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990 Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

benefit trust or private foundation) Department of the Treasury

Open to Public

| A For the 261f calendary page. Or taxy year beginning 07-01, 2011, and ending 06-30, 20.12 Aprox development of the 261f calendary page. On the 261f page in | Interr | al Revenu | ue Servise | ► The organization | on may have to use | a copy of this returi | | | requiremen | ts | Inspection |
|--|------------|--------------|--|--|--|---|---|-------------|-------------------|----------|----------------------------|
| Answert Array Notice active Policy Description Security Policy Description Securit | <u> </u> | For the | | | — | | 7-01, 2011 , and e | nding | | 0 | 6-30, 20 12 |
| Number of volume Number of v | В | Check if a | applicable | C Name of organization CAL | RS FOR CHARIT | Y INC | | | | | Employer identification no |
| Remarked relation 1900 BLAKELAND DR 200 W 3033 853-4463 1910, 022 19 | Ц | Address c | change | Doing Business As | | | | | | | 84-1479412 |
| Terminated Americated water state or country and 2PF + 4 Americated water state or country and 2PF + 4 Americated water state or country and 2PF + 4 Americated water state or country and 2PF + 4 Americated water state or country and 2PF + 4 Americated water state or country and 2PF + 4 Americated water state or country and 2PF + 4 Americated water state or country and 2PF + 4 Americate water state or country and 2PF + 4 American water state or country and 2PF + 4 American water state or country and 2PF + 4 American water state or country and 2PF + 4 American water state or country and 2PF + 4 American water state or country and 2PF + 4 American water state or country and 2PF + 4 American water state or country and 2PF + 4 American water state or country and 2PF + 4 American water state or country and 2PF + 4 American water state or country and 2PF + 4 American wat | | Name cha | ange | Number and street (or PO bo | x if mail is not delivered t | o street address) | | Room/s | suite | E | Telephone number |
| Apacitactorpartry LITTLERON, CO 80125 Rama and solves of proreparations ENIC DENDORFER 8300 ELANZIAND DR, LITTLERON, CO 80125 Report of the second process of process of the second process of process of the second process of the se | | Initial retu | ım | 8300 BLAKELAND | DR 200 W | | | | | ┸ | (303) 853-4483 |
| Remark address of principal office Reference Ref | \sqcup | Terminate | ed | • | | | | | | | 910,022 |
| Based Strick Strick More no. deficition deficition More no. deficition d | | Amended | return | • | | | | | | G | Gross receipts \$ |
| Trans-exempt status | | Applicatio | on pending | | | | | H(a) | ls this a gro | up retu | m for |
| Weeker CARSPORCHARITY NET | | | | | DR, LITTLETO | N, CO 80125 | | | affiliates? | | Yes X No |
| Wester CARSPORCHARTITY, NET Net Comparement Net Comparement Net Comparement Net Comparement Net Comparement Net | | | | |) (insert no) | 4947(a)(1) or | 527 | H(b) | Are all affilia | ites inc | luded? Yes No |
| Benefity describe the organization's mission or most significant activities | | | | | | | | | | | number |
| 1 Briefly describe the organization's mission or most significant activities. THE PURPOSE OF CARS FOR CHARITY IS TO ACT AS THE ENABLING ENTITY FOR SMALLER TAX-EXEMPT NONPROFIT ORGANIZATIONS IN COLORADO TO ALLOW THESS ORGANIZATIONS TO BENEFIT FROM A "VEHICLE DONATION" FUNDRATISHING PROGRAM. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of vidence with the organization discontinued its operations or disposed of more than 25% of its net assets 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 Total number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of independent voting members of the governing body (Part VI, line 2a) 7 To Total unrelated business revenue from Part VIII, column (C), line 12 8 Contributions and greats (Part VIII, line 71) 9 Program service givenup (Part VIII, line 71) 10 Interview or the part VIII, line 71) 11 Other revenue (Part VIII, line 71) 12 Total revenue - add inges it through it, flushed equal Part VIII, column (A), line 12) 13 Grants and similar-amounts paid (Part IX, Column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 1-1) 16 Boepfits paid to or for members (Part IX, column (A), line 1-1) 17 Other expenses (Part IX, column (A), line 1-1) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 1-2) 19 Total expenses (Part IX, column (A), line 1-1) 10 Date (Part IX) 10 Date (Part IX) 11 Other expenses (Part IX, column (A), line 1-1) 12 Total revenue - add interes (Part IX, column (A), line 1-1) 19 Revenue less expenses Subtract line 18 from line 12. 10 Date (Part IX) 10 Date (Part IX) 11 Other expenses (Part IX, column (A), line 1-1) 12 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 2-1) 13 Total assets (Part X, line 16) 14 Boepfits paid to or for members (Part IX, column (A), line 1-1) 15 Salanes, other compensation, employee | | | | | ociation Other | | L Year of formation 1 | 998 | M State of | f legal | domicile CO |
| THE RNALING ENTITY FOR SMALLER TAX—EXEMPT NONPROFIT ORGANIZATIONS IN COLORADO TO ALLOW THESE ORGANIZATIONS TO BENEFIT FROM A "VEHICLE DONATION" FUNDRAISING PROGRAM. 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 1 3 Number of voting members of the governing body (Part VI, line 1a) | Pa | | | | | | | | | | |
| THESE ORGANIZATIONS TO BENEFIT FROM A "VEHICLE DONATION" FUNDRAISING PROGRAM. | | 1 | - | • | • | | | | | | |
| The contributions and grants-(Part VIII: fune TIII) (column (A), line 12) 10 (a) 11 (b) 12 (b) 13 (column (A), line 13) 11 (column (A), line 14) 12 (column (A), line 15) 13 (column) (A) (column (A), line 12) 14 (column) (A) (column (A), line 12) 15 (column) (A) (column (A), line 12) 16 (column) (A) (column) (A) (column (A), line 12) 17 (column) (column | A | | | | | | | | | | TO ALLOW |
| 2 Check this box | | | THESE ORG | ANIZATIONS TO BE | NEFIT FROM A | "VEHICLE DONA | TION" FUNDRAL | SING | PROGRAI | 4. | |
| 1 | | | Ob a all three live | | | | 1.6 | | | | |
| 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of indeviduals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business revenue from Part VIII, column (C), line 12 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business revenue from Part VIII, column (A), line 34 8 Contributions and greats-(Part VIII, line 7g). 9 Program service, gevenue, (Part VIII, line 7g). 10 Investment income (Part VIII, column (A), line (A), gevenue, line (Part VIII, line 2g). 11 Other revenue (Part VIII, column (A), line (A), gevenue, line (A), gevenue, line (Part VIII, column (A), line (A), gevenue, line (| ŗ | | | | | | | | | . | |
| 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total number of volunteers (estimate if necessary) 7a Total number of volunteers (estimate if necessary) 7b Do Do Net unrelated business revenue from Part VIII, column (C), line 12 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Do Do Net unrelated business revenue from Part VIII, column (A) interess of the variety of the | | 1 . | | | | | | | | | 3 |
| 6 Total number of volunteers (estimate if necessary) 6 7a 7a 7a 7a 7a 7a 7a | _ | _ | | | | | | | | | 3 |
| Ta Total unrelated business revenue from Part VIII, column (C), line 12 Total unrelated business revenue from Part VIII, column (C), line 12 Total unrelated business revenue from Part VIII. column (C), line 34 Prov Year Current Year | | | | | | | | | - | | |
| b Net unrelated business stazble.uncome-from-Form 990-T, line 34 R | _ | | | | | | | | | | |
