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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury

A For	the 2012		and ending			, 20
B Check	of applicable	C Name of organization HYUNDAI HOPE ON WHEELS		1	•	cation number
	ddress	FKA HOPE ON WHEELS HYUNDAI DEALERS		26	-062872	2
	hange	Doing Business As				·
Nz	ame change	·	Room/suite		ohone numbe	
ln:	utial return	3200 PARK CENTER DRIVE, 14TH FLOOR		(/14) 965-3	3584
\rightarrow	erminated mended	City, town or post office, state, and ZIP code				
re re	eturn pplication	COSTA MESA, CA 92626			s receipts \$	18,049,903
	ending	F Name and address of pnncipal officer MICKEY PONG		affii	his a group retu ates?	H H.
		SAME AS ABOVE ,			all affiliates inc	— —
	exempt sta		or 527			st (see instructions)
		HTTP://WWW.HYUNDAIHOPEONWHELLS.ORG			up exemption r	
	m of organ		L Year of	formation 20)7 M State	of legal domicile CA
Part		nmary				
1	-	describe the organization's mission or most significant activities				
<u>ب</u>		RAISE MONEY TO SUPPORT HOSPITAL BASED PEDIATRI	C CANCER	PROGRAM	<u>s</u>	
a l	THRO	DUGHOUT THE U.S.				
Activities & Governance		·				
g 2		this box 🕨 🔛 if the organization discontinued its operations or dispose				1
a5 3		er of voting members of the governing body (Part VI, line 1a)				9
<u> </u>		er of independent voting members of the governing body (Part VI, line 1b)				9
≦ 5	5 Total	number of individuals employed in calendar year 2012 (Part V, line 2a)			5	
¥ €	6 Total	number of volunteers (estimate if necessary)			6	16
7	7a Total	unrelated business revenue from Part VIII, column (C), line 12			7a	
<u> </u>	b Net ur	nrelated business taxable income from Form 990-T, line 34			7b	
				Prior	Year	Current Year
ع الم	8 Contri	butions and grants (Part VIII, line 1h)	[14,5	26,761.	18,000,509
Revenue 3		am service revenue (Part VIII, line 2g)			0	
1 6 10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			1,612.	7,938
<u>م</u> ا		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
l l		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		14.5	28,373.	18,049,903
12 13		and similar amounts and (Dat IV askins (A) has 4.9)		•	95,348.	16,404,064
9 14		,)			
	5 Sələri	its paid to or for members (Part IX, column (A) Ind V ED		3	01,875.	
- انت				<u> </u>	01,075.	
xbens 16	h Total	ssional fundraising fees (Part IX & lumn (A), line, 11e) fundraising expenses (Part IX, column (D), line 25)				<u> </u>
" ≝		expenses (Part IX, column (A), lines 11a-11d 111-24e)	-0	1 0	91,748.	2,171,849
18	Other	expenses. Add lines 13-17 (must equal Per lix local nn (A) line 25			88,971.	18,575,913
19		nue less expenses Subtract line 18 from line 12			39,402.	-526,010
	a Rever	tue less expenses Subtract line to from line 12		Beginning of C		
Net Assets or Fund Balances	A T-4-1	ts (Dad V. line 46)				
98 20 Baga		assets (Part X, line 16)			94,272. 84,565.	6,240,355
ABE 21		liabilities (Part X, line 26)				5,256,658
		ssets or fund balances Subtract line 21 from line 20		1,5	09,707.	983,697
Part		gnature Block			- b4 -4	
true, co	orrect, and	of perjury, I declare that I have examined this return, including accompanying schedu complete peclaration of preparer (other than officer) is based on all information of white	ch preparer has	nents, and to this any knowledge	e destormy	knowledge and belief, it
					7/23	12
Sign		Signature of officer			Date	
Here				,	Jac	
		MICKEY PONG				
		Type or print name and title			- , , , , , , , , , , , , , , , , , , ,	·
Paid	Print	Type preparer's name AN Preparer's signature	Date	~ I	eck if	PTIN
Prepar	mer	HANNIA ZAN		f-employed	P00648413	
Use O	Firm'	s name ► SQUAR MILNER PETERSON ET. AL. LLP		Firm's 8	in ▶ 33	-0835986
	Firm's	s address > 4100 NEWPORT PLACE DRIVE, SUITE 300 NEWPORT BEACH, CA 9	2660	Phone	10 94	9-222-2999
May th		cuss this return with the preparer shown above? (see instructions)	<u></u>	<u></u>	<u> </u>	X Yes N
For Pa	aperwork	Reduction Act Notice, see the separate instructions.				Form 990 (201

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Part	Checklist of Required Schedules			
	Ţ		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ļ		
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1	ŀ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		1	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,		ŀ	
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		İ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	1	123	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Ì		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	1		
	complete Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		ŀ	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19	1	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		1 —	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u>L</u>	<u> </u>

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Page 4

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees and highest compensated employees? If "Yes," complete Schedule J. 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception?		1	
ni the United States on Part IX, column (A), line 17 if "yes," complete Schedule I, Parts I and II. Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III. Did the organization's current and former officers, directors, trustees, key employees, and highest compensated employees" if "yes," complete Schedule J. Did the organization's current and former officers, directors, trustees, key employees, and highest compensated employees" if "yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization ministian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization engage in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II. Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Ye		Yes	No
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II. b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization and the transaction provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 7 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part II). Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV). A neithy of			
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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV is A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or		l	
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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I. 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or liector, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or liector, 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. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Y	25a		Х
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disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
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substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		[1
 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	27		х
Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	21		_^
 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	l		1
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b	ļ	Х
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c	ļ <u>-</u>	X
conservation contributions? If "Yes," complete Schedule M	29	X	ļ
 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			ł
 Part I	30	<u> </u>	X
 Part I	1		1
complete Schedule N, Part II	31		X
complete Schedule N, Part II	1		1
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	32		X
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33		x
or IV, and Part V, line 1			
	34	x	
	35a		Х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		1	1
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
and the second s		T	\top
related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
	30	+	+
Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	2.7	1	v
Part VI	37	+-	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,.	
19? Note. All Form 990 filers are required to complete Schedule O		X m 990	

Form 990 (2012)

Page 5

Par				
	Check if Schedule O contains a response to any question in this Part V	· · · ·	•••	·
	5. # 1	٠,	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	30 10 1 1	11.4	
	Enter the humber of Forms W-20 included in line to Enter-0- in not applicable			24
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			نست المستعدد
_	reportable gaming (gambling) winnings to prize winners?	1c	, ^ .	4 - 1
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		i	
	, , , , , , , , , , , , , , , , , , , ,		أعشدا	
a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	, va.	**************************************
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ı
	account)?	4a		х
b	If "Yes," enter the name of the foreign country. ▶	824.6	\$.50 m/s	
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Kjohjan Johnan	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	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).	13		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	المُعَدِّدُ اللهِ		فسيناك
	and services provided to the payor?	7a		X
	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?			
	If "Yes," indicate the number of Forms 8282 filed during the year	7c	, *	X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		. 27	255
	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		Х
9	Sponsoring organizations maintaining donor advised funds.		200	
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			[, 5]
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	- i		100
	Gross income from members or shareholders	- ∴ ∵ ′	\$ £ .	14.
b	Gross income from other sources (Do not net amounts due or paid to other sources		**	
40-	against amounts due or received from them)	122	T	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	:3.45	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	d :]
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	+
d	Note. See the instructions for additional information the organization must report on Schedule O.	- Ja	L	\$
h	Enter the amount of reserves the organization is required to maintain by the states in which		5.	1000
	the organization is licensed to issue qualified health plans	San i		, ,
c	Enter the amount of reserves on hand	183		.]
	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	14b		

