633	100 No. Mano Capocchi Dr	Salt Lake City	UT	84158-0249	To Support Cancer Program
12	Rady Children's Hospital	\$ 50,000.00	501(c)(3)	85-1691313	P O Box 58249 3020 Children's Way, MC 5005	San Diego	CA	92123	To Support Cancer Program
13	Seattle Children's Hospital	\$ 100,000.00	501(c)(3)	91-0564748	4800 Sand Point Way NE P O Box 5371	Seattle	WA	98145-5005	To Support Cancer Program
14	UC Davis Health System	\$ 50,000.00	501(c)(3)	94-6036494	1850 Research Park Dr, Ste 300	Davis	CA	95618	To Support Cancer Program
15	UCLA	\$ 100,000.00	501(c)(3)	95-6008143	10820 Wilshire Blvd 5th Floor	Los Angeles	CA	90024	To Support Cancer Program
16	UCSF	\$ 150,000.00	501(c)(3)	94-6036493	1855 Folsom Street, Box 0812	San Francisco	CA	94143	To Support Cancer Program
17	University of Arizona	\$ 150,000.00	501(c)(3)	86-6050388	1111 N. Cherry Ave	Tucson	AZ	85721	To Support Cancer Program
18	Advocate Lutheran General Children's Hospital	\$ 100,000.00	501(c)(3)	36-2169147	205 W. Touhy Ave., Ste 125	Park Ridge	IL	60868	To Support Cancer Program
19	Akron Children's Hospital	\$ 100,000.00	501(c)(3)	23-7114013	One Perkins Square	Akron	OH	44308	To Support Cancer Program
20	Blank Children's Hospital	\$ 200,000.00	501(c)(3)	42-1467682	1400 Ingersoll	Des Moines	IA	50309	To Support Cancer Program
21	Children's Memorial Hospital	\$ 200,000.00	501(c)(3)	36-2170833	2300 Children's Plaza, Box 4	Chicago	IL	60614	To Support Cancer Program
22	Children's Mercy Hospitals and Clinic	\$ 100,000.00	509(a)(1) and 170(b)(1)(A)(u)	44-0605373	2401 Gillham Rd	Kansas City	MO	64108	To Support Cancer Program
23	Cincinnati Children's Hospital	\$ 100,000.00	501(c)(3)	31-0833836	3333 Burnet Ave., MLC 7015	Cincinnati	OH	45229	To Support Cancer Program
24	Loyola University Stritch School of Medicine	\$ 100,000.00	E9989-4408-06	36-1408475	2160 S. First Ave	Maywood	IL	60153	To Support Cancer Program
25	Marshfield Clinic	\$ 100,000.00	501(c)(3)	39-0452970	1R1, 1000 N. Oak Ave	Marshfield	WI	54448	To Support Cancer Program
26	Nationwide Children's Hospital	\$ 150,000.00	501(c)(3)	31-1036370	700 Children's Drive	Columbus	OH	43205	To Support Cancer Program
27	Rainbow Babies & Children's Hospital	\$ 150,000.00	501(c)(3)	34-1567605	11100 Euclid Ave	Cleveland	OH	44106	To Support Cancer Program
28	St. Louis Children's Hospital	\$ 150,000.00	501(c)(3)	43-1626663	One Children's Place	St. Louis	MO	63110	To Support Cancer Program
29	University of Chicago	\$ 150,000.00	509(a)(1) and 170(b)(1)(A)(u)	36-2171139	1170 E. 58th St	Chicago	IL	60637	To Support Cancer Program
30	University of Iowa	\$ 50,000.00	101(6)	42-6004813	105 Jessup Hall	Iowa City	IA	52242	To Support Cancer Program
31	Children's Hospitals and Clinics of Minnesota	\$ 50,000.00	501(c)(3)	41-1754276	2910 Centre Pointe Drive	Roseville	MIN	55113	To Support Cancer Program
32	University of Minnesota	\$ 100,000.00	170(c)(1) and 170(b)(1)(A)(v)	41-6007513	NW 5957, P O Box 1450	Minneapolis	MIN	55485-5957	To Support Cancer Program
33	University of Wisconsin	\$ 50,000.00	77-54(6a)(e) and 70 1(1)	39-6006492	21 N. Park St., Ste 6401	Madison	WI	53715-1218	To Support Cancer Program
34	Wayne State University/ Children's Hospital of Michigan	\$ 150,000.00	501(c)(3)	38-6028429	5057 Woodward, Ste 13202	Detroit	MI	48202	To Support Cancer Program
35	Children's Hospital	\$ 100,000.00	501(c)(3)	72-0467503	200 Henry Clay Ave	New Orleans	LA	70118	To Support Cancer Program
36	Dell Children's Medical Center of Central Texas	\$ 100,000.00	501(c)(3)	20-0468031	4900 Mueller Blvd	Austin	TX	78723	To Support Cancer Program
37	MD Anderson Cancer Center	\$ 100,000.00	170(b)(1)(A)(v) and 170(c)(1)	74-6001118	P O Box 4486	Houston	TX	77210-4486	To Support Cancer Program
38	Monroe Carell Jr. Children's Hospital at Vanderbilt	\$ 100,000.00	501(c)(3)	82-0476822	2525 West End Ave., Ste 450	Nashville	TN	37203	To Support Cancer Program
39	Nemours Children's Clinic- Pensacola	\$ 40,000.00	501(c)(3)	59-0634433	10140 Centurion Pkwy North	Jacksonville	FL	32256	To Support Cancer Program
40	St. Jude Children's Research Hospital Memphis	\$ 40,000.00	501(c)(3)	82-0646012	262 Danny Thomas Place	Memphis	TN	38105	To Support Cancer Program
41	The Children's Hospital St Francis	\$ 40,000.00	501(c)(3)	20-2843418	6600 S. Yale Ave., Ste 400	Tulsa	OK	74136-3319	To Support Cancer Program
42	University of Arkansas	\$ 40,000.00	501(c)(3)	71-0568785	1 Children's Way, Slot 661	Little Rock	AR	72202	To Support Cancer Program
43	Texas Children's Hospital	\$ 140,000.00	501(c)(3)	74-1100555	1919 S. Braeswood, MC 4-4483	Houston	TX	77030	To Support Cancer Program
44	UT Health Science Center	\$ 100,000.00	501(c)(3)	74-1587488	P O Box 250	Austin	TX	78787	To Support Cancer Program
45	UT Southwestern Medical Center	\$ 140,000.00	170(b)(1)(A)(v) and 170(c)(1)	75-6002868	P O Box 841753	Dallas	TX	75284-1753	To Support Cancer Program
46	Vannie E Cook Jr. Children's Cancer & Hematology Clinic	\$ 140,000.00	170(b)(1)(A)(u)	74-1613678	One Baylor Plaza, MS BCM160	Houston	TX	77030	To Support Cancer Program

