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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: WHEELS TRUST ORGANIZATION INC
Number and street (or P O box, if mail is not delivered to street address): 11546 GRAND RIVER
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: BRIGHTON, MI 48116

D Employer identification number: 38-3311442

E Telephone number: (248) 373-2065

F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] 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) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$103,412

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 [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 103,412 for Total Revenue and 96,176 for Total Expenses.

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
22 Cash, savings, and investments	35,843	22	64,726
23 Land and buildings	303,742	23	303,742
24 Other assets (describe in Schedule O)		24	
25 Total assets	339,585	25	368,468
26 Total liabilities (describe in Schedule O)	160,854	26	144,446
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	178,731	27	224,022

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? PROVIDE AND MAINTAIN A CLUBHOUSE FOR MEMBERS	Expenses (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		
28 PROVIDE FACILITIES TO CONDUCT MEETINGS AND SOCIAL ACTIVITIES FOR FIFTY MEMBERS OF A MOTORCYCLE SOCIAL ORGANIZATION (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 PROVIDE FACILITIES TO CONDUCT MEETINGS AND SOCIAL ACTIVITIES FOR FIFTY MEMBERS OF A MOTORCYCLE SOCIAL ORGANIZATION (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	

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 (2013) questions 33-45b regarding organizational activities, financials, and compliance. Includes sections for political expenditures, Form 990-T filing, 501(c)(3) organizations, and foreign accounts.

	Yes	No
46		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		
48		
49a		
49b		

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 "

(a) Name and title of each employee	(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 "

(a) Name and business address of each independent contractor	(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 Yes No

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

Sign Here *****
 Signature of officer
 Date 2014-03-02
 TIMOTHY COFFEY TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: RONALD D FRANCHI
 Preparer's signature
 Date: 2014-03-02
 Check if self-employed
 PTIN: P00022874
 Firm's name: RD FRANCHI CPA PLLC
 Firm's EIN:
 Firm's address: 5330 HIGHLAND ROAD
 WATERFORD, MI 48327
 Phone no: (248) 674-0341

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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 address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RUSSELL FLATH PRESIDENT	20 00	0		
STEPHEN VINES SECRETARY	5 00	0		
TIMOTHY COFFEY TREASURER	5 00	0		
ROBIN ROBSON VICE PRESIDE	5 00	0		
JOHN ELY DIRECTOR	5 00	0		
ROBERT LOVE DIRECTOR	5 00	0		
JOSEPH BORIO DIRECTOR	5 00	0		

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
WHEELS TRUST ORGANIZATION INC

Employer identification number

38-3311442

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES BANK FEES 84 CORPORATE FILING FEE 20 CREDIT CARD FEES 42 INTEREST 9,690 TAX PREP FEE 400 MEMBERSHIPS 600 TOTAL 10,836
FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD CORRECTIONS 38,055
FORM 990-EZ, PART II, LINE 26	MORTGAGE PAY ABLE 160,854 144,446
FORM 990-EZ, PART III, LINE 31	PROVIDE FACILITIES TO CONDUCT MEETINGS AND SOCIAL ACTIVITIES FOR FIFTY MEMBERS OF A MOTORCYCLE SOCIAL ORGANIZATION

TY 2013 Compensation Explanation

Name: WHEELS TRUST ORGANIZATION INC

EIN: 38-3311442

Person Name	Explanation
RUSSELL FLATH	
STEPHEN VINES	
TIMOTHY COFFEY	
ROBIN ROBSON	
JOHN ELY	
ROBERT LOVE	
JOSEPH BORIO	