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Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning 2012, and ending 20

Form header section B through K containing organization name, address, employer ID, and tax status.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, revenue, expenses, and net assets.

Part II Signature Block

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

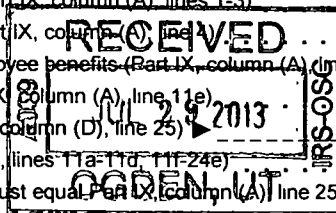
Signature block for MICKEY PONG, including signature and date 7/23/12.

Preparer information for SQUAR MILNER PETERSON ET. AL. LLP, including name, address, and phone number.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED AUG 20 2013



5-17

4

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
TO RAISE MONEY TO SUPPORT HOSPITAL BASED PEDIATRIC CANCER PROGRAMS
THROUGHOUT THE U.S.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 18,485,673. including grants of \$ 16,404,064.) (Revenue \$ 49,393.)
RAISED FUNDS AND AWARDED GRANTS TO HOSPITALS IN SUPPORT OF THEIR
PEDIATRIC CANCER PROGRAMS.

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 18,485,673.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE KELLY BOARD MEMBER	1.25	X						0	0	0
(2) MARC GARVEY BOARD OF DIRECTORS	1.25	X						0	0	0
(3) SCOTT STARK BOARD OF DIRECTORS	1.25	X						0	0	0
(4) SCOTT FINK BOARD OF DIRECTORS	1.25	X						0	0	0
(5) DAVE ZUCHOWSKI BOARD OF DIRECTORS	1.25	X						0	0	0
(6) GARY MICALLEF CHAIRMAN	1.25			X				0	0	0
(7) ZAFAR BROOKS PROGRAM DIRECTOR	1.25			X				0	0	0
(8) MICKEY PONG VICE CHAIRMAN/TREASURER	1.25			X				0	0	0
(9) KEN VANCE SECRETARY	1.25			X				0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,214,281				
	d	Related organizations	1d	7,341,027				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,445,201				
	g	Noncash contributions included in lines 1a-1f \$		173,500				
	h	Total. Add lines 1a-1f		18,000,509				
Program Service Revenue	2a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2		7,938		7,938		
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			d	Net rental income or (loss)		0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			d	Net gain or (loss)		0		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities			0				
10a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code						
11a	REFUND OF UNUSED GRANTS		41,456	41,456				
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d		41,456					
12	Total revenue. See instructions		18,049,903	41,456		7,938		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	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			
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),	0			
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	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	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)				
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.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-1,291,747.	1	803,257.
	2 Savings and temporary cash investments	1,294,055.	2	4,357,938.
	3 Pledges and grants receivable, net	1,652,100.	3	1,079,160.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	39,864.	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	0	10c 0
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,694,272.	16	6,240,355.	
Liabilities	17 Accounts payable and accrued expenses	184,565.	17	5,256,658.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	184,565.	26	5,256,658.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	1,509,707.	32	983,697.
33 Total net assets or fund balances	1,509,707.	33	983,697.	
34 Total liabilities and net assets/fund balances	1,694,272.	34	6,240,355.	

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	18,049,903.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,575,913.
3	Revenue less expenses. Subtract line 2 from line 1	3	-526,010.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,509,707.
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	983,697.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
 - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
 - 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
 - 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
 - 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 99.98%; 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

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

Employer identification number 26-0628722

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

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

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

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

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

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

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

Schedule D (Form 990) 2012

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

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

Table with 6 columns: (a) Current year, (b) Pnor year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

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

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered (1) through (10).

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (10).

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes and rows (2) through (11).

