

## The White Family Foundation

### Grant Request-2022

Wheelchairs 4 Kids, Inc.

February 28, 2022

<b>Date of grant proposal submission</b>	Monday, February 28, 2022
<b>Are you an IRS compliant 501(c)3 public charity/ nonprofit?</b>	Yes
<b>Legal name of organization</b>	Wheelchairs 4 Kids, Inc
<b>Address</b>	1976 S. Pinellas Ave Tarpon Springs, FL 34689 United States
<b>Website</b>	<a href="http://www.Wheelchairs4kids.org">http://www.Wheelchairs4kids.org</a>
<b>Telephone</b>	727-946-0963
<b>Fax</b>	727-943-0963
<b>Organization Director/ Title</b>	Madeline Robinson/Executive Director
<b>Contact Person/Title</b>	Madeline Robinson/Executive Director
<b>Contact Person's Telephone</b>	727-946-0963
<b>Contact Person's Email</b>	<a href="mailto:Madeline@Wheelchairs4kids.org">Madeline@Wheelchairs4kids.org</a>
<b>Grant Request Amount</b>	\$20,000.00

**Please provide us with a brief description of your organization (no more than 500 words).**

Wheelchairs 4 Kids is a 501 (c) (3) nonprofit that was established in April 2011. We are dedicated to improving the lives of children with physical disabilities. To date, we have helped over 1,000 children.

We have 2 major programs. There is never a charge to the families for either program.

Our primary program is our Let's Roll program which addresses mobility and accessibility. Through this program, we provide wheelchairs, home and vehicle modifications as well as other assistive or therapeutic equipment at no charge to the family.

Many children faced with living with physical disabilities are in wheelchairs that are too small, in disrepair, or do not fit the needs of the child. Children outgrow their wheelchairs before government or insurance programs will allow for a replacement – generally every 5 years. Not only is it unsafe for a child to be in a chair that is inadequate for their needs, but it can impact their health in numerous ways including scoliosis, respiratory problems and pressure sores.

In addition, families are faced with trying to care for their special needs children in homes that have not been modified to meet their specific circumstances. Wheelchairs 4 Kids provides home modifications such as ramps, door-widening, and roll-in showers which not only increase the comfort and safety of the child, but the caregiver's as well. We have had several instances of parents "showering" their children in the back yard with garden hoses because they could no longer safely get the child in and out of the tub. No child should have to endure such an undignified experience. We have been able to remove the tubs and replace them with roll-in showers and shower chairs. We also do vehicle modifications such as lifts.

Applications for our help have increased dramatically due to the pandemic. Parents have lost their jobs and insurance.

We also have an inclusion program called "Wheely Fun Days" which addresses socialization, new experiences and fun! The children we serve are often left out; they don't get invited to birthday parties or the movies. Our kids have gone to Bucs Training Camp, played sled hockey with the Lightning, gone indoor sky-diving, zip-lining and even water-skiing using adaptive equipment.

We would welcome the opportunity to submit a grant and welcome you to visit our office. Thank you for taking the time to review this. We hope you will choose to once again help us give more kids the mobility and accessibility they so desperately need.

**Grant Purpose (one paragraph)**

We respectfully request to use your funds for both our Let's Roll Program and our Wheely Fun Days program. Of course, if you prefer that we designate the funds to one program or the other, we will be glad to do so. We ask that 90% be designated to direct program costs (wheelchairs, building materials, wheelchair lifts and other equipment). The remaining 10% would be designated to indirect program costs (shipping, liability insurance, HIPPA compliant data base, etc). However, we will abide by any restrictions you deem appropriate. Thank you!

**Annual Project/Program Budget (if request is for a specific project)** \$716,850.00

**Annual Organization Budget** \$896,112.00

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Grant Proposal

Submitted to: The White Family Foundation

**Contact Info:**

Wheelchairs 4 Kids  
1976 S. Pinellas Ave  
Tarpon Springs, FL 34689  
(727) 946-0963  
Madeline Robinson – Executive Director  
[Madeline@Wheelchairs4kids.org](mailto:Madeline@Wheelchairs4kids.org)

FYI – Due to a 35% increase in our rent, we will be moving on August 1<sup>st</sup>. We are waiting on the new lease to sign. We will still be in Tarpon Springs. We will notify you once we are in our new space.

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Nonprofit Status	See attached

**CASE STATEMENT:**

Wheelchairs 4 Kids is thankful and humbled for the generous contributions of The White Family Foundation in the past and hope that you will determine our mission worthy of your continued support. Your mission to make a positive difference in the lives of families and individuals aligns so well with our mission to improve the lives of children with physical disabilities. Your emphasis on promoting self-reliance mirrors our endeavor to give our kids the independence they so deserve by providing wheelchairs, home and vehicle modifications as well as other assistive or therapeutic equipment. Our focus is mobility and accessibility. We would welcome the opportunity for you to visit our office anytime to discuss our partnership with The White Family Foundation.

Wheelchairs 4 Kids is a 501 (c) (3) dedicated to improving the lives of children with physical disabilities. We respectfully submit this proposal to The White Family Foundation for support in the amount of \$20,000.00. Any funds received from The White Family Foundation will be designated to our “Let’s Roll” program. Funds will be used to purchase/fund wheelchairs, home and vehicle modifications, and other assistive or therapeutic equipment at no charge to the families who have been denied by Medicaid or insurance.

Wheelchairs 4 Kids helps children with physical disabilities that stem from illness, accident or abuse. Our referrals come from organizations such as All Children’s Hospital, United Cerebral Palsy, The Spina Bifida Association, Children's Medical Services, etc.

Many children faced with living with physical disabilities are in wheelchairs that are too small, in disrepair, or do not fit the needs of the child. Children outgrow their wheelchairs before government or insurance programs will allow for a replacement; typically 5 years. Not only is it unsafe for a child to be in a chair that is inadequate for their needs, but it can impact their health in numerous ways including scoliosis, respiratory problems and pressure sores. In addition, families are faced with trying to care for their special needs children in homes that have not been modified to meet their specific circumstances. We have actually done bathroom modifications for families who

were bathing their teenage children in the back yard with hoses because they could no longer safely get their kids in and out of the tub. Every child deserves dignity.

Since inception in May 2011 we have helped over 1,000 children. We provided equipment/modifications for 203 kids this past fiscal year. Our goal for the upcoming fiscal year which starts on June 1<sup>st</sup> is to complete 215 kids and host 15 Wheely Fun Days. We can't achieve these goals without the support of caring Foundations like yours! We have been fortunate to receive grants from such prestigious local institutions as the The Lightning Foundation, The

Tampa Bay Rays, Suncoast Credit Union, The Saunders Foundation, and the Foundation of Caring to name just a few. We do not receive any government funding.

The past 2 years have been tough on the population we serve. The number of applicants has increased dramatically due to a growing awareness of our services as well as parents losing their jobs and insurance due to COVID.

Presently, we have 57 applications in-house with more arriving weekly. We have 3 full time program coordinators and have enough demand to hire a fourth. However, we are holding off on hiring right now as we will be moving the office about a mile north of our current location due to our new landlord raising our rent by 35%. We have found a new home with a very kind and generous landlord. We will be moving in August and know that there will be additional expenses associated with moving.

We are fortunate to work with wonderful vendors and contractors who deeply discount their equipment and services for our kids. Because of this, our average cost to assist one child is approximately \$2,000 while the average value is about \$6,000.

Many of the children we serve long to be "just like other kids". Unfortunately, too often they are left out. This often leads to isolation and depression. The best way to help children overcome their misconceptions about kids who have disabilities is to bring them together. The first step on the bridge to friendship and inclusion is interaction and understanding. To address this issue, we developed an inclusion program called "Wheely Fun Days".