| R R R R R R R R R R | | | | | | | | | | _ | |
| 8 Contributions and grants-(Part VIII line 16] | _ | + - | Net uniciated | | | mic 54 | <u> </u> | | | 7.0 | Current Veer |
| 9 Program service gevenue (Part VIII, column (A), fines 3, 4, and 7d), 10 Investment incomine (Part VIII, column (A), fines 5, 4, and 7d), 11 Other revenue (Part VIII, column (A), fines 5, 5, 4, and 7d), 12 Total revenue add lines 8 through 11 (hust equal Part VIII, column (A), lines 1-3) 13 Grants and similar-amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Total fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total expenses (Part IX, column (A), lines 11e) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 19 Revenue less expenses Subtract line 18 from line 12 10 Total labilities (Part X, line 26) 10 Total assets (Part X, line 26) 11 Signature Block 11 Signature Block 12 Total labilities (Part X, line 26) 13 Signature Block 14 Prim year expenses and lines 13 Freparer's signature 15 Signature Block 16 Part II Signature Block 17 - 2 - 20/2 18 Prim's name 18 Tanya Weeks 10 - 29 - 2012 18 Firm's name 19 Tanya Weeks Accounting 10 Prone no 10 Prone n | | 8 | Contributions | and grapts-(Part-VIII-line | | | | | | 372 | |
| 10 Investment income [Part VIII. column (A). line \$2, 4, and 70). 11 Other revenue (Part VIII. column (A). lines \$2, 6, co. (co. (co. (co. (co. (co. (co. (co. | ٧ | | | | | | | | . 25, | | 0 |
| 11 Other revenue (Part VIII. column (A). lines 5.5 dar (2c. 9c. 10c. and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII. column (A), line 12). 13 Grants and similar-amounts pard (Part IX, Column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Professional fundraising fees (Part IX, column (A), line 25) | _ | _ | Investment in | come (Part VIII. column | A) lines 3.4 and | 7d) | · · · · · · · · · · · · · · · · · · · | | | | |
| 12 Total revenue - add Ines 8 through \$1 th | u | | | 11 E 1 A E | 1 2 2 0 | | | | | | 0 |
| 13 Grants and similar-amounts paid (Part IX, column (A), lines 1-3) 0 0 0 0 0 0 0 0 0 | • | 12 | | | | | | 713,37 | | | 910.022 |
| 4 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,601 14,021 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0 | | 13 | | | | | | | , | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,601 14,021 | _ | 14 | | | | | _ | | | | 0 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 16a Indiansing expenses (Part IX, column (D), line 25) 3,346 3 3 3 3 3 3 3 3 3 | ž x | 15 | | | | | | 7.6 | | | 14,021 |
| b Total fundraising expenses (Part IX, column (D), line 25) 3,346 7 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 687,842 917,388 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 695,443 931,409 19 Revenue less expenses Subtract line 18 from line 12. 17,929 (21,387) Not Assets or Total assets (Part X, line 16) 86,329 67,587 Find Bid analoss 20 Total assets (Part X, line 26) 86,329 67,587 Total liabilities (Part X, line 26) 86,090 66,718 Part II Signature Block Under penalties of penyur, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Part II Signature Block Note assets or fund balances Subtract line 21 from line 20. 86,090 66,718 Part II Signature Block Note assets or fund balances Subtract line 21 from line 20. 86,090 66,718 Part II Signature Block Note assets or fund balances Subtract line 21 from line 20. 86,090 66,718 Part II Signature Block Note assets or fund balances Subtract line 21 from line 20. 86,090 66,718 Part II Signature Block Note assets or fund balances Subtract line 21 from line 20. 86,090 66,718 Date 1/-2-20/2 Print Block Signature Block Firm's ame Preparer's signature Date 10-29-2012 Self-employed Proof43911 Part II Signature Block II self II Print Self | | 16a | | | | | _ | | | | 0 |
| To Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20. 239 869 369 369 369 370 386 386 391, 409 386,329 386 386 386 386 386 386 386 38 | n (| | | | | | | | 40.4 | | |
| 19 Revenue less expenses Subtract line 18 from line 12 | 9 | 17 | Other expens | ses (Part IX, column (A), I | ines 11a-11d, 11f-2 | 4e) | | | 687, | 842 | 917,388 |
| Not Assets 20 Total assets (Part X, line 16) 86,329 67,587 | > 3 | 18 | Total expense | es Add lines 13-17 (mus | t equal Part IX, col | umn (A), line 25) | . . | | 695, | 443 | 931,409 |
| Assets or Total assets (Part X, line 16) | | 19 | Revenue less | expenses Subtract line | 18 from line 12. | · · · · <u>·</u> · · · · · | | | 17, | 929 | (21,387) |
| 20 Total labilities (Part X, line 16) 86,329 67,587 | | | | | | | | Beginnin | g of Current Ye | ar | End of Year |
| Part II Signature Block Signature Block 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 | or | 20 | | | | · • • • • • • • • • • • • • • • • • • • | [| | 86, | 329 | 67,587 |
| Part II Signature Block Under penalties of penury, 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 | | | | · · | | · • • • • • • • • • • • • • • • • • • • | · · · · · · [| | | 239 | 869 |
| Under penalties of penury, 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 Signature of officer Date | | | | | line 21 from line 2 | 0 | | | 86, | 090 | 66,718 |
| Sign Here Check Tanya Weeks | | | | | | | | | | | |
| Here Like heth Risen Director 11-2-2012 | true, | correct, an | s of perjury, i decia nd complete Decia | re that I have examined this return tration of preparer (other than offic | n, including accompanyin er) is based on all inform | ig schedules and statement nation of which preparer ha | is, and to the best of my kr s any knowledge | nowledge | and belief, it is | 5 | |
| Here Like heth Risen Director 11-2-2012 | | | | 60. 1-011 | 5 | | | | | T | |
| Here Like heth Risen Director 11-2-2012 | Sin | n | Signature | Sexabella V | yser_ | | | | | Data | |
| Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date 10-29-2012 Self-employed P00643911 Preparer Use Only Firm's name Tanya Weeks Accounting Firm's EIN Phone no Wheat Ridge CO 80033 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No | | | [[| 1214 Ric | a Dina | 4 + 5 | | | | _ | 2 7412 |
| Print/Type preparer's name Preparer's signature Preparer's signature Date 10-29-2012 Self-employed Print/Type preparer's name Preparer Tanya Weeks Prim's name Tanya Weeks Accounting Firm's EIN Phone no Wheat Ridge CO 80033 May the IRS discuss this return with the preparer shown above? (see instructions) Tanya Weeks Accounting Firm's EIN Phone no 303-462-3421 | | | | | | | | | A-2012 | | |
| Paid Tanya Weeks 10-29-2012 self-employed P00643911 Preparer Use Only Firm's name Tanya Weeks Accounting Firm's EIN Firm's EIN Meat Ridge CO 80033 Phone no 303-462-3421 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No | | | 7 | | Propagada assessiona | | Date | ī | Cha-t - | ۔ ای | |
| Preparer Use Only Firm's name Tanya Weeks Accounting Firm's EIN 4380 Harlan St Suite 200 Wheat Ridge CO 80033 May the IRS discuss this return with the preparer shown above? (see instructions) | Dai | Ч | 1. " ' | | Freparers signature | | i | | | | |
| Use Only Firm's address 4380 Harlan St Suite 200 Wheat Ridge CO 80033 May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | eks Accounts | | 10-29-2012 | T 5 | | ' | 200043911 |
| Wheat Ridge CO 80033 May the IRS discuss this return with the preparer shown above? (see instructions) | | • | | <u> </u> | | | | | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | Jat | . Unity | , address | • | | | | rnone | IIU | 30 | 13-462-3421 |
| For Department Partment Ant Nation and the consistence | Mav | the IRS | S discuss this | | | instructions) | | I | | | |
| | | | | | | | | • • • • | | _ | |