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

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

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			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	595,474.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	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 Return

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			
a	Donated services and use of facilities	2a	595,474.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		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

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

Part XIII Supplemental Information *(continued)*

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				()

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))													
Revenue	1	Gross revenue																
Direct Expenses	2	Cash prizes																
	3	Noncash prizes																
	4	Rent/facility costs																
	5	Other direct expenses																
	6	Volunteer labor	<table border="1"> <tr> <td>Yes</td> <td>%</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	%	No		<table border="1"> <tr> <td>Yes</td> <td>%</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	%	No		<table border="1"> <tr> <td>Yes</td> <td>%</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	%	No		
Yes	%																	
No																		
Yes	%																	
No																		
Yes	%																	
No																		
	7	Direct expense summary Add lines 2 through 5 in column (d)			()													
	8	Net gaming income summary. Combine line 1, column d, and line 7			()													

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in.

a The organization's facility	13a	%
b An outside facility	13b	%

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 No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions.
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Employer identification number
26-0628722

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SEE ATTACHED STATEMENT	VARIOUS	VARIOUS	16,404,063				TO SUPPORT CANCER PR
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

Schedule I (Form 990) (2012)

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

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

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

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

Official Non-Profit Name (as listed on IRS documents)	Grant Amount	Hope Grant Recipient	Exemption	FEIN #	Mailing Address for Check	City	State	Zip
Children's Hospital Los Angeles	\$250,000.00	Dr. Yong-Mi Kim	501(c)(3)	95-1690977	4650 Sunset Blvd MS #29	Los Angeles	CA	90027
Rady Children's Hospital Foundation	\$250,000.00	Dr. Jing Yang	501(c)(3)	33-0170626	3020 Children's Way - MC 5005	San Diego	CA	92123