"Wheely Fun Days" is a program that allows our children to experience some activities and exclusive experiences that will create memories that will last a lifetime and help start a conversation with their peers! Our kids have had private parties with Winter, the dolphin with a prosthetic tail. They've gone to MLB games and Bucs Training camp. They have played sled hockey with The Lightning organization. We have taken them water-skiing using adaptive equipment, zip-lining, and indoor sky diving. This past year, we actually brought 18 kids and their parents to Breckenridge, CO to try Adaptive skiing thanks to a donation of 50 round trip tickets from Southwest Airlines! It was the most amazing experience.

### **Donor Confidence:**

Our donors should be very confident in their support of Wheelchairs 4 Kids. We have a score of 100 out of 100 on Charity Navigator. We do a voluntary independent audit each year. We are very proud to have been honored at a breakfast by the University of Tampa's Ethics Center recognizing our Executive Director and Founder, Madeline Robinson as the recipient of the Tampa Bay Ethics Award. In addition, we have been vetted and awarded the following honors in the last few years:

- The University of Tampa Center for Ethics - 2018 Tampa Bay Ethics Award
- WEDU Be More Awards Finalist – 2018
- U.S. Congressman Bilirakis - Certificate of Congressional Recognition – 2019
- Palm Harbor Chamber of Commerce Outstanding Nonprofit Award - 2019
- Tampa Bay Business Journal ONE Tampa Bay Nonprofit Organization – 2019
- WWE Wrestlemania Community Champion Award 2021

**Use of Funds:**

The funds received from the White Family Foundation will be designated to support our "Let's Roll" program which entails providing equipment or home and vehicle modifications. 90% will be directed to direct costs (actual equipment, building supplies, etc) with 10% covering indirect program costs such as liability insurance, shipping and delivery costs, HIPPA compliant data-base, phone, internet, etc. No funds from the White Family Foundation will be used to cover salaries.

**Grant amount requested:** \$20,000.00

**Population the program will impact:**

Our "Let's Roll" program impacts literally thousands of children, and adults as well. We provide equipment through this program for children from birth to age 21 without regard to gender, race, religious preference, sexual orientation, or political affiliation. The only requirement is a Medical Needs evaluation that recommends what equipment is needed and why. It must be completed and signed by the child's doctor or physical therapist. It must also acknowledge that the request has been denied by Medicaid or other insurance.

Not only is the child who receives the equipment impacted; their families and peers are impacted as well. Our services make it much easier for the family by providing not only wheelchairs, but bathing solutions, door widening, stair lifts, hoist lifts, and vehicle modifications which gives the child much more independence and the family a much needed break. It can be physically and emotionally exhausting caring for a child with special needs. Modifying a bathroom or installing a stair-lift has a tremendous impact on caregivers.

**Goals:**

GOALS, OBJECTIVES, OUTCOMES AND RESULTS  
2022-23

- GOAL: To improve the lives of children with physical disabilities.
- OBJECTIVE: To provide 215 children under the age of 21 with wheelchairs, assistive equipment, or home/vehicle modifications by May 31, 2023
- OUTCOME: These children and their families will benefit due to the increased comfort, safety, access, transportability and/or physical improvement dependent on the type of assistance we deliver.
  
- GOAL: To continue inclusion program.
- OBJECTIVE: To host a minimum of 15 events (Wheely Fun Days) for the children we serve that will enable them to socialize and interact with each other and able-bodied children by May 31, 2023.
- OUTCOME: Our kids will benefit socially by meeting other children who face some of the same issues they face. The able-bodied children will benefit by gaining a better understanding of the challenges our kids deal with as well as recognize that they all share some of the same hopes and dreams and have many similar mindsets in relation to pop culture and play. This program will allow our kids the opportunity to live more fulfilled lives, learn social skills and thrive.
  
- GOAL: To continue to be fiscally responsible.
- OBJECTIVE: To maintain our current ratio of over 80% of funding going toward program services. (Currently we are at 86%)
- OUTCOME: Donors can be confident that their donated dollars are being spent where intended; helping children with physical disabilities – the reason we exist!
  
- GOAL: To increase financial revenue.
- OBJECTIVE: To raise \$1,000,000.00 through individual, corporate, civic organizations and grant support

as well as host 4 fundraisers (Wheely Good Time Auction, Jail and Bail, Golf Tournament, Heroes Luncheon)

OUTCOME: We will be able to fund our programs and reach our goals!

**How the program's goals will be evaluated:**

Our HIPPA compliant database is capable of creating a variety of reports that allows us to monitor and benchmark our progress throughout the year to ensure we are on target.

Our primary goal for this particular project is to provide 215 children with new mobility equipment or modifications. We evaluate our progress throughout the year. At the end of the fiscal year (May 31, 2023), we will calculate how many children received equipment or modifications. In addition, we will break that total up into 4 categories (wheelchairs, assistive devices, home modifications and vehicle modifications). We will track the costs and values associated to each child's needs and determine the average. We also conduct a survey of each child's family to determine how we can improve the program. We will average out the ratings on the surveys to determine our approval rating. All of these results will be available to anyone. Once again, we are very proud to report that we received a 100% satisfaction rating last year.

**Financials:**

Please see attached:

- Annual operating and programs budget for the fiscal year 2022-23 (90% designated to Line Item 40)
- Balance Sheet (As of 5/4/2022)
- Profit and Loss to date (As of 5/4/2022)
- 990's

**Key Staff and Board Members:**

**Key Staff Bios**

**Executive Director: Madeline Robinson**

Our founder, Madeline Robinson has worked in the non-profit sector for the past twenty two years. She was also active in the Florida Jaycees and was recognized for her dedication and leadership skills on several occasions at the state and national level. As president of her local chapter she oversaw the Disaster Relief efforts following Hurricane Andrew. She served on the Florida Jaycee state board for three years as the Community Development V.P., Individual Development V.P. and Management V.P. respectively. She was also instrumental in the passage of the Jeffery Tackett Law Enforcement Safety Act in the state of Florida.

Madeline worked with children's charities for several years and frequently saw kids in wheelchairs that were too small or were falling apart. She started Wheelchairs 4 Kids in a spare room at her home and has been instrumental in the growth and success of the nonprofit. It is her proudest achievement. She was recently paid tribute to at a breakfast held in her honor by the University of Tampa Ethics Center where she was recognized with The Tampa Bay Ethics Award. She believes that if you believe is something strongly enough, you can make it happen!

**Director of Development: Lisa Schmidt**

Lisa has been with Wheelchairs 4 Kids for 4 years. She graduated Suma Cum Laude from Monroe Community College with a degree in Communications and Media Arts. Lisa began working in non-profit fundraising in 1995. She has extensive experience in communications, media production, persuasive writing, relationship building, marketing and research. Lisa collaborated on a 2.5 million dollar New York State grant to secure the easement of the 6,000-acre Camp Massawepie for the Boy Scouts of America in 2003.

**Executive Assistant/Event Coordinator: Elizabeth Reinhardt**

Elizabeth graduated from Carthage College in Kenosha, Wis., with a dual B.S. in Spanish Language and Public Relations. After graduation, she began her career in social media management with at a multi-cultural marketing

agency in Chicago where her client portfolio focused on non-profits. Upon relocating to Florida, she moved into events and hospitality. She joined Wheelchairs 4 Kids in May 2021.

**Programs Manager: Nina Shaw**

Nina has worked in the programs department for 5 years. Prior to working at Wheelchairs 4 Kids, she was a Press and Public Relations Manager at 20th Century Fox for four years planning and executing all press and red carpet events, talent tours as well as movie premieres. Working in marketing for Bacardi allowed her to use her creativity to explore new brand partnerships, create and enhance brand building events while enhancing partnerships. Her favorite job experience was being an elementary school teacher, working in an inclusive school which made her more aware of the challenges special families go through on a daily basis. Nina joined Wheelchairs 4 Kids as a program coordinator in January of 2017 and quickly rose to the top becoming our team leader of our programs and now, manager.