| Form | 990 (2011) CARS FOR CHARITY INC 84-1479412 Page 2 |
|------|--|
| Par | t 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 |
| | THE PURPOSE OF CARS FOR CHARITY IS TO ACT AS THE ENABLING ENTITY FOR SMALLER TAX-EXEMPT |
| | NONPROFIT ORGANIZATIONS IN COLORADO TO ALLOW THESE ORGANIZATIONS TO BENEFIT FROM A "VEHICLE |
| | DONATION" FUNDRAISING PROGRAM. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| • | 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? |
| | 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 |
| | grante and anosations to others, the total expenses, and recorded, if any, let each program solvies reported |
| 4a | (Code) (Expenses \$ 909,688 including grants of \$) (Revenue \$ 910,022) |
| | THE PURPOSE OF CARS FOR CHARITY IS TO ACT AS THE ENABLING ENTITY FOR SMALLER TAX-EXEMPT |
| | NONPROFIT ORGANIZATIONS IN COLORADO TO ALLOW THESE ORGANIZATIONS TO BENEFIT FROM A "VEHICLE |
| | DONATION" FUNDRAISING PROGRAM. CARS FOR CHARITY RUNS THE "VEHICLE DONATION" FUND-RAISING |
| | PROGRAM AND THIS PROGRAM RECYCLES CARS, BOATS, MOTORCYCLES AND MOTORHOMES INTO CASH FOR THE |
| | 501 (C) (3) COLORADO ORGANIZATIONS TO SUPPORT THEIR PROGRAMS AND SERVICES IN THE COMMUNITY. AT |
| | THIS TIME THERE ARE NO PUBLICATIONS ISSUED. |
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| | (0.1) |
| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4d | Other program services (Describe in Schedule O) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶ 909,688 |
| | |