Lucile Packard Foundation for Children's Health	\$250,000.00	Dr. Alejandro Sweet-Cordero	509(a)(1) and 170(b)(1)(A)(v)	77-0440090	400 Hamilton Ave, Ste 340	Palo Alto	CA	94301
Children's Hospital Colorado Foundation	\$250,000.00	Dr. Rajeev Vibhakar	501(c)(3)	84-0813462	13123 E. 16th Ave, Box 405	Aurora	CO	80045
Fred Hutchinson Cancer Research Center	\$250,000.00	Dr. Marie Bleakley	501(c)(3)	23-7156071	1100 Fairview Ave N., J5-200	Seattle	WA	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	OR	97205
Phoenix Children's Hospital Foundation	\$250,000.00	Dr. Pooja Hingorani	501(c)(3)	74-2421549	2929 E. Camelback Rd., Ste 122	Phoenix	AZ	85016
Children's Memorial Hospital	\$250,000.00	Dr. David Otto Walterhouse	501(c)(3)	36-2170833	2300 Children's Plaza	Chicago	IL	60614
The University of Chicago	\$250,000.00	Dr. Kenan Onel	509(a)(1) and 170(b)(1)(A)(v)	36-2171139	1170 E. 58th St	Chicago	IL	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 Galaray	501(c)(3)	41-6011702				
Regents of the University of Minnesota	\$250,000.00	Dr. Daniel Harki	170(c)(1) and 170(b)(1)(A)(v)	41-6007513	NW 5957 P O Box 1450	Minneapolis	MN	55485-5957
The Curators of the University of Missouri	\$250,000.00	Dr. Kristen Taylor	501(c)(3)	43-6003859				
St. Louis Children's Hospital Foundation	\$250,000.00	Dr. Laura Graves Schuitpelz	501(c)(3)	43-1628863	One Children's Place	St. Louis	MO	63110
University Hospitals Cleveland Medical Center	\$250,000.00	Dr. Duncan Slearns	501(c)(3)	34-1567805	11100 Euclid Ave	Cleveland	OH	44106
The Medical College of Wisconsin, Inc	\$250,000.00	Dr. Julie-An Marie Talano	509(a)(1) and 170(b)(1)(A)(v)	39-0806261				
Connecticut Children's Medical Center Foundation	\$250,000.00	Dr. Olga Toro-Salazar	501(c)(3)	22-2619869	282 Washington St	Hartford	CT	06106
The Nemours Foundation	\$250,000.00	Dr. Andrew D. Napper	501(c)(3)	59-0634433	1600 Rockland Road	Wilmington	DE	19803
Dana Farber Cancer Institute Inc	\$250,000.00	Dr. Rami E. George	501(c)(3)	04-2263040	450 Brookline Avenue, BP 372	Boston	MA	02215
Massachusetts General Hospital	\$250,000.00	Dr. Miguel N. Rivera	501(c)(3)	04-3230035	165 Cambridge St, Ste 600	Boston	MA	02114
Hackensack University Medical Center	\$250,000.00	Dr. Caroline Yngween Hu	501(c)(3)	22-1487576	30 Prospect Ave	Hackensack	NJ	07601
Hope & Heroes Cancer Fund	\$250,000.00	Dr. Filemon Dela Cruz	501(c)(3)	74-3066193	161 Fort Washington Ave., IP-7	New York	NY	10032
Women and Children's Hospital of Buffalo Foundation	\$250,000.00	Dr. Matthew Barth	501(c)(3)	16-1332044	726 Exchange Street	Buffalo	NY	14210
The Children's Hospital of Philadelphia Foundation	\$250,000.00	Dr. Michael D. Hogarty	501(c)(3)	23-2237932	34th St. and Civic Center Blvd	Philadelphia	PA	19104
Yale University	\$250,000.00	Dr. Kadan-Lotlick	509(a)(1) and 170(b)(1)(g)(v)	06-0646973	155 Whitney Ave	New Haven	CT	06520-8250
The Pennsylvania State College	\$250,000.00	Dr. Sinisa Dovat	501(c)(3)	24-6000376	500 University Drive	Hershey	PA	17033