**Programs Coordinator: Erin Wilson**

Erin Wilson has been a programs coordinator for Wheelchairs 4 Kids for 3 years. Erin has always had a passion for helping and has volunteered for many years assisting children, seniors and animal shelters! She also worked in customer service for 8 years, and was always sure to spread cheer and happiness to each person she came in contact with. Erin lives by the quote, "Helping one person might not change the whole world, but it could change the world for that one person."

**Programs Coordinator: Kimberly Kreiner**

Kimberly is new to Wheelchairs 4 Kids; joining the staff in September 2021. She has worked for non-profit organizations for several years, but her passion is working with children and helping put smiles on their faces. She is also a children's theater teacher and believes that teaching kids confidence and positive self-esteem at a young age is extremely important. She was a volunteer with Give Kids the World in Orlando and was the Events Chairperson for the bowling league of the Pennsylvania Special Olympics in 2006 and 2007. "Happiness doesn't amount from what we get, but from what we give."

**Board of Directors  
Board Members**

**President**

Hal Williams (2015)  
791 Fairwood Lane  
Clearwater, FL 33579  
(727) 365-9939  
[hwilli8@tampabay.rr.com](mailto:hwilli8@tampabay.rr.com)  
Retired—Allstate Insurance  
Region IV National Vice President, US JCI Senate

Hal Williams has been involved with the Jaycees/JCI Senate for over 30 years and has served on the State and National Boards. He has worked with many charities in a fundraising and planning capacity. He currently serves on the National JCI Senate Board.

**Vice Chair**

Tammy Dickman (2016)  
4597 Grand Lakeside Drive  
Palm Harbor, FL 34684  
(813) 244-1469  
[tammydickman@gmail.com](mailto:tammydickman@gmail.com)  
Dickman Artesian Farms

Tammy Dickman is a tireless advocate for Wheelchairs 4 Kids. She worked for ALLPRO Corporation in Tampa for 16+ years as a Director of Operations and she devoted a lot of her time to running the companies large meetings and events. Tammy's family has been very active in giving back to the local community in the Ruskin area for many years.

**Treasurer** Kimberly Perry, CPA, PA (2015)  
3705 Tampa Rd. Ste 14  
Oldsmar, FL 34677  
(727) 560-0359  
[Kperry7131@gmail.com](mailto:Kperry7131@gmail.com)  
Kimberly Perry, CPA - CPA Services

Kim Perry is a CPA with experience in auditing nonprofits herself and has secured an independent audit firm to do our audits each year. She is responsible for reviewing our books on a regular basis, making sure we are compliant and overseeing the audit and 990's which are performed by an independent CPA firm.

**Secretary** Susanne Gomez (2014)  
8204 Tranquil Drive  
Spring Hill, FL 34606  
(352)686-5552 (home)  
(352)232-0835 (cell)  
[Susyq0816@aol.com](mailto:Susyq0816@aol.com)  
Florida Dept of Revenue - Staff Development Training Coordinator

Susanne is a trainer with the Florida Dept. of Revenue. She has been with them for over 30 years. She was active in the Jaycees for many years serving on the local and State level. She has experience with event planning, budgets, etc.

## BOARD MEMBERS

David Wright (2015)  
2639 Blossom Lake Drive  
Holiday, FL 34691  
(727) 641-8045  
[bigred2639@hotmail.com](mailto:bigred2639@hotmail.com)  
Vice President – Primerica

David Wright is an amazing advocate for Wheelchairs 4 Kids. He is active in several organizations and is very well connected. He is a photographer on the side and helps over 50 different organizations by donating his photography expertise at no charge. He serves on several boards and is responsible for much of our success through his ability to spread the word and get his friends involved.

Randy Knorr **(2016)**  
10310 Greenhedges Dr.  
Tampa, FL 33626  
(813) 855-7517 (home)  
[Pnatscoach@yahoo.com](mailto:Pnatscoach@yahoo.com)  
Washington Nationals – First Base Coach

Randy and his late wife, Kim were instrumental in the formation of Wheelchairs 4 Kids. Kim was our first President. Randy chairs our golf tournament each year in the memory of Kim and involves many of his MLB friends. He also hosts our kids at an event at the Washington Nationals Spring Training Camp.

Terald Hopkins **(2018)**  
5014 Givendale Lane  
Tampa, FL 33647  
(904) 304-6515  
[teraldhopkins@yahoo.com](mailto:teraldhopkins@yahoo.com)  
General Manager – Ford of Port Richey

Terald Hopkins is a local businessman with 34 years of automotive experience. He currently serves as the GM at Ford of Port Richey. He has been very active in using his success in the business to promote charities that are dear to his heart. He believes that it is important to give back to the communities in which he lives and works. As a family man with 3 children, he feels that causes that help children are so important in shaping our future. That is why Wheelchairs 4 Kids will be always one of the main focuses of the charity work he is involved in. Terald has raised 10's of thousands of dollars on his own for our Jail and Bail event!

Danny Persaud **(2019)**  
4314 W. MLK Blvd.  
Tampa, FL 33614  
[danny@midflaarmored.com](mailto:danny@midflaarmored.com)  
CEO and President - Mid Florida Armored & ATM Services, Inc.

A passionate leader with first class communication skills and a long track record of successful management, Danny has extensive knowledge of all current economic, social and regulatory issues. An inspiring and motivational manager with first-rate interpersonal skills and the ability and passion to develop the vision of any company he manages. Possessing over 27 years of experience in the armored and banking industry, vast managing directorship and CEO experience, he will always ensure that clear objections and expectations are delivered and maintained. He is adept at formulating creative solutions to business problems and his business history demonstrates an eye for building qualified teams of professionals to bring these solutions to fruition.

David Baxter (2021)

2709 Harvest Drive  
Sarasota, FL 34240  
[david.baxter@harmar.com](mailto:david.baxter@harmar.com)  
Vice President, Product Strategy at Harmar Mobility, LLC

David Baxter is a local businessman with over 25 years of marketing and product development experience. David joined Harmar Mobility, a leading manufacturer of lifts for people in wheelchairs or with limited physical mobility in 2014. David is a Certified Aging in Place Specialist (CAPS) which helps people of all ages make their homes more accessible. David & Harmar got involved with Wheelchairs4Kids as a strategic partner and vendor. Harmar's motto is "We Lift Lives" and views working with W4K as a great way to do just that! David lives in Sarasota, FL with his wife Jeana and has 4 sons.

Founder/Executive Director Madeline Robinson (2011)

1406 Stonehaven Way  
Tarpon Springs, FL 34689  
(727) 946-0963 (home)  
(727) 946-2422 (cell)  
[Madeline@Wheelchairs4kids.org](mailto:Madeline@Wheelchairs4kids.org)  
Wheelchairs 4 Kids – Executive Director

Madeline has worked as an Executive in the nonprofit sector for over 20 years. She started Wheelchairs 4 Kids from her home in 2011. She believes in transparency and making sure that donor dollars are used responsibly.

**Additional Information:**

Please see attached:

- Annual Report
- News Articles
- Marketing Collateral (Videos - links)
  - Colorado trip - <https://www.youtube.com/watch?v=-D1X368NVmM>
  - Programs - <https://www.youtube.com/watch?v=r14ikYqsbRE&t=10s>

**Non-Profit Status Documentation:**

Please see attached:

- 501 (c) (3) Determination letter
- Florida Charity Solicitation of Contributions Approval Letter (Applied for new one April 20)

**Conclusion:**

Thank you for your consideration. We do hope that you will determine our mission worthy of your continued support and our kids' needs deserving of your gift. Should you have any questions, suggestions or comments, please do not hesitate to contact us.

Thank you!