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See in			"No"
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management		_	<u> </u>
		J	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	ĺ		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent Lib	.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		İ
	any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	i		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			1
	The governing body?	8a	X	├
_	Each committee with authority to act on behalf of the governing body?	8b	Х	-
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			x
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9	`	
Jecu	on b. Folicies (This Section b requests information about policies not required by the internal Revenue	Code	·/ Yes	No
40-	Did the ergenment on hear level charters broughts on officiency	10a	103	x
	Did the organization have local chapters, branches, or affiliates?	IVa	_	
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	-	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	120		
	rise to conflicts?	12b	х	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			†
·	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
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?		ĺ.	,
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	ion 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 990-T)	501(c)	(3)s c	only)
	available for public inspection Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest	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 t	he		
JSA	Organization ► MICKEY PONG 3200 PARK CENTER DRIVE, 14TH FL COSTA MESA, CA 92626 714-965-3584			
JOM		Form	990	(2012

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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	orga	nıza			npen	sate	d any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any	box, office	unles r and	ss pe d a d	more rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MIKE KELLY	1.25									
BOARD MEMBER		X						C	0	0
(2) MARC GARVEY	1.25									
BOARD OF DIRECTORS		Х						c	0	0
(3) SCOTT STARK	1.25									
BOARD OF DIRECTORS	[x						l c	o	0
(4) SCOTT FINK	1.25									
BOARD OF DIRECTORS	T) x		1				c	0	o
(5) DAVE ZUCHOWSKI	1.25									
BOARD OF DIRECTORS	T	х						i c	0	o
(6) GARY MICALLEF	1.25	ĺ			Π					
CHAIRMAN	† 	1		x				l	0	o
(7) ZAFAR BROOKS PROGRAM DIRECTOR	1.25			x				(0	0
(8) MICKEY PONG VICE CHAIRMAN/TREASURER	1.25			х				(
(9) KEN VANCE	1.25				<u> </u>		<u> </u>			
SECRETARY	† - -	1		x		1		1 () 0	d
(10)										
(11)	ļ									
(12)	 						-			
(13)										
(14)	 				-	-				
	1				1	٠			I	<u> </u>

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Part VII	Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do n box, office	ot cl unles	Pos neck ss pe	ition more rson irect	than o	one an tee)	(D) Reportable compensation from the	(E) Reportaticompensation related	ole in from	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the organization and related organizations
	·							_				
							-					
										-		
						ŧ						
						-						
	otal	-						>	<u></u>	0	0 0 0	1
2 Total n	number of individuals (including but not able compensation from the organization	limited to	those					o r	eceived more than	\$100,000	of	
	ne organization list any former offi yee on line 1a? If "Yes," complete Scheo											Yes No
organi	ny individual listed on line 1a, is the zation and related organizations g	reater thai	າ \$1	50,0	000	? 1	f "Ye	:s, "	complete Sched			4 X
	ny person listed on line 1a receive or vices rendered to the organization? If "											5 X
	. Independent Contractors	'	_									
	ete this table for your five highest corensation from the organization Report											
_	(A) Name and business ac	idress							(B) Description of s	services	C	(C) compensation
ATTACI	HMENT 1							\perp				
							_	-				
	number of independent contractors (than \$100,000 in compensation from t				mite	ed t	o tho	se	listed above) who	received		

- 41	بنتقص	Check if Schedule O contains a respons	se to any questi	on in this Part VIII			
			, 1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e	1,214,281 7,341,027.	,			
Contribut Ind Other	f g	All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f \$	9,445,201 173,500.	*			***
	h	Total. Add lines 1a-1f	Business Code	18,000,509	•		· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	2a b c						
Progra	f g	All other program service revenue		0	4	74 1	Ž. 1
	3	Investment income (including dividends, interest other similar amounts)ATTACHMENT .2 Income from investment of tax-exempt bond pro-	oceeds >	7,938.			7,938.
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(II) Personal				
	6a b c	Coross rents		, s = "c ".</th <th></th> <th></th> <th></th>			
	7a	Gross amount from sales of assets other than inventory Less cost or other basis	(II) Other				
	c	and sales expenses Gain or (loss)		0	in the second se		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).		*			, W
ther R		See Part IV, line 18 a Less: direct expenses b		,	· · · · · · · · · · · · · · · · · · ·		, ,
0	1	Net income or (loss) from fundraising events - Gross income from gaming activities See Part IV, line 19		; ;	,,	ž, et s	,
	ь	Less direct expenses b					
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances		0			
	b	Less cost of goods sold b Net income or (loss) from sales of inventory	. >	0			
		Miscellaneous Revenue	Business Code				
	11a b	REFUND OF UNUSED GRANTS		41,456.	_41,456		
	C						
	d	All other revenue				•2	
	12	Total. Add lines 11a-11d Total revenue. See instructions					7,938

Part IX Statement of Functional Expenses

		l + - l			A١
ecuon suricici and suricia	i organizations milst complete al	COUIMNS AU OTREFO	raanizations milst co	mniete collimn i l	31
0011011 001(0)(0) 4114 001(0)(4)	organizations must complete al	COMMING AN OUTER O	rganizations mast co	inpicto columni (r	יי

Check if Schedule O contains a response 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.	16,404,064.	16,404,064.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
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			
T .	<u> </u>		•	
5 Compensation of current officers, directors, trustees, and key employees	o			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				_
7 Other salaries and wages	<u> </u>			
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	o			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	36,456.		36,456.	
c Accounting	38,183.	28,637.	9,546.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0		٠.	
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)	o	İ		
12 Advertising and promotion	257,762.	257,762.		
13 Office expenses	2,633.	2,633.		•
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	124,453.	124,453.		
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	94,172.	94,172.		
20 Interest	9			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9			
Insurance	9,328.	1,000.	8,328.	· ·
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)	, =/	00000		
a EVENT COLLATERAL	296,123.	296,123.		
b BANK CHARGES	24.		24.	
c MEALS EXPENSE	4,720.	457.	4,263.	
d ADVISORY FEES	30,960.	30,960.		
e All other expenses	1,277,035.	1,245,412.	31,623.	
25 Total functional expenses. Add lines 1 through 24e	18,575,913.	18,485,673.	90,240.	
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 ▶ ☐ if				
following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (20