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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," 9 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investmetht, and program service activities out sde the United States, or aggregate 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 23 Х 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 24a Х 24b С Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Χ 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? 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 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 employee thereof, a grant selection committee member, or to a 35% controlled 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Ŵ. Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 35a 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. 37 <u>X</u>

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | <u>. U</u> |
|--------|--|-------------|----------|--|
| 4. | Enterthe number and the Barrier of Section 4000 Enter O. C. J. J. J. | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 4 | • | 2 × 5 × |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | , |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 4- | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1c | X | |
| 20 | | 74 | * | ./~ |
| h | Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | ļ |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 20 . 🤌 | X | rd |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | <u> </u> | Х |
| b | 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 | -35 | | |
| - | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | 🗸 |
| ь | If "Yes," enter the name of the foreign country | 70 | | X |
| _ | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | 24 (S). 2000 - 200 2 (S) (200 - 200) |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | ***** | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | ^- |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | <u> </u> |
| | organization solicit any contributions that were not tax deductible? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | ^ |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | . 1 | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | (4 |
| | and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | 435 X | 330 |
| e | Did the organization 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? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | X | |
| В | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | ٠, | | ~] |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| _ | organization, have excess business holdings at any time during the year? | 8 | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | -12 | , 3· | 78 |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | Х |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | Sa | X |
| 0 | Section 501(c)(7) organizations. Enter | -42 | *** | |
| a b | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| 1 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| ' a | Gross income from members or shareholders | e) | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | ~ | |
| | against amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 120 | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | .va | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | υ | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | , | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14h | - | |

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| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be | low, and for a | "No" | | |
|----------|---|-----------------|------------|-------------------|--------------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. | | | | |
| | Check if Schedule O contains a response to any question in this Part VI | . . | | | X |
| Sec | tion A. Governing Body and Management | | - | | |
| | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 3 | / ' /' | A | |
| | If there are material differences in voting rights among members of the governing body, or | | 250 | . V. 28 | |
| | If the governing body delegated broad authority to an executive committee or similar | | · · · · · | ~3 | |
| | committee, explain in Schedule O | | · · · ` | 5 | ļ |
| b | Enter the number of voting members included in line 1a, above, who are independent | 3 | 1 , 1 | No. | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | |
| | any other officer, director, trustee, or key employee? | l | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | | 3 | l | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | • | 4 | | X |
| 5 | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | | X |
| 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? | | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | |
| _ | stockholders, or persons other than the governing body? | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | • • • • • • • • | | \$**\$\times i \r | - |
| Ü | the year by the following | | . , % | | ' |
| а | The governing body? | İ | 3 | Х | المستنت بد |
| h | Each committee with authority to act on behalf of the governing body? | | 8b | X | |
| 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 | | 9 | | v |
| Sac | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | 3 | | <u> X</u> |
| <u> </u> | tion B. Policies (This deciron b requests information about policies not required by the internal Nevende Gode) | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | ı | 10a | 16.5 | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | • • • • • • • | 100 | | |
| U | | | 40b | | |
| 44.0 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | o form? | 10b | 77 | |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | e lollili / | 11a | Х | |
| b 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | ≟ <u></u> | Х | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to | conflicts? | 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | Commets | 120 | ^ | |
| С | describe in Schedule O how this was done | | 120 | | 37 |
| 13 | | • • • • • • | 12c | | <u>X</u> |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | | 14 | | X |
| | | • • • • • • | -14 | | <u>X</u> |
| 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? | | ŗ.» | | |
| _ | | | | 1 | v |
| a b | The organization's CEO, Executive Director, or top management official | | 15a 15b | | X |
| ь | | • • • • • • | 190 | | <u>X</u> |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) | | ٥ | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | 460 | | ., |
| _ | with a taxable entity during the year? | •••• | 16a | - | <u> X</u> |
| Ю | | | ٠. | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | 461 | | |
| 855 | organization's exempt status with respect to such arrangements? | | 16b | | <u> </u> |
| | tion C. Disclosure | -, | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filled CO Section 5104 requires on accompanion to make the Forms 1022 (as 1024 feedback) 200 and 200 T (Section 504) | -1/2)! 1 | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(| ಪ್ರ(ತ)s only) | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply | | | | |
| 40 | Own website Another's website Upon request | -4 m -1: - | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere | st policy, | | | |
| 20 | and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the | • | | | |
| 20 | - otate the name, physical address, and telephone humber of the berson Who bossesses the books and records of thi | = | | | |

organization ► CARS FOR CHARITY INC (303)853-4483

8300 BLAKELAND DR 200 W LITTLETON, CO 80125

| -orm | 990 | (2011) | |
|-------|-----|--------|--|
| OHILL | 220 | (2011) | |

CARS FOR CHARITY INC

84-1479412

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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