**Wheelchairs 4 Kids Proposed Budget  
Fiscal 2021-2022**

Line Item	Revenue	2022-23 Operations	Programs
1	Grants (incl Civic, foundations, Corporate) (372K Dev \$78,000 programs)	\$ 600,000.00	
3	Website, Social Media, Online Auctions	\$ 20,000.00	
4	Events -Golf Tournament	\$ 60,000.00	
5	Events - Jail and Bail	\$ 160,000.00	
6	Events -Wheely Good Time Fundraiser	\$ 150,000.00	
7	Events - (Elisa's 5 K, Appreciation Lunch, Charley's)	\$ 50,000.00	
8	Individuals	\$ 50,000.00	
9	Cause Marketing	\$ 10,000.00	
10	Recurring gifts program (75 X15 X12)	\$ 40,000.00	
<b>11</b>	<b>Total Revenue</b>	<b>\$ 1,140,000.00</b>	
<b>Line Item</b>			
12	In Kind	\$ 400,000.00	\$ 300,000.00
<b>Line Item</b>	<b>Expenses</b>		
13	Legal/Registrations (solicitation licenses,etc)	\$ 4,000.00	\$ 2,000.00
14	Direct cost of fundraising (501 Auctions, Meals, Programs, etc)	\$ 71,000.00	
15	Executive Director Salary	\$ 80,000.00	\$ 40,000.00
16	Staff salaries and wages	\$ 207,000.00	\$ 101,000.00
17	Payroll Taxes	\$ 23,000.00	
18	Benefits (health and dental insurance)	\$ 45,000.00	
19	Payroll Management	\$ 2,500.00	
20	Accounting (incl Audit and 990's preparation)	\$ 25,000.00	
21	Office Supplies (incl furniture)	\$ 8,000.00	
22	Printing/copying (Not incl. in fundraising events) (Trifolds, flyers, etc)	\$ 3,000.00	\$ 2,000.00
23	Postage/shipping (not incl. in fundraising)	\$ 6,000.00	\$ 4,000.00
24	Website hosting and Design (Go Daddy, plug- ins)	\$ 2,500.00	\$ 1,500.00
25	Marketing (T-shirts for kids, signs, advertising, magnets)	\$ 2,000.00	\$ 1,000.00
26	Phones (incl cell)	\$ 8,000.00	\$ 5,000.00
27	Recognition (plaques, certs)	\$ 3,000.00	
28	Networking (Memberships, dinners, etc)	\$ 2,500.00	
29	Occupancy (\$2323.90/mo)	\$ 27,886.80	\$ 18,000.00
30	Electric/Water	\$ 5,000.00	\$ 3,500.00
31	Maintenance (air conditioner, water heater, etc)	\$ 1,200.00	
32	Insurance (Liab, D & O and Workman's Comp)	\$ 11,000.00	\$ 7,000.00
33	Equipment (Computers, etc)	\$ 1,000.00	
34	Database (Secure online, HIPPA Compliant)	\$ 4,000.00	
35	Software/IT Services	\$ 1,000.00	
36	Gas	\$ 4,000.00	\$ 2,500.00
37	Travel and conferences (SOPAC, Planet Philanthropy)	\$ 1,500.00	
38	Training/publications	\$ 1,000.00	\$ 500.00
39	Contract services (legal, grant writing, web writing)	\$ 7,000.00	
40	Direct Cost of Let's Roll program (215 kids X \$2000)	\$ 430,000.00	\$ 430,000.00
41	Direct Cost of inclusion program (Wheely Fun Days)	\$ 105,000.00	\$ 105,000.00
42	Direct Cost of Facility program	\$ 500.00	\$ 500.00
43	Moving expenses (build out, furniture, printing, phone lines, IT, etc)	\$ 15,000.00	
<b>44</b>	<b>Total Expenses</b>	<b>\$ 1,107,586.80</b>	<b>\$ 1,023,500.00</b>

(90% designated to Line Item 40 - 10% to indirect Program costs such as shipping, HIPPA compliant data base, liability insurance, etc)

**Wheelchairs 4 Kids**  
**Balance Sheet**  
As of May 4, 2022

May 4, 22

**ASSETS**

**Current Assets**

**Checking/Savings**

10160 · Agency Reserve Fund	100,250.72
10150 · Money Market 5426	127,843.47
10000 · General Checking - 1754	411,633.68
10200 · PayPal	-18,470.38
10500 · Petty Cash	282.38
11000 · Programs Checking - 1762	88,454.44

**Total Checking/Savings** 709,994.31

**Accounts Receivable**

11001 · Accounts Receivable	
11007 · Grants Recievable	-500.00
11006 · Jail and Bail Sponsorship	500.00
<b>Total 11001 · Accounts Receivable</b>	<u>0.00</u>

**Total Accounts Receivable** 0.00

**Other Current Assets**

12100 · Inventory Asset	36,268.92
12100.1 · Inventory Allowance	-32,000.00
12103 · Prepaid Expenses	1,493.98

**Total Other Current Assets** 5,762.90

**Total Current Assets** 715,757.21

**Fixed Assets**

15000 · Furniture and Equipment	12,312.03
15999 · Accumulated Depreciation	-10,381.72

**Total Fixed Assets** 1,930.31

**Other Assets**

18700 · Security Deposits Asset	1,337.95
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**Total Other Assets** 1,337.95

**TOTAL ASSETS** 719,025.47

**LIABILITIES & EQUITY**

**Liabilities**

**Current Liabilities**

<b>Accounts Payable</b>	
20000 · Accounts Payable	-3,339.03
<b>Total Accounts Payable</b>	<u>-3,339.03</u>

**Wheelchairs 4 Kids**  
**Balance Sheet**  
As of May 4, 2022

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**Credit Cards**

20100 · American Express 0-51000	-3,834.76
20150 · Chase 1604	<u>-10,331.54</u>
<b>Total Credit Cards</b>	<b>-14,166.30</b>

**Other Current Liabilities**

20400 · Overpayment Due Emp Dental	315.64
20300 · Checks Outstanding	6,591.18
20200 · Payroll Liabilities	<u>581.10</u>
<b>Total Other Current Liabilities</b>	<b><u>7,487.92</u></b>

**Total Current Liabilities** -10,017.41

**Long Term Liabilities**

27200 · Other Liabilities	
27210 · PPP LOAN	<u>46,627.00</u>
<b>Total 27200 · Other Liabilities</b>	<b><u>46,627.00</u></b>

**Total Long Term Liabilities** 46,627.00

**Total Liabilities** 36,609.59

**Equity**

32000 · Undesignated Net Assets	330,896.83
31500 · Temp. Restricted Net Assets	132,020.32
<b>Net Income</b>	<u>219,498.73</u>
<b>Total Equity</b>	<b><u>682,415.88</u></b>

**TOTAL LIABILITIES & EQUITY** 719,025.47

**Wheelchairs 4 Kids**  
**Profit & Loss**  
June 1, 2021 through May 4, 2022

Jun 1, '21 - May 4, 22

Ordinary Income/Expense

Income

49520 · MISC INCOME

49550 · CFTB Portfolio Income	-1,640.28
49530 · Interest Income	510.72
49540 · Cash Back Rewards	38.34

Total 49520 · MISC INCOME	-1,091.22
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43400 · Direct Public Support

43455 · Donations Civic, Found, Corp	167,509.46
43420 · Grants (Civic, Found, Corp)	317,406.30
43440 · Gifts in Kind - Goods	294,536.86
43445 · Gift In Kind - Services	4,222.50

43450 · Individual

43451 · Guardians of the Wheel Kids	7,702.15
43450 · Individual - Other	72,020.44

Total 43450 · Individual	79,722.59
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Total 43400 · Direct Public Support	863,397.71
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47200 · Program Income

47210 · Wheely Winter Christmas

47211 · Gift In Kind WWXmas	349.00
47210 · Wheely Winter Christmas - Other	4,000.00

Total 47210 · Wheely Winter Christmas	4,349.00
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47200 · Program Income - Other	1,235.00
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Total 47200 · Program Income	5,584.00
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49000 · Fundraising Income

49100 · Event - Jail & Bail

49110 · Gift In Kind J&B	745.00
49100 · Event - Jail & Bail - Other	208,561.36

Total 49100 · Event - Jail & Bail	209,306.36
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49200 · Event - A Wheely Good Time	110,993.00
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49300 · Event - Golf Tournament