2E1052 1 000

Page **11**

orm 99				Page 11
Part >	Check if Schedule O contains a response to any question in this Part	Y		
	Check is Scriedule O contains a response to any question in this Fair	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	-1,291,747.	1	803,257.
2		1,294,055.	2	4,357,938.
3	· · · · · · · · · · · · · · · · · · ·	1,652,100.	3	1,079,160.
4		0	4	(
5				
	trustees, key employees, and highest compensated employees			
		0	5	(
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	,
\$ 3	Notes and loans receivable, net	0	7	(
Assets		0	8	(
⋖ 9				(
- 1 -	a Land, buildings, and equipment cost or	· · · · · · · · · · · · · · · · · · ·		
'	other basis Complete Part VI of Schedule D 10a			
İ	b Less accumulated depreciation	C	10c	(
11		· · · · · · · · · · · · · · · · · · ·	11	
12			12	
13			13	
14			1 4 4	
15	Other assets See Part IV. line 11	C	15	
16		1,694,272.	16	6,240,355
17				5,256,658
18			18	
19			19	
20			20	
စ္က 21			21	
Liabilities 22				
يق ا	trustees, key employees, highest compensated employees, and			
ן בֿי	disqualified persons Complete Part II of Schedule L	(22	
23			23	
24			24	
25				
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	(25	
26		184,565.	26	5,256,658
89	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
E 27			27	
E 28	3 Temporarily restricted net assets		28	· · · · · · · · · · · · · · · · · · ·
일 25	· · · · · · · · · · · · · · · · · · ·		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds		30	
88 3			31	
₹ 3		1,509,707	32	983,697
8 3	* * * * *	1,509,707	33	983,697
_ 3 ⁴		1,694,272	34	6,240,355

Form **990** (2012)

orm 99	0 (2012)			Pa	ge 12
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		49,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		75,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		26,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5	09,7	707.
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	<u> </u>	983,	<u>697.</u>
Part					
	Check if Schedule O contains a response to any question in this Part XII		• • • • •	ᆛᆜ	,
				Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other		_		ŀ
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın ı	n		
	Schedule O			Ì	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	↓	X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	r		
	reviewed on a separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?	<i></i> .	. 2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		1
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	explain ı	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i			
	the Single Audit Act and OMB Circular A-133?	 .	. <u>3a</u>	┼	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo th			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits	3b	1	1

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

OMB No 1545-0047

4947(a)(1) nonexempt charitable trust. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization HYUNDAI HOPE ON WHEELS **Employer identification number** 26-0628722 FKA HOPE ON WHEELS HYUNDAI DEALERS 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 Х 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) An organization that normally receives (1) more than 331/3 % 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 331/3% 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. Type II c Type III-Functionally integrated d Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) 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 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(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) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary (iv) is the organization (described on lines 1-9 organization in organization in the organization support col (i) listed in above or IRC section in col (i) of col (i) organized your governing (see instructions)) your support? in the US? document? Yes No Yes Nο Yes (A) (B) (C) (D) (E) Total

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Page 2 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.)

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,884,587	1,916,312.	11,875,510	14,580,760	18,595,983.	48,853,152
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,884,587.	1,916,312.	11,875,510	14,580,760.	18,595,983	48,853,152
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)						0
6	Public support. Subtract line 5 from line 4	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 秦 金八江	1200 Mar	· 18 18/20":		48,853,152
Sect	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,884,587.	1,916,312	11,875,510	14,580,760.	18,595,983	48,853,152.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,612.	7,938.	9,550.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			c, p			0
11	Total support. Add lines 7 through 10		1. 1. 32%	A . St.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		48,862,702.
12	Gross receipts from related activities, etc. (•				12	
13	First five years. If the Form 990 is organization, check this box and stop here		<u> </u>				
	tion C. Computation of Public Sup			44 1 (0)		Taal	99.98%
14	Public support percentage for 2012 (I	•				15	99.98%
15	Public support percentage from 2011 331/3% support test - 2012. If the						
16a	this box and stop here. The organizat						
L.	331/3% support test - 2011. If the						• • • • • • • • • • • • • • • • • • • •
Ŋ	check this box and stop here . The org						
172	10%-facts-and-circumstances test -						
174	10% or more, and if the organization						
	Part IV how the organization meets						
	organization			-	•	•	
h	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org Explain in Part IV how the organizat	janization meet	ts the "facts-ar	nd-circumstance	s" test, check	this box and st	top here.
	•						
18	supported organization Private foundation. If the organization	n did not check	a box on line 1	3, 16a, 16b, 17	a, or 17b, checl	k this box and se	e . \Box
	instructions	• • • • • • •	<u> </u>		<u> </u>		

Page 3

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.)

500	tion A. Bublic Support				-		
	tion A. Public Support dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2000	(2) 2000	(6) 25 15	(-)	(0)	(1) 1010.
•	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						
ŭ	unrelated trade or business under section 513						}
4	Tax revenues levied for the						
•	organization's benefit and either paid						1
	to or expended on its behalf						
5	The value of services or facilities			<u> </u>			
•	furnished by a governmental unit to the						
	organization without charge		<u> </u>				
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons						ĺ
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						
_	Add lines 7a and 7b		<u> </u>	<u> </u>			
8	Public support (Subtract line 7c from						
	line 6)				ļ		· ·
Sec	tion B. Total Support		1	/	·		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
-	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		_				
11	Net income from unrelated business		1				
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
12	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	on's first, second	, third, fourth. o	r fifth tax vear	as a section 501	(c)(3)
• •	organization, check this box and stop here	-			-		
Sec	tion C. Computation of Public Sup						<u>, </u>
15	Public support percentage for 2012 (line 8			ımn (f))		15	%
16	Public support percentage from 2011 Sche						%
	tion D. Computation of Investmen					· -	
17	Investment income percentage for 2012 (III			13, column (f))		17	%
18	Investment income percentage from 2011						%
	331/3% support tests - 2012. If the org						
	17 is not more than 331/3%, check th						
h	331/3% support tests - 2011. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		-	•	•		

Schedule A (Form 990 or 990-EZ) 2012

Page 4

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

► 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

HYUNDAI HOPE ON WHEELS

Employer identification number

FKA HOPE ON WHEELS HYUNDAI DEALERS 26-0628722 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) | 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

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.

(i) and section 170(h)(4)(B)(ii)?

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- 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
- 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.

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

HYUNDAI HOPE ON WHEELS 26-0628722 Schedule D (Form 990) 2012 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III 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) Public exhibition Loan or exchange programs а Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | Yes Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, 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 ıncluded on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1c 2a Did the organization include an amount on Form 990, Part X, line 21? No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII.... Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (a) Current year (d) Three years back (b) Pnor year (c) Two years back 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance..... 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quas⊢endowment ▶ b Permanent endowment ► Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No 3a(i) 3a(ii)

4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds		
Pai	t VI Land, Buildings, and Equipment.	See Form 990, Pa	art X, line 10.		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
C	Leasehold improvements				
d	Equipment				

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

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII..........