Hyundai Hope on Wheels
 EIN 28-0628722
 Schedule I - Part II
 Supplemental Schedule

Official Non-Profit Name (as listed on IRS documents)	Grant Amount	Hope Grant Recipient	Exemption	EIN #	Mailing Address for Check	City	State	Zip
University of Alabama at Birmingham	\$250,000.00	Dr Joseph H Chewning	501(c)(3)	63-6005396	1530 3rd Ave , South	Birmingham	AL	35294
St Jude Children's Research Hospital	\$250,000.00	Dr Tanja Andrea Gruber	501(c)(3)	62-0646012	262 Danny Thomas Place	Memphis	TN	38105
Vanderbilt University	\$250,000.00	Dr Patrick J Grohar	501(c)(3)	62-0478822	PMB 406310, 2301 Vanderbilt Place	Nashville	TN	37240-6310
Texas Children's Hospital	\$250,000.00	Dr Peter E Zage	501(c)(3)	74-1100555	6621 Famin St	Houston	TX	77030
Children's Medical Center Foundation	\$250,000.00	Dr Yanbin Zheng	501(c)(3)	75-2062015	2777 Stemmons Freeway, Ste 700	Dallas	TX	75207
The University of Texas Foundation, Inc	\$250,000.00	Dr Alexander James Bishop	501(c)(3)	74-1587488	111 Congress Ave , Ste 400	Austin	TX	78701
CMC Foundation of Central Texas	\$250,000.00	Dr Amy C Fowler	501(c)(3)	20-0468031	4900 Mueller Blvd	Austin	TX	78723
Children's Hospital Foundation	\$250,000.00	Dr AeRang Kim	501(c)(3)	52-1640402	111 Michigan Ave , NW	Washington	DC	20010
The President & Directors of Georgetown College for Georgetown University	\$250,000.00	Dr Kenneth P Tercyak	501(c)(3)	53-0196603	37th & O St, NW, Box 571173	Washington	DC	20057-1173
University of Florida	\$250,000.00	Dr Wesley E Bolch	170(c)	59-6002052	219 Gritter Hall	Gainesville	FL	32611
Orlando Health Foundation	\$250,000.00	Dr Don Edward Eslin	501(c)(3)	59-2244943	3160 Southgate Commerce Blvd , Ste 50	Orlando	FL	32806
Children's Healthcare of Atlanta Foundation Inc	\$250,000.00	Dr Tobey John MacDonald	501(c)(3)	58-1710601	1687 Tullie Curce NE	Atlanta	GA	30329
Warren Grant Magnuson Clinical Center	\$250,000.00	Dr Rimas J Orenias	170(a)	52-0858115	10-CRC 1W-3750 10 Center Dr MSC 1104	Bethesda	MD	208925
Duke University	\$250,000.00	Dr Michael B Armstrong	501(c)(3)	56-0532129	512 S Mangum St, Ste 400	Durham	NC	27701
Medical University of South Carolina Foundation	\$250,000.00	Dr Mehrad Rahmanyani	501(c)(3)	57-6028985	18 Bee Street, PO Box 250450	Charleston	SC	29425
Children's Hospital Los Angeles	\$75,000.00	Dr Weili Sun	501 (c) (3)	95-1690977	4650 Sunset Blvd MS #29	Los Angeles	CA	90027
Rady Children's Hospital Foundation	\$75,000.00	Dr Andrew Martin	501 (c) (3)	33-0170626	3020 Children's Way - MC 5005	San Diego	CA	92123
Children's Hospital Colorado Foundation	\$75,000.00	Dr Jean M Mulcahy Levy	501 (c) (3)	84-0813462	13123 E 16th Ave , Box 405	Aurora	CO	80045
Memorial Medical Center Foundation (MMCF)	\$75,000.00	Dr Elan Orgel	501 (c) (3)	95-6105984	2801 Atlantic Ave	Long Beach	CA	90806
UC Davis Health System (UC Regents)	\$75,000.00	Dr Ruben C Fragoso	501 (c) (3)	94-6036494	Cashier's Office, P O Box 989062	West Sacramento	CA	95798-9062
St Luke's Regional Medical Center	\$75,000.00	Dr Nathan D Meeker	501 (c) (3)	82-0161600	190 E Bannock Street	Boise	ID	83712
Primary Children's Medical Center Foundation	\$75,000.00	Dr Anupam Verma	501 (c) (3)	87-0453633	100 No Mario Capocchi Dr	Salt Lake City	UT	84158
Seattle Children's Hospital	\$75,000.00	Dr Abraham Fong	501 (c) (3)	91-0564748	P O Box 5371, MS RC-507	Seattle	WA	98145
Ann & Robert H Lurie Children's Hospital	\$75,000.00	Dr Jason Fangusaro	501(c)(3)	36-2170833	225 East Chicago Avenue, Box 4	Chicago	IL	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	Chicago	IL	60637
St Louis Children's Hospital Foundation	\$75,000.00	Dr Jeffrey John Bednarski II	501(c)(3)	43-1626863	One Children's Place	St Louis	MO	63110
University Hospitals of Cleveland	\$75,000.00	Dr Agne Peirosiute	501(c)(3)	34-1567805	11100 Euclid Ave	Cleveland	OH	44106
Cincinnati Children's Hospital Medical Center	\$75,000.00	Dr Maureen O'Brien	501(c)(3)	31-0833936	3333 Burnet Ave MLC 9002	Cincinnati	OH	45229
Children's Hospital and Health System Foundation, Inc	\$75,000.00	Dr Samuel Milanovich	501(c)(3)	39-1500075	PO Box 1997, MS 3050	Milwaukee	WI	53201