49301 · Gifts In Kind-Goods	326.25
49300 · Event - Golf Tournament - Other	83,958.27

Total 49300 · Event - Golf Tournament	84,284.52
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49350 · Event- Heroes Luncheon	19,520.00
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Total 49000 · Fundraising Income	424,103.88
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Total Income	1,291,994.37
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**Wheelchairs 4 Kids**  
**Profit & Loss**  
June 1, 2021 through May 4, 2022

Jun 1, '21 - May 4, 22

Expense

**57000 · Program Services Expenses**

**57020 · Let's Roll Programs**

57021 · Gifts In Kind 289,063.30

57020 · Let's Roll Programs - Other 324,945.81

**Total 57020 · Let's Roll Programs 614,009.11**

**57910 · Wheely Fun Days**

57930 · Ski Outing 30,430.61

57909 · Gift In Kind 6,887.00

**57911 · A Wheely Winter Christmas**

57811 · Gifts In Kind 349.00

57911 · A Wheely Winter Christmas - Other 8,633.23

**Total 57911 · A Wheely Winter Christmas 8,982.23**

**57912 · WWE Fun Day**

57812 · Gifts In Kind 6,045.00

57912 · WWE Fun Day - Other 190.00

**Total 57912 · WWE Fun Day 6,235.00**

**57916 · Wheely Fun Day Water Skiing**

57816 · Gift In Kind 163.71

57916 · Wheely Fun Day Water Skiing - Other 1,970.39

**Total 57916 · Wheely Fun Day Water Skiing 2,134.10**

**57920 · Gatorland Wheely Fun Day**

57921 · Gift In Kind 0.00

57920 · Gatorland Wheely Fun Day - Other 5,586.42

**Total 57920 · Gatorland Wheely Fun Day 5,586.42**

57910 · Wheely Fun Days - Other 8,965.98

**Total 57910 · Wheely Fun Days 69,221.34**

**60950 · Travel Expenses**

60955 · Parking and Tolls 3.00

60950 · Travel Expenses - Other 2,528.24

**Total 60950 · Travel Expenses 2,531.24**

**Total 57000 · Program Services Expenses 685,761.69**

**60925 · Program Networking**

60990 · Meetings 1,439.09

**Total 60925 · Program Networking 1,439.09**

**Wheelchairs 4 Kids**  
**Profit & Loss**  
June 1, 2021 through May 4, 2022

Jun 1, '21 - May 4, 22

<b>60100 · Bank &amp; Merchant Fees</b>	
60102 · Community Foundation Mgmt Fees	171.40
60103 · Processing Fees	4,843.64
60105 · Bank Fees	90.00
60100 · Bank & Merchant Fees - Other	21.27
	<hr/>
<b>Total 60100 · Bank &amp; Merchant Fees</b>	<b>5,126.31</b>
<b>60255 · Office Expenses</b>	
60120 · Postage, Mailing Service	1,313.41
60140 · Supplies	4,764.26
60160 · Telephone, Telecommunications	5,170.41
60520 · Repairs & Maintenance	464.14
60530 · Office Equipment	5,582.65
60255 · Office Expenses - Other	934.13
	<hr/>
<b>Total 60255 · Office Expenses</b>	<b>18,229.00</b>
<b>60400 · Executive Director Salaries</b>	68,676.85
<b>60401 · Staff Salaries</b>	131,822.67
<b>60411 · Staff Payroll Tax</b>	15,330.58
<b>60490 · Occupancy</b>	
60500 · Office Rent	15,965.93
60510 · Utilities	1,616.15
	<hr/>
<b>Total 60490 · Occupancy</b>	<b>17,582.08</b>
<b>60501 · Advertising and Promotion</b>	7,305.70
<b>60900 · Fundraising Events</b>	
<b>59100 · Event - Jail &amp; Bail</b>	
59101 · Gifts In Kind	745.00
59100 · Event - Jail & Bail - Other	3,333.52
	<hr/>
<b>Total 59100 · Event - Jail &amp; Bail</b>	<b>4,078.52</b>
<b>59200 · Event - A Wheely Good Time</b>	
59201 · Gifts In Kind-Goods	400.00
59200 · Event - A Wheely Good Time - Other	10,247.58
	<hr/>
<b>Total 59200 · Event - A Wheely Good Time</b>	<b>10,647.58</b>
<b>59500 · Events-Golf Tournament</b>	
59510 · Gift In Kind Golf Tournament	901.81
59500 · Events-Golf Tournament - Other	28,007.65
	<hr/>
<b>Total 59500 · Events-Golf Tournament</b>	<b>28,909.46</b>
<b>59550 · Event-Heroes Luncheon</b>	2,660.76
<b>59600 · Event-External</b>	6,700.01
<b>60900 · Fundraising Events - Other</b>	2,880.00
	<hr/>

**Wheelchairs 4 Kids**  
**Profit & Loss**  
June 1, 2021 through May 4, 2022

	<u>Jun 1, '21 - May 4, 22</u>
<b>Total 60900 · Fundraising Events</b>	55,876.33
60930 · Insurance - Liability, D and O	1,950.95
60931 · Employee Benefits	29,072.59
60933 · Insurance-Worker's Comp	805.00
60934 · Insurance-Dental	176.10
60940 · Fees for Services	
60415 · Payroll Fees	2,707.21
60920 · Registration Fees	2,025.45
60941 · Accounting Fees	17,335.00
60943 · Outside Contract Services	3,140.00
<b>Total 60940 · Fees for Services</b>	<u>25,207.66</u>
60980 · IT	
60260 · Software	748.93
60910 · Database	5,100.18
60915 · Website/Email	1,922.43
60980 · IT - Other	262.50
<b>Total 60980 · IT</b>	<u>8,034.04</u>
60965 · Training	99.00
<b>Total Expense</b>	<u>1,072,495.64</u>
<b>Net Ordinary Income</b>	<u>219,498.73</u>
<b>Net Income</b>	<u><u>219,498.73</u></u>

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUN 1, 2020** and ending **MAY 31, 2021**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Wheelchairs 4 Kids, Inc.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1976 S Pinellas Ave.**  
 City or town, state or province, country, and ZIP or foreign postal code: **Tarpon Springs, FL 34689**

**D** Employer identification number: **\*\* - \*\*\*8941**

**E** Telephone number: **727-946-0963**

**G** Gross receipts \$: **1,283,210.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**F** Name and address of principal officer: **Madeline Robinson same as C above**

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.wheelchairs4kids.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2011** **M** State of legal domicile: **FL**

**H(c)** Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Wheelchairs 4 kids is dedicated to improving the lives of children with physical disabilities.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	37
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	924,492.	1,071,550.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,466.	334.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,549.	131,143.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	954,507.	1,203,027.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	670,216.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		245,698.	252,814.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) <b>62,817.</b>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		113,125.	121,698.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,029,039.	991,970.	
19 Revenue less expenses. Subtract line 18 from line 12	-74,532.	211,057.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 343,127.	End of Year 561,809.
	21 Total liabilities (Part X, line 26)	52,869.	60,494.
	22 Net assets or fund balances. Subtract line 21 from line 20	290,258.	501,315.

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Kimberly Perry* Date: **10/7/2021**  
 Type or print name and title: **Kimberly Perry, Treasurer**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Cynthia J. Zygadlo** Preparer's signature: *C. Zygadlo* Date: \_\_\_\_\_ Check if self-employed:  PTIN: **P00554679**  
 Firm's name: **PDR CPAS + Advisors** Firm's EIN: **\*\* - \*\*\*7531**  
 Firm's address: **4023 Tampa Road, Suite 2000 Oldsmar, FL 34677** Phone no.: **727-785-4447**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: Wheelchairs 4 Kids is dedicated to improving the lives of children with physical disabilities. We provide wheelchairs, home and vehicle modifications as well as other assistive or therapeutic equipment at no charge to the families.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 776,531. including grants of \$ 617,458. ) (Revenue \$ ) Equipment modification program - we provide wheelchairs, home, and vehicle modifications, as well as other assistive equipment at no charge to the families. In fiscal 2021 we provided 194 kids with equipment and/or modifications, a 7% increase over the prior year.