- 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) | (B) | | | ((| | , | | (D) | Ť | (E) | (F) |
|---------------------|------------------------------|-------------------|------------|--------|--------|----------------|--------------|-------------------------|--------------|------------------------------|-----------------------------|
| Name and Title | Average hours per | (do ne | ot che | Posi | | an one | | Reportable compensation | | Reportable compensation from | Estimated amount of |
| | week (describe | 1 | | | | both an | | from the | | related organizations | other compensation |
| | hours for | I | | • | | rustee) | | organization | 1 | (W-2/1099-MISC) | from the |
| | related | I t d | _ | 0 | к | Нсе | F | (W-2/1099-MISC) | | | organization and related |
| | organizations in Schedule | n r ı | n r s u | f | e y | i o m | Ιr | | | ļ | organizations |
| | O) | dur ıse | t s | l C | e | h p l e e o | m e | | | | |
| | | ı e t d e o | uе | e r | ρ | s n y t s e | ľ | | | | |
| | | u r a o l r | 1 | | o y | a e t | | | | | |
| | | ' ' | o n | | e e | d | | | | | |
| | | <u> </u> | a I | | | | <u> </u> | | \perp | | |
| (1) ERIC DENDORFER | Ì | 1 | | | | 1 | | | Ì | | |
| PRESIDENT TREASURER | 1.00 | | <u> </u> | X | | | | | 9 | 0 | 0 |
| (2) RANDALL HALL | | İ | i | | | | | | | _ | |
| DIRECTOR | | | ļ | X | | | _ | | q | 0 | 0 |
| (3) STEPHEN HOUY | | | 1 | | | | | | | | • |
| DIRECTOR SECRETARY | | ├ | | X | | | _ | | <u>q</u> | 0 | 0 |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | 1 | | |
| (6) | | | | | | | _ | | † | | |
| (7) | | | | | - | | | | 1 | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | \dagger | | |
| (10) | | } | | | | | | | Ť | | |
| (11) | | | | | | | | | \dagger | | |
| (12) | | | | | | | - | | \dagger | | |
| (13) | | | | | | | | | \dagger | | |
| (14) | | | | | | | _ | | \dagger | | |

| (A) Name and Title | (A) (B) (C) | | | | | nan one both an | | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | | |
|---|--|--|----------------------|---------------|-----------------------|---|----------------------------|---------------------------------------|---|--|--|--|
| | hours for related organizations in Schedule O) | l t d nrir dur i se v t c i e o u o l | nr su ts tt | г С Ө | K e y e m p i o y e e | H c e i g m p l e n y e n y e s t s e t e d | F o r m e r | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organ and r | n the uzation elated uzations | |
| (15) | - | | | | | | | | | 1 | | |
| (16) | | | | | _ | | | | | | | |
| (17) | | | | | | | | | | 1 | | |
| (18) | | | | | | _ | | | | - | | |
| (19) | | | _ | _ | | | | | | <u> </u> | | |
| (20) | | | | | | - | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | - | | | | |
| (23) | | | | | | | | | | † | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | *** | | | | |
| 1b Sub-total | on A | • • • | | | | | > > > | 0 | 0 | | 0 | |
| 2 Total number of individuals (including but not limited reportable compensation from the organization | to those liste | d abov | /e) w | /ho i | rece | ived m | nore | than \$100,000 in | 0 | | | |
| 3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule J | | | | | | | | | · | 3 Y | es No | |
| For any individual listed on line 1a, is the sum of reportanization and related organizations greater than | ortable comp \$150,000? If | ensation | on a com | nd o plete | ther e Sc | comp | ens: e J f | ation from the or such | | * | <u></u> | |
| individual | ompensation t | from a | ny u | nrela | ated | organ | ızatı | on or individual | | 5 | X | |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest compensation from the organization Report compeyear | | | | | | | | | | | | |
| (A) Name and business addres | s | | | | | | | (B) Description of so | ervices | (C) Compens | | |
| | | | | | | · | | | | · | | |
| | | | | | | | | | | - · | | |
| Total number of independent contractors (including received more than \$100,000 of compensation from | | | | sted | lab | ove) w | ho | <u> </u> | | No | | |

