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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)  
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012**

|   |  |   |
|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>WHEELS TRUST ORGANIZATION INC   | <b>D</b> Employer identification number<br>38-3311442 |
|   | Number and street (or P O box, if mail is not delivered to street address) Room/suite<br>11546 GRAND RIVER | <b>E</b> Telephone number<br>(248) 373-2065           |
|   | City or town, state or country, and ZIP + 4<br>BRIGHTON, MI 48116  | <b>F</b> Group Exemption Number                       |

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website:  N/A

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)(7) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 119,501**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

|   |   |           |         |
|---|---|-----------|---------|
| Revenue   | <b>1</b> Contributions, gifts, grants, and similar amounts received   | <b>1</b>  |         |
|   | <b>2</b> Program service revenue including government fees and contracts  | <b>2</b>  |         |
|   | <b>3</b> Membership dues and assessments  | <b>3</b>  | 119,501 |
|   | <b>4</b> Investment income  | <b>4</b>  |         |
|   | <b>5a</b> Gross amount from sale of assets other than inventory   | <b>5a</b> |         |
|   | <b>b</b> Less cost or other basis and sales expenses  | <b>5b</b> |         |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | <b>5c</b> |         |
|   | <b>6</b> Gaming and fundraising events  |           |         |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)  | <b>6a</b> |         |
|   | <b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> |         |
| <b>c</b> Less direct expenses from gaming and fundraising events  | <b>6c</b>   |           |         |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | <b>6d</b>   |           |         |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | <b>7a</b>   |           |         |
| <b>b</b> Less cost of goods sold  | <b>7b</b>   |           |         |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     | <b>7c</b>   |           |         |
| <b>8</b> Other revenue (describe in Schedule O)   | <b>8</b>  |           |         |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>9</b>  | 119,501   |         |
| Expenses  | <b>10</b> Grants and similar amounts paid (list in Schedule O)  | <b>10</b> |         |
|   | <b>11</b> Benefits paid to or for members   | <b>11</b> | 32,374  |
|   | <b>12</b> Salaries, other compensation, and employee benefits   | <b>12</b> |         |
|   | <b>13</b> Professional fees and other payments to independent contractors   | <b>13</b> | 300     |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance   | <b>14</b> | 11,234  |
|   | <b>15</b> Printing, publications, postage, and shipping   | <b>15</b> |         |
|   | <b>16</b> Other expenses (describe in Schedule O)   | <b>16</b> | 42,674  |
| <b>17 Total expenses.</b> Add lines 10 through 16   | <b>17</b>   | 86,582    |         |
| Net Assets  | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)   | <b>18</b> | 32,919  |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  | <b>19</b> | 145,812 |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)  | <b>20</b> |         |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20   | <b>21</b> | 178,731 |

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year |           | (B) End of year |
|--|-----------------------|-----------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 17,047                | <b>22</b> | 35,843          |
| <b>23</b> Land and buildings . . . . .   | 303,742               | <b>23</b> | 303,742         |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  |                       | <b>24</b> |                 |
| <b>25 Total assets</b> . . . . .   | 320,789               | <b>25</b> | 339,585         |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   | 174,977               | <b>26</b> | 160,854         |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 145,812               | <b>27</b> | 178,731         |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

| What is the organization's primary exempt purpose?<br>PROVIDE AND MAINTAIN A CLUBHOUSE FOR MEMBERS   | <b>Expenses</b><br>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others ) |  |
|--|---|--|
| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title |   |  |
| <b>28</b> PROVIDE FACILITIES TO CONDUCT MEETINGS AND SOCIAL ACTIVITIES FOR FIFTY MEMBERS OF A MOTORCYCLE SOCIAL ORGANIZATION<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>28a</b>  |  |
| <b>29</b> PROVIDE FACILITIES TO CONDUCT MEETINGS AND SOCIAL ACTIVITIES FOR FIFTY MEMBERS OF A MOTORCYCLE SOCIAL ORGANIZATION<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>29a</b>  |  |
| <b>30</b><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>30a</b>  |  |
| <b>31</b> Other program services (describe in Schedule O)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>31a</b>  |  |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>  | <b>32</b>   |  |

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title        | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|--|--|---|--|
| See Additional Data Table |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2012) questions 33-45b regarding organizational activities, financials, and compliance. Includes questions about significant activities, changes to documents, unrelated business income, political expenditures, loans, and tax shelter transactions.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (TIM COFFEY TREASURER) and Date (2013-05-02)

Paid Preparer Use Only: Print/Type preparer's name (RONALD D FRANCHI), Date (2013-05-08), Firm's name (RD FRANCHI CPA PLLC), Firm's address (5330 HIGHLAND ROAD, WATERFORD, MI 48327), Firm's EIN, and Phone no (248) 674-0341

May the IRS discuss this return with the preparer shown above? See instructions

**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 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  
WHEELS TRUST ORGANIZATION INC

**Employer identification number**

38-3311442

| Identifier               | Return Reference                  | Explanation  |
|--------------------------|-----------------------------------|--|
| OTHER EXPENSES           | FORM 990-EZ,<br>PART I, LINE 16   | EXPENSES BANK FEES 119 INSURANCE 5,681 CONDOLENCES 273 CONTRIBUTIONS 719 CORPORATE FILING FEE 20 DOWN BROTHER 250 OFFICE SUPPLIES & EXPENSE 2,355 PROPERTY TAXES 9,516 REPAIRS & MAINTENANCE 11,766 INTEREST 11,975 TOTAL 42,674 |
| OTHER LIABILITIES        | FORM 990-EZ,<br>PART II, LINE 26  | MORTGAGE PAYABLE 174,977 160,854   |
| ALL OTHER ACCOMPLISHMENT | FORM 990-EZ,<br>PART III, LINE 31 | PROVIDE FACILITIES TO CONDUCT MEETINGS AND SOCIAL ACTIVITIES FOR FIFTY MEMBERS OF A MOTORCYCLE SOCIAL ORGANIZATION   |

## TY 2012 Compensation Explanation

**Name:** WHEELS TRUST ORGANIZATION INC

**EIN:** 38-3311442

| Person Name     | Explanation |
|-----------------|-------------|
| RUSSELL FLATH   |             |
| ERIC URE        |             |
| JOE BORIO       |             |
| DAVID AHO       |             |
| HENRY HAIGH III |             |
| HARRY COMIS     |             |
| CHRIS BRENDDEL  |             |

# Additional Data








**Software ID:**

**Software Version:**

**EIN:** 38-3311442

**Name:** WHEELS TRUST ORGANIZATION INC

## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (a) Name and title  | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| RUSSELL FLATH <br>PRESIDENT  | 20 00  | 0  |   |  |
| ERIC URE <br>SECRETARY       | 5 00   | 0  |   |  |
| JOE BORIO <br>TREASURER      | 5 00   | 0  |   |  |
| DAVID AHO <br>VICE PRESIDE   | 5 00   | 0  |   |  |
| HENRY HAIGH III <br>DIRECTOR | 5 00   | 0  |   |  |
| HARRY COMIS <br>DIRECTOR     | 5 00   | 0  |   |  |
| CHRIS BRENDEL <br>DIRECTOR | 5 00   | 0  |   |  |