4b (Code: ) (Expenses \$ 39,950. including grants of \$ ) (Revenue \$ ) Inclusion program - Wheely fun days allows our children to experience some of the activities that we take for granted as well as some exclusive experiences. In fiscal 2021, we hosted a total of 14 Wheely Fun Days including our Christmas party with Winter the dolphin and sled hockey. The program is primarily funded with donated goods and services.

4c (Code: ) (Expenses \$ 53,853. including grants of \$ ) (Revenue \$ ) Facilities Program - In the event that receive gently used items as a donation that we are not able to present to a child, we offer it to facilities, hospitals, physical therapy facilities, schools that cater to special needs, etc. in as-is condition at no charge. We believe that if they can use the equipment for several clients or in a lending program, it is better to pass it along than to hold on to it. During 2021, we gave away 41 items to 7 facilities valued at \$53,853.

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

4e Total program service expenses 870,334.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

**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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	9	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	9	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AR, CO, FL, GA, NC, OH, OK, OR, SC, TN, VA, NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **▶**  
**Madeline Robinson - 727-946-0963**  
**1976 S Pinellas Ave., Tarpon Springs, FL 34689**

See Schedule O for full list of states





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	85,477.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	42,920.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	943,153.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 374,543.			
	<b>h Total.</b> Add lines 1a-1f			<b>1,071,550.</b>			
	Program Service Revenue			Business Code			
2 a							
b							
c							
d							
e							
<b>g Total.</b> Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		334.		334.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
	7 c	Gain or (loss)					
7 d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ 85,477. of contributions reported on line 1c). See Part IV, line 18		204,795.				
		8 b	Less: direct expenses	80,183.			
8 c	Net income or (loss) from fundraising events		124,612.		124,612.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 b	Less: cost of goods sold				
		10 c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
	11 a	Other income	900099	5,000.	5,000.		
	b	Cash Back Rewards	900099	1,531.	1,531.		
	c						
	d	All other revenue					
11 e	<b>Total.</b> Add lines 11a-11d		6,531.				
12	<b>Total revenue.</b> See instructions		1,203,027.	6,531.	0.	124,946.	

**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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	617,458.	617,458.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	76,293.	53,405.	11,444.	11,444.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	123,299.	76,040.	19,596.	27,663.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	37,903.	24,582.	5,895.	7,426.
10 Payroll taxes	15,319.	9,935.	2,383.	3,001.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,232.		12,232.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	5,582.	4,745.		837.
13 Office expenses	7,343.	5,508.	1,100.	735.
14 Information technology	7,928.	5,946.	1,189.	793.
15 Royalties				
16 Occupancy	29,977.	25,481.	3,827.	669.
17 Travel	1,727.	1,468.		259.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,804.			2,804.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,124.	843.	169.	112.
23 Insurance	3,887.	3,304.	583.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Wheely Kid Fun Days</b>	39,950.	39,950.		
b <b>Bank Fees</b>	3,566.			3,566.
c <b>Registration Fees</b>	3,004.			3,004.
d <b>Payroll Processing</b>	2,574.	1,669.	401.	504.
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	991,970.	870,334.	58,819.	62,817.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	192,109.	<b>1</b>	371,683.
	<b>2</b> Savings and temporary cash investments .....	126,461.	<b>2</b>	127,796.
	<b>3</b> Pledges and grants receivable, net .....	6,000.	<b>3</b>	9,500.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	8,402.	<b>8</b>	42,718.
	<b>9</b> Prepaid expenses and deferred charges .....	5,763.	<b>9</b>	6,983.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,693.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,902.		
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,338.	<b>15</b>	1,338.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	343,127.	<b>16</b>	561,809.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,274.	<b>17</b>	13,551.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	42,920.	<b>24</b>	46,627.
	<b>25</b> 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 .....	3,675.	<b>25</b>	316.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	52,869.	<b>26</b>	60,494.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	224,748.	<b>27</b>	369,232.
	<b>28</b> Net assets with donor restrictions .....	65,510.	<b>28</b>	132,083.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	290,258.	<b>32</b>	501,315.
<b>33</b> Total liabilities and net assets/fund balances .....	343,127.	<b>33</b>	561,809.	

**Part XI Reconciliation of Net Assets**

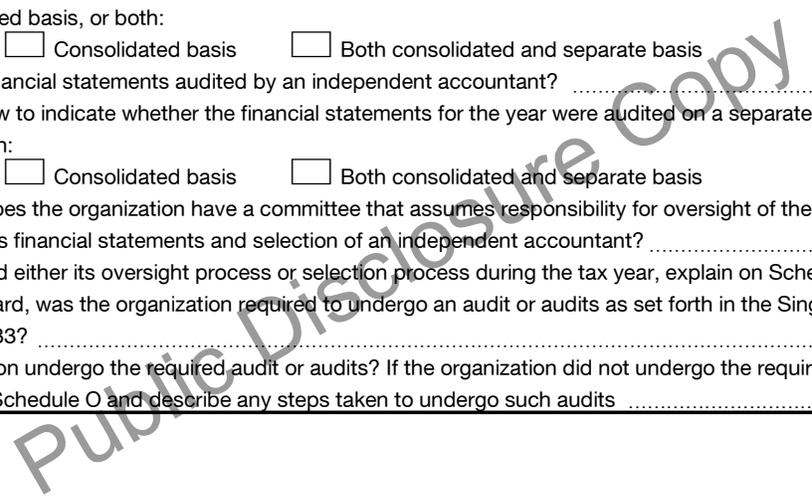
Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,203,027.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	991,970.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	211,057.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	290,258.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	501,315.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 on Schedule O.	X	
<b>3a</b>	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? _____		X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____		





**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	349,591.	477,184.	908,535.	925,598.	1,071,550.	3,732,458.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	349,591.	477,184.	908,535.	925,598.	1,071,550.	3,732,458.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						3,732,458.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	349,591.	477,184.	908,535.	925,598.	1,071,550.	3,732,458.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				1,466.	334.	1,800.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		59,192.	110.	28,433.		87,735.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					6,531.	6,531.
<b>11 Total support.</b> Add lines 7 through 10						3,828,524.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**13 First 5 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**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	97.49 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	95.34 %

**16a 33 1/3% support test - 2020.** 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

**b 33 1/3% support test - 2019.** 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 - 2020.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2019.** 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 VI 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 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Public Disclosure Copy

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**Wheelchairs 4 Kids, Inc.**

Employer identification number

**\*\* - \*\*\*8941**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>Wheelchairs 4 Kids, Inc.</b>	Employer identification number  <b>** - ***8941</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>42,920.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>26,142.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>23,644.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>36,447.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>22,697.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>33,851.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization

Employer identification number

**Wheelchairs 4 Kids, Inc.**

**\*\* - \*\*\*8941**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 58,328.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 33,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization  <b>Wheelchairs 4 Kids, Inc.</b>	Employer identification number  <b>** - ***8941</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	Wheelchairs & Adaptive Equipment _____ _____ _____	\$ 26,142.	05/31/21
3	Wheelchairs & Adaptive Equipment _____ _____ _____	\$ 23,644.	05/31/21
4	Wheelchairs & Adaptive Equipment _____ _____ _____	\$ 36,447.	05/31/21
5	Wheelchairs & Adaptive Equipment _____ _____ _____	\$ 22,697.	05/31/21
6	Wheelchairs & Adaptive Equipment _____ _____ _____	\$ 33,851.	05/31/21
7	Wheelchairs & Adaptive Equipment _____ _____ _____	\$ 58,328.	05/31/21

Name of organization  <b>Wheelchairs 4 Kids, Inc.</b>	Employer identification number  <b>** - *** 8941</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Public Disclosure Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: Wheelchairs 4 Kids, Inc. Employer identification number: \*\* - \*\*\* 8941

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including fields for revenue and assets.