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

Official Non-Profit Name (as listed on IRS documents)	Grant Amount	Hope Grant Recipient	Exemption	EIN #	Mailing Address for Check	City	State	Zip
Children's Hospital of Michigan Foundation	\$75,000 00	Dr Andrew M Fribley	501 (c) (3)	32-0087353	3911 Beaubien	Detroit	MI	48201
Connecticut Children's Medical Center Foundation	\$75,000 00	Dr Andrea Dahlman Orsey	501(c)(3)	22-2619869	282 Washington St	Hartford	CT	06106
Dana Farber Cancer Institute Inc	\$75,000 00	Dr Alex Kentis	501(c)(3)	04-2263040	450 Brookline Avenue, BP 372	Boston	MA	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	NY	10032
University of Rochester	\$75,000 00	Dr Laila Mahmood	501 (c) (3)	16-0743209	300 East River Road Box 279996	Rochester	NY	14627
Health Science Center Foundation at Syracuse, Inc	\$75,000 00	Dr Judy Sima	501 (c) (3)	16-1068101	750 E Adams St 326 CAB	Syracuse	NY	13210
Children's Hospital of Pittsburgh Foundation	\$75,000 00	Dr James Anthony Graves	501 (c) (3)	25-1865744	One Children's Hospital Drive Central Plant, Floor 3 4401 Penn Avenue	Pittsburgh	PA	15224
Rhode Island Hospital	\$75,000 00	Dr Nadine P Sauer	501 (c) (3)	05-0258954	139 Point Street	Providence	RI	02903
Women and Children's Hospital of Buffalo Foundation	\$75,000 00	Dr Meghan A Higman	501(c)(3)	16-1332044	726 Exchange Street	Buffalo	NY	14210
The Children's Hospital of Philadelphia Foundation	\$75,000 00	Dr Angela Jae Sievert	501(c)(3)	23-2237932	34th St. and Civic Center Blvd	Philadelphia	PA	19104
The Pennsylvania State University	\$75,000 00	Dr Chandrika Gowda	501(c)(3)	24-6000376	500 University Drive	Hershey	PA	17033
University of Alabama at Birmingham	\$75,000 00	Dr Stuart Louis Cramer		63-6005396	1530 3rd Ave, South	Birmingham	AL	35294
Texas Children's Hospital	\$75,000 00	Dr Meenakshi Hedge	501(c)(3)	74-1100555	6621 Fannin St	Houston	TX	77030
Children's Hospital	\$75,000 00	Dr Ofelia Crombel	501 (c) (3)	72-0467503	200 Henry Clay Avenue	New Orleans	LA	70116
Cook Children's Medical Center	\$75,000 00	Dr Kelly Loren Vallance	501 (c) (3)	75-2051646	801 Seventh Ave	Fort Worth	TX	76104
The Children's Hospital Foundation at Saint Francis	\$75,000 00	Dr Wendy Bourland	501 (c) (3)	20-2843418	6161 S Yale Avenue	Tulsa	OK	74136
CMC Foundation of Central Texas	\$75,000 00	Dr Virginia L Harrod	501(c)(3)	20-0466031	4900 Mueller Blvd	Austin	TX	78723
Joe DiMaggio Children's Hospital Foundation, Inc	\$75,000 00	Dr Brian Cauff	501 (c) (3)	65-0402343	3711 Garfield Street	Hollywood	FL	33021
University of Miami	\$75,000 00	Dr Christina E Fernandes	501 (c) (3)	59-0624456	Post Office Box 016960 (R-100)	Miami	FL	33101
St. Joseph's Hospital of Tampa Foundation	\$75,000 00	Dr Dana Ann Obzut	501 (c) (3)	59-1100828	2700 W Dr. Martin Luther King Jr Blvd, Ste 310	Tampa	FL	33607
Johns Hopkins University	\$75,000 00	Dr Eric Hutton Raabe	501 (c) (3)	52-0595110	1101 E 33rd Street, Ste D200	Baltimore	MD	21218
The Carolinas Healthcare Foundation, Inc	\$75,000 00	Dr Javier Oesterheld	501 (c) (3)	56-6060481	PO Box 32861	Charlotte	NC	32861
Children's Hospital of the King's Daughters Inc	\$75,000 00	Dr Eric J Lowe	501 (c) (3)	54-0506321	601 Children's Lane	Norfolk	VA	23507
Virginia Commonwealth University	\$75,000 00	Dr Khaled Yassine	170	54-6001758	2924 Brook Road	Richmond	VA	23220
The President & Directors of Georgetown College for Georgetown University	\$75,000 00	Dr Scott Nagel Myers	501(c)(3)	53-0196603	37th & O St, NW, Box 571173	Washington	DC	20057-1173
Orlando Health Foundation	\$75,000 00	Dr Robert M Sluphin	501(c)(3)	59-2244943	3180 Southgate Commerce Blvd, Ste 50	Orlando	FL	32806
Children's Healthcare of Atlanta Foundation Inc	\$75,000 00	Dr Kelly C Goldsmith	501(c)(3)	58-1710601	1687 Tullie Circle NE	Atlanta	GA	30329
Duke University	\$75,000 00	Dr Jessica L Heath	501(c)(3)	56-0532129	512 S Mangum St, Ste 400	Durham	NC	27701