| Form 99 | 90 (20 | 11) CARS FOR CHARITY INC | | | | 84-14794 | 12 Page 9 |
|--------------------|----------|--|----------------------|----------------------|--|---|---|
| Part \ | / | 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 |
| • | 1a | Federated campaigns 1a | 910,022 | | | | |
| Contn- | b | Membership dues 1b | | | | | ļ |
| butions, | С | Fundraising events 1c | | | | | , |
| Grits, Grants | d | Related organizations 1d | | | | | |
| and | е | Government grants (contributions) 1e | | 1 | | | |
| Other Sımılar | f | All other contributions, gifts, grants, | | , j | | >/ | |
| Amounts | | and similar amounts not included above 1f | | | | 25 | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | • |
| | h | Total. Add lines 1a-1f | | 910,022 | | | |
| | 2- | | Business Code | | | | |
| | 2a b | | | | | | |
| Program | C | | | | | | |
| Service Revénue | d | | | | | | |
| | ٦ | | | | | | |
| | f | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | | | | 22.22 | <u> </u> |
| | 3 | Investment income (including dividends, interest | | | | 23.72 | |
| | , | and other similar amounts) | | | | | |
| | 4 | Income from investment of tax-exempt bond produced | | | | | |
| | 5 | Royalties | | | | | |
| | | (ı) Real | (ii) Personal | f & | ** | , | |
| | 6a | Gross rents | | | * | | z * ., |
| | ı | Less rental expenses | | ** | ** | , | \$ |
| | С | Rental income or (loss) | | | | * | |
| | d | Net rental income or (loss) | ▶ | | | | |
| | 1 | Gross amount from sales of (i) Securities | (II) Other | . i 🖓 | * | * ** ** * | * 25" |
| | | assets other than inventory | | ă. 4. | # *** ### . X | **** | * 4 * * |
| | ь | Less cost or other basis | | ** | * | , n well 1 | |
| 0 | | and sales expenses | | * | * | , \$ | |
| t | | Gain or (loss) | | | | | |
| h e | | Net gain or (loss) | | | | | |
| ř | 8a | Gross income from fundraising | | * | < 25% · | . ser Jack | , 3×. %. |
| R | | events (not including \$ | | <u> </u> | 7.77 | 1 M | 7.3 |
| e | | of contributions reported on line 1c) | | | | | , |
| V | ١. | See Part IV, line 18 a | | | | | |
| 'n | ı | Less direct expenses b | | | , | *************************************** | |
| u e | | Net income or (loss) from fundraising events Gross income from gaming activities | | | | ~ ** | ** 3 |
| • | Ja | See Part IV, line 19 a | | ŷ | | - 3 | ,, . |
| | h | Less direct expenses b | | | | | |
| | 1 | Net income or (loss) from gaming activities | | · | | | |
| | ı | Gross sales of inventory, less | · · · · · · · · · | | | | |
| | Iva | returns and allowances a | | | | | |
| | ь | Less cost of goods sold b | | | | | ! |
| | | Net income or (loss) from sales of inventory | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | ь | | | | | | |
| | C | | | | | | |
| | d | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions | <u>.</u> > | 910,022 | q | d | 0 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| | Check if Schedule O contains a response to any que | stion in this Part IX | | | |
|--------|--|-----------------------|---------------------------------------|---|--------------------|
| | ot include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| | b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | , | ·- |
| | organizations in the United States See Part IV, line 21. | | | ` | ^ ,; |
| 2 | Grants and other assistance to individuals in | | | Į. | U ș |
| 2 | the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | ~.· · · · · · · · | |
| | organizations, and individuals outside the | | | , , | «. » |
| 4 | United States See Part IV, lines 15 and 16 | | - | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| 6 | trustees, and key employees | | | | |
| 0 | 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 | 11,173 | | 11,173 | |
| 8 | Pension plan accruals and contributions (include | 11,173 | | 11,1/3 | |
| Ü | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 2,848 | | 2,848 | - |
| 11 | Fees for services (non-employees) | 2,040 | | 2,040 | |
| | Management | | | | |
| b | Legal | | | | ··· |
| c | Accounting | 1,235 | | 1,235 | |
| d | Lobbying | _, | | | |
| е | Professional fundraising services See Part IV, line 17. | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | *** | |
| f | Investment management fees | | 3 77% | *************************************** | |
| g | Other | 168 | | 168 | |
| 12 | Advertising and promotion | 3,120 | | | 3,120 |
| 13 | Office expenses | 1,579 | | 1,579 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 226 | | | 226 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | * |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 100 | | 100 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | - | | |
| 23 | Insurance | | | | |
| 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) PAYMENTS TO ORGANIZATIONS | 764,708 | 764 700 | | |
| a b | SALE EXPENSES | 140,774 | 764,708 | | |
| C | PROGRAM EXPENSE | 4,206 | 140,774 | | |
| d | LICENSES AND PERMITS | 371 | 4,200 | 371 | |
| e | All other expenses | 901 | | 901 | <u> </u> |
| 25 | Total functional expenses. Add lines 1 through 24e | 931,409 | 909,688 | 18,375 | 3,346 |
| 26 | Joint costs. Complete this line only if the | 331,403 | 303,000 | 10,3/3 | 3,340 |
| - | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and fundraising solicitation. Check here | : | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