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Schedu	e D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	1	
1	Total revenue, gains, and other support per audited financial statements	1	18,645,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	595,474.
3	Subtract line 2e from line 1	3	18,049,903.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	18,049,903.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	
1	Total expenses and losses per audited financial statements	1	19,171,387.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 595,474.		
b	Prior year adjustments 2b		
С	Other losses 2c]	
d	Other (Describe in Part XIII) Add Irac 2s through 2d]	
е	Add lines 2a through 2d	2e	595,474.
3	Subtract line 2e from line 1	3	18,575,913.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	1	
	Other (Describe in Part XIII)]	
С	Add base 4- and 4L	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	18,575,913.
Part	XIII Supplemental Information		
Comp Part V inform	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part I I, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- nation	V, line ovide a	s 1b and 2b, any additional

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

SCHEDULE G

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection Name of the omanization HYUNDAI HOPE ON WHEELS Employer identification number FKA HOPE ON WHEELS HYUNDAI DEALERS 26-0628722 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а e Internet and email solicitations b Solicitation of government grants С Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (ii) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 1 2 3 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Page 2

		gross receipts greater than \$5,000	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
l						
١	1	Gross receipts				
ŀ	2	Less Contributions				
I	3	Gross income (line 1 minus				
1		line 2)	<u> </u>	 		
l	4	Cash prizes				
	_	Naccash arms				
	5	Noncash prizes	_	-	-	
	6	Rent/facility costs	_		_	
	-	Food and hoverages				
	. 7	Food and beverages			-	
	8	Entertainment			· · · · · · · · · · · · · · · · · · ·	
	_	Other dead surrous				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4	through 9 in column (d)		(
	11	Net income summary Combine line 3,	column (d), and line	10	.	
Ь	rt	Gaming. Complete if the orga	nization answered '	'Yes" to Form 990. Par	t IV/ line 19 or rend	ortod more
٤		than \$15 000 on Form 990-E2	7. line 6a.	, , , , , , , , , , , , , , , , , , , ,	114, mic 15, or rep	orted more
		than \$15,000 on Form 990-E2	Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
_		than \$15,000 on Form 990-E2	Z, line 6a.		(c) Other gaming	(d) Total gaming (add
_	1		Z, line 6a.	(b) Pull tabs/instant		
	1	than \$15,000 on Form 990-Ez	Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
	1		Z, line 6a. (a) Bıngo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add
	1 2	Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add
	1 2	Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add
	1 2	Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add
	3	Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add
	3	Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c)
	3 4 5	Gross revenue	Z, line 6a. (a) Bıngo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add col (a) through col. (c)
	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Z, line 6a. (a) Bingo Yes No	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes%	(d) Total gaming (add col (a) through col. (c)
	3 4 5	Gross revenue	Z, line 6a. (a) Bingo Yes No	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes%	(d) Total gaming (add col (a) through col. (c)
	1 2 3 4 5 6 F	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	YesNo	(b) Pull tabs/instant bingo/progressive bingo Yes% No (d)	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col. (c)
	1 2 3 4 5 5 F 6 7 7 8 8	Gross revenue	Yes No through 5 in column d, a	(b) Pull tabs/instant bingo/progressive bingo Yes% No (d)ind line 7	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col. (c)
	1 2 3 4 4 5 E	Gross revenue	Yes No through 5 in column d, a on operates gaming a	(b) Pull tabs/instant bingo/progressive bingo Yes% No (d)activities	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col. (c)
9	1 2 3 4 5 6 7 7 8 E E E E E E E E E E E E E E E E E	Gross revenue	Yes No through 5 in column d, a on operates gaming a aming activities in each	(b) Pull tabs/instant bingo/progressive bingo % Yes% No (d)	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col. (c)
9	1 2 3 4 5 6 7 7 8 E E E E E E E E E E E E E E E E E	Gross revenue	Yes No through 5 in column d, a aming activities in each	(b) Pull tabs/instant bingo/progressive bingo % Yes% No (d)	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col. (c)
Operation of the second of the	1 2 3 4 4 5 5 E E E E E E E E E E E E E E E E	Gross revenue	Yes No through 5 in column d, a on operates gaming a aming activities in each	(b) Pull tabs/instant bingo/progressive bingo Yes% No (d)	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col. (c)
	1 2 3 4 5 6 7 7 8 E E E E E E E E E E E E E E E E E	Gross revenue	Yes No through 5 in column d, a on operates gaming a aming activities in each	(b) Pull tabs/instant bingo/progressive bingo Yes% No (d)	Yes% No	(d) Total gaming (add col (a) through col. (c)

 11			
	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_	_
	formed to administer charitable gaming?	Yes 🗌	No
13	Indicate the percentage of gaming activity operated in.		_
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		-
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	\neg_{No}
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	J (
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ►		
	Address ►		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
		Yes [No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2t columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also compart to provide any additional information (see instructions).		s

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULEI (Form 990)

OMB No. 1545-0047

Open to Public Employer identification number 26-0628722 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ➤ Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Part I General Information on Grants and Assistance HYUNDAI HOPE ON WHEELS FKA HOPE ON WHEELS HYUNDAI DEALERS Department of the Treasury Name of the organization Internal Revenue Service

å

2 Describe III rail IV the organization a procedures to morning the case of grant takes in the commerce.							
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization as Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	overnments at received	s and Organiza more than \$5,0	itions in the Unit 300. Part II can be	ed States. Come duplicated if a	and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, nore than \$5,000. Part II can be duplicated if additional space is needed.	ation answered "Y	es" to Form 990,
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	16,404,063				TO SUPPORT CANCER PR
(2)							
(3)							
(4)							
(5)							
(9)							
(8)							
(6)							
(10)							
(11)							

3 Enter total number of other organizations listed in the line 1 table . For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(12)____

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Schedule I (Form 990) (2012)

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Schedule I (Form 990) (2012)

Page 2 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. Part III

(a) Type of grant or assistance	saistance	(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
- 6						
4						
LO.						
ဖ						
7						
Part IV Supplemental Information. Complete this part information.	mation. Complete thi	s part to prov	ide the informati	on required in	Part I, line 2, Part III, o	to provide the information required in Part I, line 2, Part III, column (b), and any other additional