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

Official Non-Profit Name (as listed on IRS documents)	Grant Amount	Hope Grant Recipient	Exemption	EIN # for Check	Mailing Address	City	State	Zip
CHOC Cancer Institute	\$2,000,000.00		501(c)(3)	95-6097416	455 S Main Street	Orange	CA	92868
Jimmy Fund/Boston	\$346,989.00		501(c)(3)	04-2263040	10 Brookline Place West, 6th Floor	Brookline	MA	02445-7295
Children's Hospital Orange County	\$ 175,000.00		501(c)(3)	95-6097416	455 S Main Street	Orange	CA	92868
Ann & Robert H Lurie Children's Hospital	\$ 140,000.00		501(c)(3)	36-2170833	225 East Chicago Avenue, Box 4	Chicago	IL	60611
Miami Children's Hospital	\$ 106,284.00		501(c)(3), 509(a)(1) and 170(b)(1)(A)(vi)	59-1720704	3100 S W 62 Ave	Miami	FL	33155
MD Anderson Cancer Center Orlando	\$ 5,000.00		501(c)(3)	59-2244943	3160 Southgate Commerce Blvd., Ste 50	Orlando	FL	32806
Lucile Packard Children's Hospital	\$ 5,000.00		509(a)(1) and 170(b)(1)(A)(vi)	77-04-40090	400 Hamilton Ave., Ste. 340	Palo Alto	CA	94301
Children's Hospital Los Angeles	\$ 5,000.00		501(c)(3)	95-1690977	4650 Sunset Blvd MS #29	Los Angeles	CA	90027
PADRES Contra El Cancer	\$ 4,805.00		501(c)(3)	95-4150330	10220 Riverside Drive, Suite B	Toluca Lake	CA	91602
Children's Memorial Hospital	\$ 4,595.00		501(c)(3)	36-2170833	2300 Children's Plaza	Chicago	IL	60614
Children's Healthcare of Atlanta	\$ 4,415.00		501(c)(3)	58-1770601	1687 Tullie Circle NE	Atlanta	GA	30329
Rady Children's Hospital	\$ 4,380.00		501(c)(3)	33-0170626	3020 Children's Way - MC 5005	San Diego	CA	92123
St Joseph's Children's Hospital of Tampa	\$ 4,230.00		501(c)(3)	59-1100828	2700 W Dr Martin Luther King Jr Blvd, Ste 310	Tampa	FL	33607
Children Battling Cancer	\$ 4,075.00		501(c)(3)	27-0746296	8101 NW 181 Street	Miami	FL	33015
Seattle Children's Hospital	\$ 4,070.00		501(c)(3)	91-0564748	P O Box 5371, M/S RC-507	Seattle	WA	98145
Hope & Heroes Children's Cancer Fund/Columbia University Medical Center	\$ 3,985.00		501(c)(3)	74-3066193	161 Fort Washington Ave., IP-7	New York	NY	10032
Texas Children's Hospital (Baylor College of Medicine)	\$ 3,975.00		501(c)(3)	74-1100555	6621 Fannin St	Houston	TX	77030
Rainbow Babies and Children's Hospitals (University Hospitals of Cleveland)	\$ 3,925.00		501(c)(3)	34-1567805	11100 Euclid Ave	Cleveland	OH	44106
Monroe Carell Jr Children's Hospital at Vanderbilt	\$ 3,885.00		501(c)(3)	62-0476822	PMB 406310, 2301 Vanderbilt Place	Nashville	TN	37240-6310
The Jimmy Fund	\$ 10,945.00		501(c)(3)	04-2263040	10 Brookline Place West, 6th Floor	Brookline	MA	02445-7295
St Baldrick's	\$ 7,570.00		501(c)(3)	20-1173824	1333 South Mayflower Avenue, Suite 400	Monrovia	CA	91016
The Andrew McDonough B+ Foundation	\$ 5,855.00		501(c)(3)	42-1741037	101 Rockland Circle	Wilmington	DE	19803
Women and Children's Hospital at Buffalo	\$ 10,000.00		501(c)(3)	16-1332044	726 Exchange Street	Buffalo	NY	14210
Hope & Heroes Children's Cancer Fund/Columbia University Medical Center	\$ 10,000.00		501(c)(3)	74-3066193	161 Fort Washington Ave., IP-7	New York	NY	10032
Children's Hospital of Pittsburgh of UPMC	\$ 10,000.00		501(c)(3)	25-1865744	One Children's Hospital Drive Central Plant, Floor 3	Pittsburgh	PA	15224
Pennsylvania State University	\$ 10,000.00		501(c)(3)	24-6000376	4401 Penn Avenue	Hershey	PA	17033
Upstate Golisano Children's Hospital	\$ 10,000.00		509(a)(3), 501(c)(3)	16-1068101	750 E Adams St-326 CAB	Syracuse	NY	13210
Kaplan Medical Center for Women & Children	\$ 50,000.00		501(c)(3)	99-0246364	1319 Punahou Street	Honolulu	HI	96826
Connecticut Children's Medical Center	\$ 10,000.00		501(c)(3)	22-2619869	282 Washington St	Hartford	CT	06106
Golisano Children's Hospital (Rochester)	\$ 10,000.00		501(c)(3)	16-0743209	518 Hyman Building	Rochester	NY	14627
Rhode Island Hospital (Hasbro Children's Hospital)	\$ 10,000.00		501(c)(3)	05-0258954	139 Point Street	Providence	RI	02903
Dana-Farber Cancer Institute	\$ 10,000.00		501(c)(3)	04-2263040	450 Brookline Ave, BP 372	Boston	MA	02215
Children's Hospital of Philadelphia Foundation	\$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)**