| | X | | (A) | | (B) |
|----------|-----|---|---|-----|-------------|
| | | | Beginning of year | | End of year |
| 1 | 1 | Cash - non-interest-bearing | 86,329 | 1 | 67,587 |
| - 1 | ٠ 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| - 1 | 4 | Accounts receivable, net | | 4 | |
| - | 5 | Receivables from current and former officers, directors, trustees, key | , , | , | × 1, 4 |
| | | employees, and highest compensated employees. Complete Part II of | | | |
| - 1 | | Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | ta . |
| A | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | 1 | |
| s | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| s | | employees' beneficiary organizations (see instructions) | | 6 | |
| e t | 7 | Notes and loans receivable, net | | 7 | |
| s | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | • • |
| | 10a | Land, buildings, and equipment cost or | | > | * |
| | | other basis Complete Part VI of Schedule D 10a | | | |
| - 1 | b | Less accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| ı | 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) | 86,329 | 16 | 67,587 |
| _ | 17 | Accounts payable and accrued expenses | 239 | 17 | 869 |
| | 18 | Grants payable | | 18 | |
| . | 19 | Deferred revenue | | 19 | |
| - | 20 | Tax-exempt bond liabilities | | 20 | |
| a | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | · |
| b | 22 | Payables to current and former officers, directors, trustees, key | 1 14 . 14 . 14 . 14 . 14 . 14 . 14 . 14 | | |
| i | | employees, highest compensated employees, and disqualified persons | | | |
| <u> </u> | | Complete Part II of Schedule L | <u> </u> | 22 | |
| 1 | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| e | 24 | Unsecured notes and loans payable to unrelated third parties | | | |
| s | 25 | Other liabilities (including federal income tax, payables to related third | | 24 | |
| | 23 | | | | |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X | | | |
| | 26 | of Schedule D | 222 | 25 | |
| - | 26 | Total liabilities. Add lines 17 through 25 | 239 | 26 | 869 |
| F | | Organizations that follow SFAS 117, check here ▶ ☐ and complete | ** & | - T | |
| ū | 27 | lines 27 through 29, and lines 33 and 34. | <u> </u> | | <u> </u> |
| n | 27 | Unrestricted net assets | | 27 | |
| d | 28 | Temporarily restricted net assets | | 28 | |
| в | 29 | Permanently restricted net assets | | 29 | |
| a | | Organizations that do not follow SFAS 117, check here ▶ 🔀 and | . * ∺ | | * Y |
| l a | | complete lines 30 through 34. | | | |
| n | 30 | Capital stock or trust principal, or current funds | | 30 | |
| C | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| s | 32 | Retained earnings, endowment, accumulated income, or other funds | 86,090 | 32 | 66,718 |
| ļ | 33 | Total net assets or fund balances | 86,090 | 33 | 66,718 |
| | 34 | Total liabilities and net assets/fund balances | 86,329 | 34 | 67,587 |

| | (2011) | |
|--|--------|--|
| | | |
| | | |

CARS FOR CHARITY INC

84-1479412

Page 12

| Pai | tXI Reconciliation of Net Assets | | | | |
|-----|---|---------|-----------|---|----------------|
| | Check if Schedule O contains a response to any question in this Part XI | · • • • | <u></u> | | <u> X</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 910,0 |)22 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 931,4 | 109 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | (21, | 387) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 86,0 | 790 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | 2,0 | 015 |
| 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 | | 66, | 718 |
| Pai | t 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 | | 30 | 30° %; | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | 30, |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | *************************************** | X |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | 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 | | | id et : | |
| | Schedule O | | 75 N 29 | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | 54 de 1 | | |
| | issued on a separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 85.55° | |
| За | 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 |
| b | 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 | | ĺ |
| | EEA | | Form | 1 990 (| 2011) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization **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

2011

Open to Public Inspection

Employer identification number

CARS FOR CHARITY INC 84-1479412 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(ı) 11g(u) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (n) EIN (m) Type of organization (IV) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support above or IRC section. governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes Yes No No No (A) (B) (C) (D) (E) Total

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

Part III If the organization fails to qualify under the tests listed below, please complete Part III)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

| <u>Sec</u> | tion A. Public Support | | | | | | |
|------------|--|---------------------|----------------------|---------------------|----------------------|----------|-------------|
| Cale | ndar`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") | 733,457 | 569,975 | 754,894 | 713,372 | 910,022 | 3,681,720 |
| 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 | 733,457 | 569,975 | 754,894 | 713,372 | 910,022 | 3,681,720 |
| 5 | The portion of total contributions by each | 6 > : | 46 | ۰ پ | 2. **** | Ÿ | |
| | person (other than a governmental unit or | * | | ٠ | | · | |
| | publicly supported organization) included | į. | | . 3. | 3 | | |
| | on line 1 that exceeds 2% of the amount | Ý | <i></i> | * | * | * | |
| | shown on line 11, column (f) | | 1 | | | | |
| 6 | Public support. Subtract line 5 from In 4 | * | *≨- | , * | . 59 | · ; i | 3,681,720 |
| Sec | tion B. Total Support | | • | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | 733,457 | 569,975 | 754,894 | 713,372 | 910,022 | 3,681,720 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | *** | | | /** | | 3,681,720 |
| 12 | Gross receipts from related activities, etc. | (see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop here | · | | | | | |
| | tion C. Computation of Public Su | | | | | | |
| 14 | Public support percentage for 2011 (line 6, | | | | | | 00.00 % |
| 15 | Public support percentage from 2010 Sche | | | | | | 00.00 % |
| 16a | 33 1/3% support test - 2011. If the organiz | | | | | | |
| | and stop here. The organization qualifies a | | | | | | ▶⊠ |
| b | 33 1/3% support test - 2010. If the organiz | | | | | | |
| | box and stop here. The organization qualif | | | | | | ▶□ |
| 17a | 10%-facts-and-circumstances test - 201° more, and if the organization meets the "fa | | | | | | |
| | organization meets the "facts-and-circumst | | | | | | ▶□ |
| b | 10%-facts-and-circumstances test - 2010 | | | | | | _ |
| | more, and if the organization meets the "fa | | | | | | |
| 18 | organization meets the "facts-and-circumst Private foundation. If the organization did | tances" test. The o | organization qualifi | es as a publicly su | pported organization | on | |
| | | | | | | | |