Hyundal Hope on Wheels EIN 26-0628722 Schedule I - Part II Supplemental Schedule

Official Non-Profit Name (as listed on IRS		Hope Grant			Mailing Address			
	Grant Amount		Exemption	EIN#	for Check	City	e.	Zip
spital Los Angeles	\$250,000 00	Dr Yong-Mı Kım	501 (c) (3)	95-1690977	4650 Sunset Bivd MS #29	Los Angeles	5	300Z/
								00,00
١	\$250,000 00	Dr Jing Yang	501 (c) (3)	33-01/0626	3020 Children's way - MC 5005	San Diego	5 6	92123
Lucile Packard Foundation for Children's Health	\$250,000 00	Dr Alejandro Sweet-Cordero	509(a)(1) and 170(b)(1)(A)(vı)	77-0440090	400 Hamilton Ave , Ste 340	Palo Atto		94301
Children's Hospital Colorado Foundation	\$250,000 00	Dr Rajeev Vibhakar	501 (c) (3)	84-0813462	13123 E 16th Ave , Box 405	Aurora		80045
Fred Hutchinson Cancer Research Center	\$250,000 00	Dr Marie Bleaklev	501(c)(3)	23-7156071	1100 Fairview Ave N , J5-200	Seattle		98109
Doernbecher Children's Hospital Foundation	\$250,000 00	Dr Bill H Chang	501(c)(3)	93-0579589	1121 SW Salmon Street, Ste 100	Portland		97205
Phoenix Children's Hospital Foundation	\$250,000 00	Dr Pooja Hingorani	501(c)(3)	74-2421549	2929 E. Camelback Rd , Ste 122	Phoenix	ΑZ	85016
Children's Memorial Hospital	\$250,000 00	Dr David Otto Walterhouse	501(c)(3)	36-2170833	2300 Children's Plaza	Chicago	 -	60614
The University of Chicago	\$250,000 00	Dr Kenan Onel	509(a)(1) and 170(b)(1)(A)(II)	36-2177139	1170 E 58th St	Chicago		60637
Regents of the University of Michigan	\$250,000 00	Dr Andrew Harris	501 (c) (3)	38-6006309				
Mayo Clinic	\$250,000 00	Dr Paul Galardy	501 (c) (3)	41-6011702				
Regents of the University of Minnesota	\$250,000 00	Dr Daniel Harkı	170(c)(1) and 170(b)(1)(A)(v)	41-6007513	NW 5957 P O Box 1450	Minneapolis	Z S	55485-5957
The Curators of the University of Missouri	\$250,000 00	Dr Kristen Tavlor	501 (c) (3)	43-6003859				
St Louis Children's Hospital Foundation	\$250,000 00	Dr Laura Graves 501(c)(3) Schuttpelz	501(c)(3)	43-1626863	One Children's Place	St Louis	MO	63110
University Hospitals Cleveland Medical Center	\$250,000 00	Dr Duncan Stearns	501(c)(3)	34-1567805	11100 Euclid Ave	Cleveland	НО	44106
The Medical College of Wisconsin, Inc	\$250,000 00	Dr Julie-An Marie Talano	509(a)(1) and 170(b)(1)(A)(II)	39-0806261				
Connecticut Children's Medical Center Foundation	\$250,000 00	Dr Olga Toro- Salazar	501(c)(3)	22-2619869	282 Washington St	Hariford		06106
The Nemours Foundation	\$250,000 00	Dr Andrew D	501(c)(3)	59-0634433	1600 Rockland Road	Wilmington		19803
Dana Farber Cancer Institute inc	\$250,000 00	Dr Ranı E George	501(c)(3)	04-2263040	450 Brookline Avenue, BP 372	Boston		02215
Massachusetts General Hospital	\$250,000 00	Dr Miguel N Rivera	501(c)(3)	04-3230035	165 Cambridge St., Ste 600	Boston		02114
Hackensack University Medical Center	\$250,000 00	Dr Caroline Yingwen Hu	501(c)(3)	22-1487576	30 Prospect Ave	Hackensack		07601
Hope & Heroes Cancer Fund	\$250,000 00	Dr Filemon Dela	501(c)(3)	74-3066193	161 Fort Washington Ave , IP-7	New York		10032
Women and Children's Hospital of Buffalo	\$250,000 00	Dr Matthew Barth	501(c)(3)	16-1332044	726 Exchange Street	Buffalo		14210
n's Hospital of Philadelphia Foundation	\$250,000 00	hael	501(c)(3)	23-2237932	34th St. and Civic Center Blvd	Philadelphia		19104
Yale University	\$250,000 00		Lottick 509(a)(1) and 170(b)(1)(a)(vi)	06-0646973	155 Whitney Ave	New Haven		06520-8250
The Pennsylvania State College	\$250,000 00	Dr Sınısa Dovat	501(c)(3)	24-6000376	500 University Drive	Hershey	A A	17033

Hyunda Hope on Wheels EIN 26-0628722 Schedule I - Part II Supplemental Schedule

Official Non-Profit Name (as listed on IRS		Hope Grant		7 (1)	Mailing Address	2	State	Zin
docum n15) University of Alabama at Birmingham	\$250,000 00	Dr Joseph H	Type I have a second reserved to the second r	63-6005396	Ave , South	ıngham		35294
St. Jude Children's Research Hospital	\$250,000 00	Dr Tanja Andrea (Gruber	501(c)(3)	62-0646012	262 Danny Thomas Place			38105
Vanderbilt University	\$250,000 00	Dr Patrick J Grohar	501(c)(3)	62-0476822				37240-6310
Texas Children's Hospital	\$250,000 00	Dr Peter E	501(c)(3)	74-1100555		'n		77030
Children's Medical Center Foundation	\$250,000 00	Dr Yanbın Zhena	501(c)(3)	75-2062015	te 700			75207
The University of Texas Foundation, Inc	\$250,000 00	Dr Alexander James Bishop	501(c)(3)	74-1587488	111 Congress Ave , Ste 400			78701
CMC Foundation of Central Texas	\$250,000 00	Dr Amy C Fowler	501(c)(3)	20-0468031	4900 Mueller Blvd			78723
Children's Hospital Foundation	\$250,000 00	Dr AeRang Kım	501(c)(3)	52-1640402				20010
The President & Directors of Georgetown College for Georgetown University	\$250,000 00	Dr Kenneth P Tercyak	501(c)(3)	53-0196603	N, Box 571173			20057-1173
University of Florida	\$250,000 00	Dr Wesley E Bolch	170(c)	59-6002052	219 Grinter Hall	ile	Ì	32611
Orlando Health Foundation	\$250,000 00	Dr Don Edward Estin	501(c)(3)	59-2244943	3160 Southgate Commerce Blvd , Ste 50 Orlando			32806
Children's Healthcare of Atlanta Foundation Inc	\$250,000 00	Dr Tobey John MacDonald	501(c)(3)	58-1710601	1687 Tullie Circe NE			30329
Warren Grant Magnusun Clinical Center	\$250,000 00	Or Rimas J Orentas	170(a)	52-0858115				208925
Duke University	\$250,000 00	Dr Michael B	501(c)(3)	56-0532129				27701
Medical University of South Carolina Foundation	\$250,000 00	Dr Mehrdad Rahmaniyan	501(c)(3)	57-6028985	450			29425
Children's Hospital Los Angeles	\$75,000 00	Dr Well Sun	501 (c) (3)	95-1690977		Se		90027
Rady Children's Hospital Foundation	\$75,000 00	Dr Andrew Martin	501 (c) (3)	33-0170626	3020 Children's Way - MC 5005	oße		92123
Children's Hospital Colorado Foundation	\$75,000 00	Dr Jean M Mulcahy Levy	501 (c) (3)	84-0813462	, Box 405	İ		80045
Momental Medical Center Foundation (MMCF)	\$75,000,00		501 (c) (3)	95-6105984		Long Beach	Y)	90806
UC Davis Health System (UC Regents)	\$75,000 00	ł	501 (c) (3)	94-6036494	3ox 989062	Sacramento		95798-9062
St Luke's Regional Medical Center	\$75,000 00	Dr Nathan D Meeker	501 (c) (3)	82-0161600				83/12
Pnmary Children's Medical Center Foundation	\$75,000 00	Dr Anupam Verma	501 (c) (3)	87-0453633		re Cıty		84158
Seattle Children's Hospital	\$75,000 00	Dr Abraham Fong	501 (c) (3)	91-0564748			Α	98145
Ann & Robert H Lurre Children's Hospital	\$75,000 00	Dr Jason Fangusaro	501(c)(3)	36-2170833	go Avenue, Box 4			60611
The University of Chicago	\$75,000 00	Dr Gabrielle Lapping-Carr	509(a)(1) and 170(b)(1)(A)(II)	36-2177139	1170 E 58th St		\neg	500537
St Louis Children's Hospital Foundation	\$75,000 00	Dr Jeffrey John Bednarski II	501(c)(3)	43-1626863	ice			63110
University Hospitals of Cleveland	\$75,000 00	Dr Agne Petrosiute	501(c)(3)	34-1567805				44106
Cincinnati Children's Hospital Medical Center	\$75,000 00	Dr Maureen O'Bnen	501(c)(3)	31-0833936	3005			45229
Children's Hospital and Health System Foundation,	\$75,000 00	Dr Samuel Milanovich	501(c)(3)	39-1500075	PO Box 1997, MS 3050	Milwaukee	<u>s</u>	53201