Hyundai Hope on Wheels
 EIN 26-0628722 - 2011 Form 990
 Schedule I - Part II
 Supplemental Schedule

Line	Description	Amount	Code	Address	City	State	Zip	Support Program
47	The University of Oklahoma Health Science Center	\$ 140,000.00	170(c)(1)	73-6017987 1200 Children's Ave., Ste 14500	Oklahoma City	OK	73104	To Support Cancer Program
48	Tulane University School of Medicine	\$ 140,000.00	501(c)(3)	72-0423889 1430 Tulane Ave	New Orleans	LA	70112	To Support Cancer Program
49	Aflac Cancer Center and Blood Disorders Service of Children's Healthcare of Atlanta	\$ 150,000.00	501(c)(3)	58-1710601 1687 Tullie Circe NE	Atlanta	GA	30329	To Support Cancer Program
50	Arnold Palmer Hospital for Children	\$ 50,000.00	501(c)(3)	59-2244943 3160 Southgate Commerce Blvd Ste 50	Orlando	FL	32806	To Support Cancer Program
51	Broward Health	\$ 100,000.00	508(a)(3)	59-6012065 303 SE 17th Street, Ste 308	Lauderdale	FL	33316	To Support Cancer Program
52	Children's Hospital of The King's Daughters	\$ 140,000.00	508(a)(1) and 170(b)(1)(A)(iii)	54-0508321 611 Children's Lane	Norfolk	VA	23507	To Support Cancer Program
53	Children's National Medical Center	\$ 100,000.00	501(c)(3)	52-1640402 111 Michigan Ave, NW	Washington	DC	20010	To Support Cancer Program
54	Children's Hospital of Richmond	\$ 140,000.00	508(a)(1) and 170(b)(1)(a)(iv)	54-6053660 P O Box 980646	Richmond	VA	23298	To Support Cancer Program
55	Division of Pediatric Oncology at Johns Hopkins	\$ 160,000.00	501(c)(3)	52-0985110 100 North Charles St., Ste 233	Baltimore	MD	21201	To Support Cancer Program
56	Duke Children's Hospital & Health Center	\$ 150,000.00	501(c)(3)	56-0532129 512 S Mangum St, Ste 400	Durham	NC	27701	To Support Cancer Program
57	Georgetown University Hospital	\$ 150,000.00	501(c)(3)	52-2218584 3800 Reservoir Rd, NW	Washington	DC	20007	To Support Cancer Program
58	Georgia Health Sciences Children's Medical Center	\$ 100,000.00	501(c)(3)	35-2310573 1120 15th St, Fl 1036	Augusta	GA	30912	To Support Cancer Program
59	Inova Fairfax Hospital for Children	\$ 100,000.00	501(c)(3)	54-1071867 8110 Gatehouse Rd., Ste 200E	Falls Church	VA	22042	To Support Cancer Program
60	Joe DiMaggio Children's Hospital	\$ 150,000.00	501(c)(3)	65-0492343 3711 Garfield Street	Hollywood	FL	33021	To Support Cancer Program
61	Levine Children's Hospital	\$ 150,000.00	501(c)(3)	56-6060481 P O Box 32861	Charlotte	NC	28232	To Support Cancer Program
62	Medical University of South Carolina Children's Hospital Fund	\$ 130,000.00	115	57-6000722 18 Bee St, P O Box 250450	Charleston	SC	29425	To Support Cancer Program
63	Nemours Children's Clinic	\$ 130,000.00	501(c)(3)	59-0634433 10140 Centurion Parkway North 2700 W Martin Luther King Jr Blvd, Ste 310	Jacksonville	FL	32256	To Support Cancer Program
64	St Joseph's	\$ 150,000.00	501(c)(3)	59-1100828 310	Tampa	FL	33607	To Support Cancer Program
65	UNC Lineberger Comprehensive Cancer Center	\$ 100,000.00	501(c)(3)	56-6001393 Campus Box 7285	Chapel Hill	NC	27599-7285	To Support Cancer Program
66	University of Miami Miller Leonard M Miller School of Medicine	\$ 150,000.00	501(c)(3)	59-0824458 P O Box 016820 (D-820)	Miami	FL	33101	To Support Cancer Program
67	Children's Hospital of Pittsburgh of UPMC	\$ 200,000.00	501(c)(3)	25-0865591 4401 Penn Ave	Pittsburgh	PA	15224	To Support Cancer Program