Department of the Treasury
Internal Revenue Service

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

2012

**Open To Public
Inspection**

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

Employer identification number
26-0628722

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	5	173,500	COST
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization 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
APPROVAL.

FORM 990, PART VI, LINE 12C

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

1. DUTY OF DISCLOSE:

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

2. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:

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

3. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

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

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

Employer identification number
26-0628722

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

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

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

4. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:

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

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

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

Employer identification number
26-0628722

FORM 990, PART VI, LINE 15B

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

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

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

FORM 990, PART VI, LINE 19

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

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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.

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

Employer identification number
26-0628722

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A)</u> <u>TOTAL</u> <u>REVENUE</u>	<u>(B)</u> <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	<u>(C)</u> <u>UNRELATED</u> <u>BUSINESS REV.</u>	<u>(D)</u> <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST INCOME	7,938.			7,938.
TOTALS	<u>7,938.</u>			<u>7,938.</u>

SCHEDULER (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2012

Open to Public Inspection

Employer identification number 26-0628722

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Table with 7 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are dashed.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Table with 7 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are dashed.

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

Schedule R (Form 990) 2012

Part III 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.)

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner; (k) Percentage ownership.

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

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 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?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

2 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.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	HYUNDAI MOTOR AMERICA	C	6,450,000.			
(2)	HYUNDAI MOTOR AMERICA	M				
(3)	HYUNDAI MOTOR AMERICA	N				
(4)						
(5)						
(6)						

Part VII Supplemental Information

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

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (Individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ MICKEY PONG

Telephone No ▶ 714 965-3584 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2012 or

▶ tax year beginning _____, 20____, and ending _____, 20____

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.