Hyunda Hope on Wheels EIN 26-0628722 Schedule I - Part II Supplemental Schedule

Official Non-Profit Name (as listed on IRS		Hope Grant			ldress			
documents) Children's Hospital of Michigan Foundation	Grant Amount \$75,000 00	Recipient Dr Andrew M	Exemption 501 (c) (3)	32-0087353	for Check 3911 Beaubien	City Detroit	State	Zlp 48201
Connecticut Children's Medical Center Foundation	\$75,000 00	Dr Andrea	501(c)(3)	22-2619869	282 Washington St	Hartford	CT	00100
Dana Farber Cancer Institute Inc	\$75,000 00	Dr Alex Kentsis	501(c)(3)	04-2263040	450 Brookline Avenue, BP 372	Boston	MA P	02215
Hope & Heroes Children's Cancer Fund	\$75,000 00	Dr Julia Glade Bender	501(c)(3)	74-3066193	161 Fort Washington Ave , IP-7	New York	ž	10032
University of Rochester	\$75,000 00	Dr Laila Mahmood	501 (c) (3)	16-0743209	paq	Rochester		14627
Health Science Center Foundation at Syracuse, Inc	\$75,000 00	Dr. Judy Sıma	501 (c) (3)	16-1068101	ns St			13210
Children's Hospital of Pittsburgh Foundation	\$75,000 00	Dr James Anthony Graves	501 (c) (3)	25-1865744	pital Drive		PA	15224
Rhode Island Hospital	\$75,000 00	Dr Nadine P Sauer	501 (c) (3)	05-0258954		nce		02903
Women and Children's Hospital of Buffalo	\$75,000 00	Dr Meghan A Higman	501(c)(3)	16-1332044				14210
n's Hospital of Phitadelphia Foundation	\$75,000 00	Dr Angela Jae Sievert	501(c)(3)	23-2237932	enter Blvd	ıhıa		19104
The Pennsylvania State University		Dr Chandrika Gowda	501(c)(3)	24-6000376		Hershey	PA	17033
University of Alabama at Birmingham	\$75,000 00	Dr Stuart Louis Cramer		63-6005396	South	Bırmıngham	AL 3	35294
Texas Children's Hospital	\$75,000 00	Dr Meenakshi Hedge	501(c)(3)	74-1100555			TX 7	77030
Children's Hospital	\$75,000 00	Dr Ofelia Crombet	501 (c) (3)	72-0467503	venue	SI		70118
Cook Children's Medical Center	\$75,000 00	Dr Kelly Loren Vallance	501 (c) (3)	75-2051646		Vorth		76104
The Children's Hospital Foundation at Saint Francis	\$75,000 00	Dr Wendy Bourland	501 (c) (3)	20-2843418	ıue			74136
CMC Foundation of Central Texas	\$75,000 00	Dr Virginia L Harrod	501(c)(3)	20-0468031				78723
Joe DiMaggio Children's Hospital Foundation, Inc	\$75,000 00	Dr Brian Cauff	501 (c) (3)	65-0402343		Hollywood		33021
University of Mami	\$75,000 00	Dr Christina E Fernandes	501 (c) (3)	59-0624458	Post Office Box 016960 (R-100)			33101
St Joseph's Hospital of Tampa Foundation	\$75,000 00	Dr Dana Ann Obzut	501 (c) (3)	59-1100828	Jr Blvd,	Татра	\neg	33607
Johns Hopkins Universily	\$75,000 00	Dr Enc Hutton Raabe	501 (c) (3)	52-0595110	ireet, Ste D200	_		21218
The Carolinas Healthcare Foundation, Inc	\$75,000 00	Dr Javier Oesterheld	501 (c) (3)	56-6060481	PO Box 32861	е		32861
Children's Hospital of the King's Daughters Inc	\$75,000 00	Dr Eric J Lowe	501 (c) (3)	54-0506321	Je		∀	23507
	\$75,000 00	Dr Khaled Yassıne	170	54-6001758				23220
The President & Directors of Georgetown College	\$75,000 00	Dr Scott Nagel Mvers	501(c)(3)	53-0196603	37th & O St , NW, Box 571173	jton	DC 2	20057-1173
Orlando Health Foundation	\$75,000 00	Dr Robert M Stuphin	501(c)(3)	59-2244943	merce Blvd , Ste 50			32806
Children's Healthcare of Allanta Foundation Inc	\$75,000 00	Dr Kelly C Goldsmith	501(c)(3)	58-1710601			Ī	30329
Duke University	\$75,000 00	Dr Jessica L Heath	501(c)(3)	56-0532129	512 S Mangum St, Ste 400	Durham	SC NC	27701