**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 make 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 program
  - 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?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		9,693.	7,902.	1,791.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,791.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Due to Employee - Insurance</b>	
(3) <b>Premiums</b>	316.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	316.

2. Liability for uncertain tax positions. 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 FASB 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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,213,998.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	10,971.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	10,971.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,203,027.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,203,027.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,002,941.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	10,971.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	10,971.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	991,970.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	991,970.

**Part XIII Supplemental Information.**

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 X, Line 2:**

The organization is exempt from Federal Income Taxes under section 501C3 of the Internal Revenue Code and from state income taxes under similar provisions of the Florida income tax code. Accordingly, no provision for income taxes has been included in the accompanying financial statements. The organization is subject to the accounting standards on accounting for uncertainty in income taxes. Management does not believe it has taken any tax positions that are subject to a significant degree of uncertainty. The organizations federal returns are generally open for examination for three years following the date filed.

**Part XIII** Supplemental Information *(continued)*

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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	
		Wheely Good Time (event type)	Jail & Bail (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	110,339.	100,187.	79,746.	290,272.
	2	Less: Contributions	48,196.	3,052.	34,229.	85,477.
	3	Gross income (line 1 minus line 2)	62,143.	97,135.	45,517.	204,795.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			3,437.	3,437.
	7	Food and beverages	12,661.	1,218.	4,840.	18,719.
	8	Entertainment	1,006.	100.	1,600.	2,706.
	9	Other direct expenses	15,828.	4,914.	34,579.	55,321.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				80,183.
11	Net income summary. Subtract line 10 from line 3, column (d)				124,612.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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



**Part IV** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **Wheelchairs 4 Kids, Inc.** Employer identification number  
**\*\* - \*\*\* 8941**

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

**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 **▶** \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance
Wheelchairs & Adaptive Equipment	194	293,426.	324,032.	Fair Market Value	Wheelchairs & Adaptive Equipment

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

When a referral is received by the Organization, initial contact is made by a program coordinator in or to determine if the child meets the preliminary qualifications. If a child meets the preliminary qualifications, an application is sent to the family to complete. When a completed application is received a folder is created and the family is contacted. The program coordinator interviews the family and child, if able, regarding the child's medical history and completes the favorite things worksheet. The program coordinator will also follow-up with the child's health care

**Part IV** Supplemental Information

providers, including the physical therapist or social worker. The child's wheelchair or other accessibility needs are determined and matched with funding available. If funding is not readily available, the Organization will try to secure funding.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **Wheelchairs 4 Kids, Inc.** Employer identification number **\*\*-\*\*\*8941**

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	1	7,500.	FMV
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 ▶ ( <u>Wheelchairs &amp;</u> )	X	382	367,043.	FMV
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard contributions? .....		X
32a 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Wheelchairs 4 Kids, Inc.

Employer identification number

\*\* - \*\*\*8941

Form 990, Part VI, Section B, line 11b:

The form 990 was mailed to all board members with a request to review and respond with vote of approval or questions before sending to IRS with a deadline.

Form 990, Part VI, Section B, Line 12c:

We review the written conflict of interest policy at the annual meeting in May and ask members to disclose any conflicts or issues that could be perceived conflicts.

Form 990, Part VI, Section B, Line 15:

There is a compensation committee of 3 or 4 board members led by the Treasurer who researches comparable positions in the area. They bring their recommendations to the board at the annual meeting and there is a vote. The executive director is excused from the meeting for this discussion and vote. It is recorded in the minutes.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AR, CO, FL, GA, NC, OH, OK, OR, SC, TN, VA, NJ, PA, UT, MD, NY, CA

Form 990, Part VI, Section C, Line 18:

Our board members are on our website along with the annual reports, financials, 990's, and other documents such as conflict of interest, procedures, whistleblowers, etc. are available upon request.

Form 990, Part VI, Section C, Line 19:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Wheelchairs 4 Kids, Inc.

Employer identification number

\*\* - \*\*\*8941

Our board members are on our website along with the annual reports, financials, 990's, and other documents such as conflict of interest, procedures, whistleblowers, etc. are available upon request.

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# **Wheelchairs 4 Kids, Inc.**

## Audit Communication Memorandum

May 31, 2021





October 6, 2021

To the Board of Directors  
Wheelchairs 4 Kids, Inc.

We have audited the financial statements of Wheelchairs 4 Kids, Inc. (the Organization) for the year ended May 31, 2021, and have issued our report thereon dated October 6, 2021. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 21, 2021. Professional standards also require that we communicate to you the following information related to our audit.

### **Significant Audit Findings**

#### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Organization are described in **NOTE B** to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year ended May 31, 2021. We noted no transactions entered into by the Organization during the period for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Management's estimate of the allocation of expenses by program and function is based on actual expenditure when specifically identifiable. Certain expenses are allocated to programs and function based on management's estimate of time spent within each category. We evaluated the assumptions that management used in determining the expense allocation. We believe that the estimate is reasonable in relation to the financial statements taken as a whole.
- Management's estimate of asset lives is based on the useful lives of the related asset. We evaluated the key factors and assumptions used to develop the estimate in determining that it is reasonable in relation to the financial statements taken as a whole.
- Management's estimate of the valuation of the inventory and any related allowance is based on assessment of the inventory listing and nature and condition of the individual items. We evaluated the key factors and assumptions used to develop the estimate in determining that it is reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

### **Difficulties Encountered in Performing the Audit**

We encountered no significant difficulties in dealing with management in performing and completing our audit.

### **Corrected and Uncorrected Misstatements**

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. There were no uncorrected misstatements to report. All audit adjustments were client prepared and were posted to the Organization's general ledger.

### **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

### **Management Representations**

We have requested certain representations from management that are included in the management representation letter dated October 6, 2021. We have attached this letter.

### **Management Consultations with Other Independent Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

### **Other Audit Findings or Issues**

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and management of Wheelchairs 4 Kids, Inc. and is not intended to be and should not be used by anyone other than these specified parties.

*PDR CPAs + Advisors*

**PDR CPAs + ADVISORS**

Client: **71420-001 - Wheelchairs 4 Kids, Inc.**  
 Engagement: **AUDIT 2021 - Wheelchairs 4 Kids, Inc.**  
 Period Ending: **5/31/2021**  
 Trial Balance: **TB**  
 Workpaper: **Adjusting Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
<b>Adjusting Journal Entries JE # 1</b>		<b>4700.01</b>		
To record disposal of fixed assets.				
15999	Accumulated Depreciation		2,480.00	
70710	Misc Expense		139.00	
15000	Furniture and Equipment			2,619.00
<b>Total</b>			<b><u>2,619.00</u></b>	<b><u>2,619.00</u></b>
<b>Adjusting Journal Entries JE # 2</b>		<b>5200.01</b>		
To clear out old voided checks and AP balance.				
20000	Accounts Payable		45.00	
20300	Checks Outstanding		6,489.00	
57020	Let's Roll Programs			6,534.00
<b>Total</b>			<b><u>6,534.00</u></b>	<b><u>6,534.00</u></b>
<b>Adjusting Journal Entries JE # 3</b>		<b>4300</b>		
To remove inventory allowance at year-end to properly reflect inventory balance.				
12100.1	Inventory Allowance		32,000.00	
57021	Gifts In Kind			32,000.00
<b>Total</b>			<b><u>32,000.00</u></b>	<b><u>32,000.00</u></b>



October 6, 2021

PDR CPAs + Advisors

4023 Tampa Road, Suite 2000  
Oldsmar, FL 34677

This representation letter is provided in connection with your audit of the financial statements of Wheelchairs 4 Kids, Inc. (the Organization), which comprise the statement of financial position as of May 31, 2021, and the related statements of activities and cash flows for the year then ended, the related statement of functional expenses for the year ended May 31, 2021, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (US GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of October 6, 2021, the following representations made to you during your audit.