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.)

| Calendar year (or fiscal year beginning in) Amounts from line 6 | |
|---|-------------|
| membershup fees received. (Do not include any "unusual grants"). 2 Gross receipts from admissions, mischantes from the organization in the organization in the organization in any admissions, mischantes furnished in any admission that are not an unrelated trade or bus under sec 513 4 Tax revenues leved 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 whout charge or the organization whout charge or the organization whout charge or the organization whout charge or the organization whout charge or the organization whout charge or the organization of organization of organiz | 1 (f) Total |
| 2 Gross receipts from admissions, merchandes 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 bus under sec 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf in the paid to or expended on the sheaf and either paid to or expended on the sheaf surnished by a governmental unit to the organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add innes 1 through 5. 7a Amounts included on lines 1, 2, and 3 receive of from chert than disqualified persons interested from disqualified persons that exceed the greater of \$5.00 or 1% of the amount or line 13 for the year. Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6) 9 Amounts from line 6, and 7b. 10 Gross income from interest, dividends, payments received from businesses societies and income from similar sources. 9 Section 51 taxes) from businesses is regularly carried to 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 20, 11 taxes) from businesses acquired after Julia 2 | |
| an unrelated trade or bus under sec 513 4 Tax revenues leved 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 | |
| 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 7 a Amounts included on lines 2, 2 and 3 received from disqualified persons b Amounts included on lines 2, 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 7 b 8 Public support (Subtract line 7c from line 6) 9 Public support (Subtract line 7c from line 6) 10 Gross income from interest, dividends payments received on securities loans, 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 10 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 8 Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 4, 50 column) (divided by line 13, column (f)) 16 Public support percentage for 2011 (line 6, 50 column) (divided by line 13, column (f)) 17 Insustment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2011 (line 6, 10c) column (f) divided by line 13, column (fine 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 17 for home than 33 1/3%, each kine box and stop here. The organization qualifies as a publicly supported organization | |
| 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 disqualified persons. b Amounts included on lines 2 and 3 received from disqualified persons. that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7 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 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, Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b, Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b, Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b, 11 Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b, 12 Other income Do not include gain or loss from the sale of capital assets (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come from the sale of capital assets) (come fro | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | |
| b Amounts included on lines 2 and 3 received from disqualified persons hat 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) 9 Amounts from line 6) 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 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unerlated business activities not included in line 10b, whether or not the business is regularly carned on line 10b, whether or not the business is regularly carned on loss from the sale of capital assets (Explain in Part IV) 12 Other income Do not included 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. 2 Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 10 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%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization inten 18 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 inten 18 is more than 33 1/3%, and line 18 is more than 33 1/3% to the support tests - 2010. If the or | |
| ed 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 7 a and 7 b | |
| 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 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. 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 Section C. Computation of Public Support Percentage 15 Public support percentage from 2010 Schedule A, Part III, line 15 . 16 Public support percentage from 2010 Schedule A, Part III, line 15 . 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . 18 Investment income percentage for 2010 Schedule A, Part III, line 17 . 19 Investment income percentage for 2010 Schedule A, Part III, line 17 . 19 Investment income percentage for 2010 Schedule A, Part III, line 17 . 19 Investment income percentage for 2010 Schedule A, Part III, line 17 . 19 Investment income percentage for 2010 Schedule A, Part III, line 17 . 19 Investment income percentage for 2010 Schedule A, Part III, line 17 . 19 Investment income percentage for 2010 Interestment for check a box on line 14, 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 in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization organizatio | |
| Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 | |
| Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 9. Amounts from line 6 | |
| 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 10ss from the sale of capital assets (Explain in Part IV) 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. 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 for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 19 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 19 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 19 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 10 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f) 17 10 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f) line 15 is more than 33 1/3%, and line 15 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | |
| 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 | (f) Total |
| 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 carned 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | |
| 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 | |
| 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2010 Schedule A, Part III, line 17 18 Investment income percentage from 2010 Schedule A, Part III, line 17 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 19a 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 | |
| and 12) | |
| Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | |
| Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | ▶□ |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | |
| Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | % |
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | |
| 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 | <u>%</u> |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | and |
| | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

| 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 REVIEW | BEFORE FILING. |
| | |
| 02. Governing documents, etc, available to public (Part VI, line 19) | |
| DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. | |
| | |
| 03. Explanation of other changes in net assets or fund balances (Part XI, 1 | ine 5) |
| TO CORRECT PAYROLL LIABILITY BALANCE | |
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| 990 | Overflow Statement | 2011 Page 1 |
|----------------------------|--------------------|-----------------------|
| Name(s) as shown on return | | FEIN |
| CARS FOR CHARITY INC | | 84-1479412 |

OTHER EXPENSES

| Description | | Amount | |
|------------------------|--------|--------|-----|
| BANK CHARGES | | \$ | 179 |
| DUES AND SUBSCRIPTIONS | | | 80 |
| MISC | | | 142 |
| TELEPHONE | | | 500 |
| - | Total: | \$ | 901 |