Hyundal Hope on Wheels EIN 26-0628722 Schedule I - Part II Supplemental Schedule

-Profit Name (as listed on IRS		Hope Grant	Commeting	# Nia	Mailing Address for Check	City	State	diz.
	\$2,000,000,000	Necipielli	501(c)(3)	95-6097416	455 S Main Street	Orange		92868
CHOC Cancer Institute	32,000,000 00		501(5)(3)	04-2263040	10 Brookline Place West, 6th Floor	Brookline	Γ	02445-7295
Jimmy Fund/Boston	425 000 00		501(c)(3)	95-6097416	455 S Main Street	Orange	S S	92868
Chidren's Hospital Orange County Ann & Robert H. Lurie Children's Hospital	\$ 140,000 00		501(c)(3)	36-2170833	Avenue, Box 4	Chicago) 	60611
Miami Children's Hospital	\$ 106,294 00		501(c)(3), 509(a)(1) and	59-1720704	3100 S W 62 Ave	Miami		33155
MD Anderson Cancer Center Orlando	\$ 5,000 00		501(c)(3)	59-2244943	3160 Southgate Commerce Blvd , Ste 50 Orlando	Orlando		32806
Copression Children Control	200000		509(a)(1) and 170(b)(1)(A)(vi)	77-0440090	400 Hamilton Ave , Ste 340	Palo Alto		94301
Culting Packald Citildies Prospital	00000		501 (c) (3)	95-1690977	4650 Sunset Blvd MS #29	Los Angeles		90027
Children's Hospital Los Angeles	l		501(c)(3)	95-4150330	10220 Riverside Drive, Suite B	Toluca Lake		91602
Chidonia Momental Despital			501(c)(3)	36-2170833	2300 Children's Plaza	Chicago		60614
Children's Merronal nospital	١		501(c)(3)	58-1710601	1687 Tullie Circe NE	Atlanta	Ϋ́	30329
Children's nearlibrate of Augusta			501(c)(3)	33-0170626	3020 Children's Way - MC 5005	San Diego		92123
Kady Children's Hospital St. Joseph's Children's Hospital of Tampa			501(c)(3)	59-1100828	2700 W Dr Martin Luther King Jr Blvd , Ste 310	Татра	<u>ا</u>	33607
	4 075 00		501(c)(3)	27-0746296	V 181 Street	Miami		33015
Children Battling Cancer			501(5)(3)	91-0564748	P O Box 5371 M/S RC-507	Seattle	WA	98145
Seattle Children's Hospital Hope & Heroes Children's Cancer Fund/Columbia	3,995 00		501(c)(3)	74-3066193	161 Fort Washington Ave , IP-7	New York	Z	10032
University integrical Center Texas Children's Hospital (Baylor College of	\$ 3,975 00		501(c)(3)	74-1100555	6621 Fannin St	Houston	×	77030
Medicine) Rainbow Babies and Children's Hospitals	\$ 3,925 00		501(c)(3)	34-1567805	A Policy Control	Cleveland	В	44106
(University Hospitals of Cleveland)	ļ		1077	60 0476000	DAMB AD6310 2301 Vanderhilf Place	Nachville	Z	37240-6310
Monroe Carell Jr Children's Hospital at Vanderbilt	3,895 00		501(c)(3)	02-04/0022	FIND 4003 IO, 2301 Validebilit Flace	Office Park		1000
The limit Gined	\$ 10 945 00		501(c)(3)	04-2263040	10 Brookline Place West, 6th Floor	Brookline	1	02445-7295
St Baldrick's			501(c)(3)	20-1173824	1333 South Mayflower Avenue, Suite 400 Monrovia	Monrovia		91016
Ti A A Line Constitution Control of the Control of	5 855 00		501(c)(3)	42-1741037	101 Rockland Circle	Wilmington	٦	19803
The Angrew MicDollough by Fouridation			501(c)(3)	16-1332044		Buffalo		14210
Women and Children's Hospital at Durland Hope & Heroes Children's Cancer Fund/Columbia	\$ 10,000 00		501(c)(3)	74-3066193	161 Fort Washington Ave , IP-7	New York	ż	10032
University Medical Center Children's Hospital of Pittsburgh of UPMC	\$ 10,000 00		501 (c) (3)	25-1865744	One Children's Hospital Drive Central Plant, Floor 3 4401 Penn Avenue	Pittsburgh	ЬА	15224
	400000		501/0//3)	24-6000376	500 University Drive	Hershey		17033
Pennsylvania State University			500(2)(3) 501(5)(3)	16-1068101	750 E. Adams St-326 CAB	Syracuse		13210
Upstate Golisano Children's Hospital	00 000 01		501(c)(3)	99-0246364	1319 Punahou Street	Honolulu		96826
Kapiolani Medical Center for Wortieri & Chindren			501(5)(3)	22-2619869	282 Washington St	Hartford	5	06106
Connecticut Children's Medical Cetiter	l		501(c)(3)	16-0743209	518 Hylan Building	Rochester		14627
Rhode Island Hospital (Hasbro Children's Hospital)			501(c)(3)	05-0258954	139 Point Street	Providence	₹	02903
1 - 1	40 000 00		501(c)(3)	04-2263040	450 Brookline Ave , BP 372	Boston		02215
Children's Homital of Dhiladalaha Enindation	\$10,050,00		501(c)(3)	23-2237932	34th and Civic Center Blvd	Philadelphia	PA	19104
Total	\$16,404,063 00							

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047 **Open To Public**

Inspection

Department of the Treasury Internal Revenue Service

Types of Property

Name of the organization HYUNDAI HOPE ON WHEELS

FKA HOPE ON WHEELS HYUNDAI DEALERS

Employer identification number

26-0628722

(c)

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of one of contribution of the contribut	determinin	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household					·	
	goods						
6	Cars and other vehicles	Х	5.	173,500.	COST		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	I .					
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic	ļ					
	structures	İ					
14	Qualified conservation				<u> </u>		
17	contribution - Other						
15	Real estate - Residential	1					
16	Real estate - Commercial	1					
17	Real estate - Other						
18	Collectibles	-				·	
19	Food inventory						
20	Drugs and medical supplies	I .					
21	Taxidermy				 		
22	Historical artifacts						
23	Scientific specimens						
23 24	Archeological artifacts	h					
2 4 25	=	1		 			
26	Other ►()			 			
	Other ►()			 			
27	Other ►()	-			<u> </u>		
28	Other ►()			<u> </u>	 		
29	Number of Forms 8283 received which the organization completed				20		
	which the organization completed	POIIII 0203,	Part IV, Donee Acknowledg	gement	25	Yes	No
30 2	During the year, did the organiza	tion receive	by contribution any prop	erty reported in Part I line	as 1-28 that [162	+10
30 a	it must hold for at least three year			•			1
							٠,
	used for exempt purposes for the e		g penoa?			30a	 x
	If "Yes," describe the arrangement		Anna malian Abak anana	41			1
31	Does the organization have a contributions?			-		31	х
32 a	Does the organization hire or us	e third part	ties or related organization	ns to solicit, process, or	sell noncash		1
	contributions?	•		• •	1	32a	X
b	If "Yes," describe in Part II.						†
	If the organization did not report a	n amount in	column (c) for a type of pr	operty for which column (a	a) is checked.		
	describe in Part II				,	İ	
	Panerwork Reduction Act Notice see t	he Instruction	es for Form 990		Schodule I		0) (2012)

Schedule M (Form 990) (2012)

Page 2

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

APPROVAT.

HYUNDAI HOPE ON WHEELS

FKA HOPE ON WHEELS HYUNDAI DEALERS

Employer identification number 26-0628722

FORM 990, PART VI, LINE 11

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

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.

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

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FINN PARTNERS 301 E 57TH STREET NEW YORK, NY 10022	AGENCY FEES	650,866.
R.R. DONNELLY 114 PACIFICA, SUITE 490 IRVINE, CA 92618	COLLATERAL MATERIAL	133,560.
PROMOSHOP 5420 MCCONNELL AVE LOS ANGELES, CA 90066	PROD. AND SHIPPING	152,329.