68	Cohen Children's Medical Center of New York	\$ 100,000.00	508(a)(1) and 170(b)(1)(a)(vi)	11-2673585 350 Community Drive	Manhasset	NY	11030	To Support Cancer Program
69	Connecticut Children's Medical Center	\$ 50,000.00	501(c)(3)	22-2619869 282 Washington St	Hartford	CT	06106	To Support Cancer Program
70	Dana-Farber Cancer Institute	\$ 250,000.00	501(c)(3)	04-2263040 450 Brookline Avenue, BP 372	Boston	MA	02215	To Support Cancer Program
71	Golisano Children's Hospital at the University of Rochester Medical School	\$ 200,000.00	501(c)(3)	16-0743209 300 East River Rd., Box 278986	Rochester	NY	14627	To Support Cancer Program
72	Hasbro Children's Hospital	\$ 150,000.00	501(c)(3)	05-0258854 593 Eddy Street	Providence	RI	02903	To Support Cancer Program
73	Hope & Hero's Cancer Fund	\$ 250,000.00	501(c)(3)	13-5598093 161 Fort Washington Ave, IP-7	New York	NY	10032	To Support Cancer Program
74	Massachusetts General Hospital for Children	\$ 100,000.00	501(c)(3)	04-3230035 165 Cambridge St, Ste 600	Boston	MA	02114	To Support Cancer Program
75	Memorial Sloan-Kettering Cancer Center	\$ 100,000.00	501(c)(3)	13-1924236 1275 York Ave., Box 701	New York	NY	10065	To Support Cancer Program
76	Nemours/Alfred I duPont Hospital for Children	\$ 100,000.00	501(c)(3)	59-0634433 1600 Rockland Road	Wilmington	DE	19803	To Support Cancer Program
77	Penn State Hershey Children's Hospital	\$ 100,000.00	501(c)(3)	24-6000376 500 University Drive	Hershey	PA	17033	To Support Cancer Program
78	The Children's Hospital of Philadelphia	\$ 200,000.00	501(c)(3)	23-2237832 34th St. and Civic Center Blvd	Philadelphia	PA	19104	To Support Cancer Program
79	Sinaï Medical Center	\$ 100,000.00	501(c)(3)	13-6171197 One Gustave Levy Place, Box 1208	New York	NY	10029	To Support Cancer Program
80	The Melodies Center for Childhood Cancer and Blood Disorders at Albany Med	\$ 100,000.00	501(c)(3)	14-1338310 47 New Scotland Ave., MC 34	Albany	NY	12208	To Support Cancer Program
81	University of Massachusetts Medical School-Department of Pediatrics	\$ 100,000.00	501(c)(3)	04-3167352 333 South Street	Shrewsbury	MA	01545	To Support Cancer Program
82	Women & Children's Hospital of Buffalo	\$ 100,000.00	501(c)(3)	16-1332044 1260 Delaware Ave.	Buffalo	NY	14209	To Support Cancer Program
83	Yale School of Medicine/Yale New Haven Children's Hospital	\$ 100,000.00	508(a)(1) and 170(b)(1)(a)(v)	06-0646873 P O Box 7611	New Haven	CT	06519-0611	To Support Cancer Program
	Total	\$ 11,760,000.00						

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions		
	HYUNDAI HOPE ON WHEELS FKA HOPE ON WHEELS HYUNDAI DEALERS		Employer identification number (EIN) or		
	Number, street, and room or suite no If a P O box, see instructions		<input checked="" type="checkbox"/>	26-0628722	
	3200 PARK CENTER DRIVE, 14TH FLOOR		<input type="checkbox"/>	Social security number (SSN)	
City, town or post office, state, and ZIP code For a foreign address, see instructions		COSTA MESA, CA 92626			

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990	01
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of MICKEY PONG
Telephone No 714 965-3584 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 2012

5 For calendar year 2011, or other tax year beginning , 20 , and ending , 20

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$	0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	
c	Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Title Date