Schedule O (Form 990 or 990-EZ) 2012				Page 2
Name of the organization HYUNDAI HOPE ON WHEELS			Employer identification	number
FKA HOPE ON WHEELS HYUNDAI DEALERS			26-0628722	
			ATTACHMENT 2	<u> </u>
FORM 990, PART VIII - INVESTMENT INCOME	_			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST INCOME	7,93	38.		7,938.
TOTALS =	7,93	38.		7,938.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

HYUNDAI HOPE ON WHEELS

FKA HOPE ON WHEELS HYUNDAI DEALERS

Name of the organization Department of the Treasury Internal Revenue Service

OMB No 1545-0047

See separate instructions.

Open to Public

Employer identification number 26-0628722

Part	Identification of Disregarded Entities (Complete If the	the organization answered "Yes" to Form 990, Part IV, line 33.)	wered "Yes" to F	orm 990, Part I	V, line 33.)			
	(a) Name, address, and EIN (if applicable) of disregarded entity	<u>a</u>	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	trolling /
(1)								
								!
(3)								
(5)								t
(6)								
Part II	Identification of Related Tax-Exempt Organizations ((one or more related tax-exempt organizations during the	(Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had the tax year.)	ganization answ	ered "Yes" to Fo	orm 990, Part IV,	line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed y?
							Yes	No
							-	
(2)								
(3)								
(5)								
(6)			:					
(7)								

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

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26-0628722

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

	חברמת שב יו וומת סווב כו וווסוב ובימובת כו ממווד מווסוב וובמובת כו במוכם	ווטוכ וכומוכם כוטוו		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 6	,,,,,,					
ž	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(a) Predominant Income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionale affocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			country)		sections 512-514)			Yes No		Yes No	
(1)											
(2)									;	İ	
(3)											
(4)											
(5)											
(6)											
<u>(7)</u>											
Part IV	Identification of Related Organizations Taxable as	ed Organizations Taxable as	Taxable	as a Corporation	a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV,	ete if the organ	zation answere	"Sə ", pe	to Form 990, F	oart IV,	

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity ((e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) HYUNDAI MOTOR AMERICA	AUTO MAKER	CA	N/A	C CORP	0	0		
(2)								
700								
(4)								
(<u>5</u>)								
(9)								_
$\langle \overline{I} \rangle$								
						Schedule R (Form 990) 2012	Form 990) 2012

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Schedule R (Form 990) 2012

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Part V

Schedule R (Form 990) 2012 Yes No 中後 Method of determining × × If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1 9 ¥ Ξ 14 **1**p ا 19 9 19 + = = Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) 6,450,000 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) Ö Σ z Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (ii) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity. Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Name of other organization Other transfer of cash or property to related organization(s) Exchange of assets with related organization(s) Dividends from related organization(s), Sale of assets to related organization(s) HYUNDAI MOTOR AMERICA HYUNDAI MOTOR AMERICA HYUNDAI MOTOR AMERICA Ð Ε **=** 0 æ و م <u>م</u> 5 3 ම **₹** 9 9

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Schedule R (Form 990) 2012

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

or gross revenue) that was not a related organization. See instructions	janization, see instru	ictions regardin	regarding exclusion for certain investment partitionality	מונשוו ווואמי	מחובות המוחובי	24				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(1) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	(k) Percentage ownership
			from tax under section 512-514)	Yes No			Yes No		Yes	
(1)										
(<u>2</u>)									}	
(3)										
(4)							_			
(9)										-
(6)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)			-							
								Sch	edule R (F	Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of th Internal Revenue		► File a s	separate ap	plication for each return.					
		Automatic 3-Month Extension, c			s box				TXT
		Additional (Not Automatic) 3-Mo							لنت ا
•	•	unless you have already been gran		•	` ' '		,	3868	
a corporatioi 8868 to req	n required t uest an ext	You can electronically file Form 8 to file Form 990-T), or an addition tension of time to file any of the sussociated With Certain Personal	al (not aut forms liste	omatic) 3-month exten d in Part I or Part II wi	sion of time. You can the the exception of F	elect	tron 887	ically file '0, Inforr	Form mation
instructions)	For more of	details on the electronic filing of th	is form, vis	at www.irs.gov/efile.and	d click on e-file for Cha	nties	& 1	V onprofit:	s
Part Au	tomatic 3	-Month Extension of Time. On	ly submit	original (no copies ne	eeded).				
A corporation	n required t	to file Form 990-T and requesting	an automa	tic 6-month extension	- check this box and co	mple	te		
								•	▶ □
All other cor	porations (uncluding 1120-C filers), partnershi	ıps, REMIC	s, and trusts must use F	orm 7004 to request a	n exte	 ensi	on of time	e
to file incom			•	•	Enter filer's identify				
		cempt organization or other filer, see ins	structions		Employer identification r				
Type or	HYUNDA:	I HOPE ON WHEELS			, ,		•	ŕ	
print	FKA HO	PE ON WHEELS HYUNDAI DEA	ALERS		26-06287	22			
File by the	Number, st	reet, and room or suite no. If a P.O. box	κ, see instruc	tions	Social security number (_			
due date for filing your	3200 P	ARK CENTER DRIVE, 14TH 1	FLOOR		,	·· ,			
return See	City, town	or post office, state, and ZIP code For	a foreign add	dress, see instructions	<u> </u>				
instructions	COSTA I	MESA, CA 92626							
Enter the Re	turn code f	or the return that this application i	s for (file a	separate application fo	or each return)			L	0 1
Application			Return	Application				- Bo	turn
ls For			Code	is For					ode
Form 990 or	Form 990	F7	01	Form 990-T (corporat				-	07
Form 990-Bl			02	Form 1041-A	ion <i>j</i>	_			
Form 4720-			03	Form 4720		<u> </u>			08 09
Form 990-PF			04	Form 5227					10
		a) or 408(a) trust)	05	Form 6069					11
Form 990-T			06	Form 8870					12
1 01111 990-1	(trust other	than above)	00	FUIII 0070					12
Telephone If the orga If this is for the whole a list with the until for the	e No ▶ anization do or a Group I e group, ch e names ar st an autor organizatio calendar y tax year be	reare of ► MICKEY PONG 714 965-3584 Des not have an office or place of the Return, enter the organization's found the EINs of all members the extensionatic 3-month (6 months for a corpor's return for ear 2012 or eginning Pered in line 1 is for less than 12 miles.	ousiness in ur digit Gro f it is for pa on is for poration re exempt org	oup Exemption Number (art of the group, check for the group, check for the ganization return for the ganization and ending	this box	abov	and		▶ □
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		is for Form 990-BL, 990-PF, 99 edits See instructions	1, 4/20	, or buby, enter the	tentative tax, less an	у За	\$		
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		ments made Include any prior yea		•		3ь	\$		
		tract line 3b from line 3a. Include					Ť		
(Electr	onic Federa	ıl Tax Payment System) See ınstru	ctions			3с			
		o make an electronic fund withdrawal		orm 8868, see Form 8453	-EO and Form 8879-EO				
For Privacy A	ct and Pape	erwork Reduction Act Notice, see Instr	ructions.			For	m 8	868 (Rev	1-2013)