#### **Financial Statements**

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated May 21, 2021, including our responsibility for the preparation and fair presentation of the financial statements in accordance with US GAAP.
2. The financial statements referred to above are fairly presented in conformity with US GAAP.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
5. Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
6. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of US GAAP as applicable.

1976 S. Pinellas Ave. ♦ Tarpon Springs, FL 34689 ♦ (727) 946-0963  
[www.Wheelchairs4Kids.org](http://www.Wheelchairs4Kids.org)

7. All events subsequent to the date of the financial statements and for which US GAAP requires adjustment or disclosure have been adjusted or disclosed as applicable.
8. The effects of all known actual or possible litigation, claims, and assessments have been accounted for and disclosed in accordance with US GAAP.
9. Material concentrations have been appropriately disclosed in accordance with US GAAP.
10. Guarantees, whether written or oral, under which the Organization is contingently liable, have been properly recorded or disclosed in accordance with US GAAP.
11. We are in agreement with the adjusting journal entries in the attached schedule, and they have been posted to the Organization's accounts.

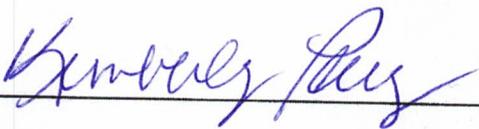
### **Information Provided**

12. We have provided you with:
  - a. Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
  - b. Additional information that you have requested from us for the purpose of the audit.
  - c. Unrestricted access to persons within the Organization from whom you determined it necessary to obtain audit evidence.
  - d. Minutes of the meetings of the governing board or summaries of actions of recent meetings for which minutes have not yet been prepared.
13. All material transactions have been recorded in the accounting records and are reflected in the financial statements.
14. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
15. We have no knowledge of any fraud or suspected fraud that affects the Organization and involves:
  - a. Management,
  - b. Employees who have significant roles in internal control, or
  - c. Others where the fraud could have a material effect on the financial statements.
16. We have no knowledge of any allegations of fraud or suspected fraud affecting the Organization's financial statements communicated by employees, former employees, grantors, regulators, or others.
17. We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements.
18. We have disclosed to you all known actual or possible litigation, claims, and assessment whose effects should be considered when preparing the financial statements.
19. We have disclosed to you the identity of the Organization's related parties and all the related party relationships and transactions of which we are aware.

20. The Organization has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
21. We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us; and we have identified and disclosed to you all laws, regulations and provisions of contracts and grant agreements that we believe have a direct and material effect on the determination of financial statement amounts or other financial data significant to the audit objectives.
22. Estimates made related to in-kind contributions and the valuation of inventory are appropriate and adequate to our knowledge.
23. The Organization is an exempt Organization under Section 501(c)(3) of the Internal Revenue Code and Chapter 617 of the Florida Statutes. There are no activities of which we are aware that would jeopardize the Organization's tax-exempt status, and all activities subject to tax on unrelated business income or excise or other tax, have been disclosed to you. All required filings with tax authorities are up-to-date.
24. In regard to the preparation of the financial statements performed by you, we have -
- Assumed all management responsibilities.
  - Designated an individual (within senior management) with suitable skill, knowledge, or experience to oversee the services.
  - Evaluated the adequacy and results of the services performed.
  - Accepted responsibility for the results of the services.
25. We believe the allocation of expenses between functional categories is appropriate.



Madeline Robinson, Executive Director



Kimberly Perry, Treasurer



## ANNUAL REPORT

June 1, 2020 through May 31, 2021 Fiscal Year



**Madeline Robinson**  
**Executive Director**  
**Wheelchairs 4 Kids**  
**[madeline@wheelchairs4kids.org](mailto:madeline@wheelchairs4kids.org)**



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## MISSION STATEMENT

Wheelchairs 4 Kids is dedicated to improving the lives of children with physical disabilities.

## ACCOMPLISHMENTS

- ◆ Provided 194 kids with equipment and/or modifications this fiscal year – a 7% increase over last year.
- ◆ 85% of funding spent on programs
- ◆ Hosted 14 Wheely Fun Days for our Families
- ◆ Held 3 fundraising events
- ◆ We had 27 pieces of media coverage
- ◆ We have 5,364 Facebook Followers
- ◆ 100% Family Satisfaction
- ◆ Awards and Recognition: celebrated our 10<sup>th</sup> Anniversary, WrestleMania Community Champion Award, Lightning Community Hero award, 100% rating on Charity Navigator, and the Seal of Transparency and Platinum Status from Guidestar

## ACCOMPLISHMENTS SUMMARY

We are proud to report that Wheelchairs 4 Kids had a very successful 10<sup>th</sup> anniversary year. This fiscal year, we provided equipment or modifications to 194 children, a 7% increase over the number of children we assisted last fiscal year. We continue to spend the majority of our funds on our programs, coming in at 85% of our spending, with 8% being dedicated to fundraising and 7% on administration. It is very important to us that our supporters are confident that their donations are being used wisely.

During the 2020-2021 Fiscal Year, Wheelchairs 4 Kids had 27 pieces of media coverage. This includes television, radio, print, and digital coverage.

Despite the ongoing global pandemic, we hosted 14 “Wheely Fun Days” for our families. With creative planning and a combination of in-person and virtual events, we were able to safely give our kids a sense of community when much of the world was experiencing a feeling of isolation. A few highlights from this year’s Wheely Fun Days were: our annual Wheely Winter Christmas Party at Clearwater Marine Aquarium with

Winter the dolphin, private viewing of the Stanley Cup and Lombardi Trophy, attending Wrestlemania, Ziplining at Gatorland, and Sailing with Sailability of Tampa Bay.

In a time when many non-profits were discontinuing their in-person fundraising events, Wheelchairs 4 Kids was able to design event opportunities that were safe and successful. In order to comply with social distancing recommendations, we moved our Wheely Good Time Live and Silent Auction, which took place in November, from Ruth Eckerd Hall to Innisbrook Resort and Golf Club. In January, we had our 6<sup>th</sup> Annual Kimberly Knorr Memorial Celebrity Golf Tournament at Cypress Run Golf Club. This event featured a collection of professional athletes, and was capped with an awards dinner that took place on the Club’s grounds in an open-air tent. We finished out the year with our Jail and Bail in May, which also took place at Safety Harbor Resort and Spa to accommodate for social distancing.

The most important statistic, however, is family satisfaction. We are thrilled to report a 100% family satisfaction rating.

## INCLUSION PROGRAM

Our inclusion program, known as “Wheely Fun Days,” brings our kids out for fun, confidence-building events. These Wheely Fun Days are designed to be exclusive and to promote socialization for our Wheel Kids, and are offered at no expense to their families. This year we had 14 Wheely Fun Days, including: our 10th Anniversary party at ZooTampa, a drive through Trike or Treat, and a virtual event with the Bucs Cheerleaders.

The purpose of this program is to give our kids experiences that will help them connect with their peers; unfortunately, disabled children are often left uninvited to peers’ parties, or their accessibility needs impede them

from taking part in activities.

These events give our Wheel Kids a sense of community

amongst each other, and also offer conversational ice breakers to use when talking to their peers. Most importantly, our Wheely Fun Days inclusion program gives our Wheel Kids the opportunity to do what they do best – be kids!



## EQUIPMENT/MODIFICATIONS PROGRAM

Wheelchairs 4 Kids is a 501(c)3 nonprofit organization dedicated to improving the lives of children with physical disabilities. We achieve this mission by providing wheelchairs, home and vehicle modifications, as well as other assistive and therapeutic equipment at no charge to their families.

Our name may be Wheelchairs 4 Kids, but our impact has expanded during our first ten years of service. We have provided custom wheelchairs, widened doorways, customized bathrooms, built ramps, and installed wheelchair lifts on vehicles. We have also provided therapy tricycles, gait trainers, and standers and other therapeutic equipment to help children reach their full potential.

Many children living with physical disabilities are using wheelchairs and other equipment that no longer fits them,

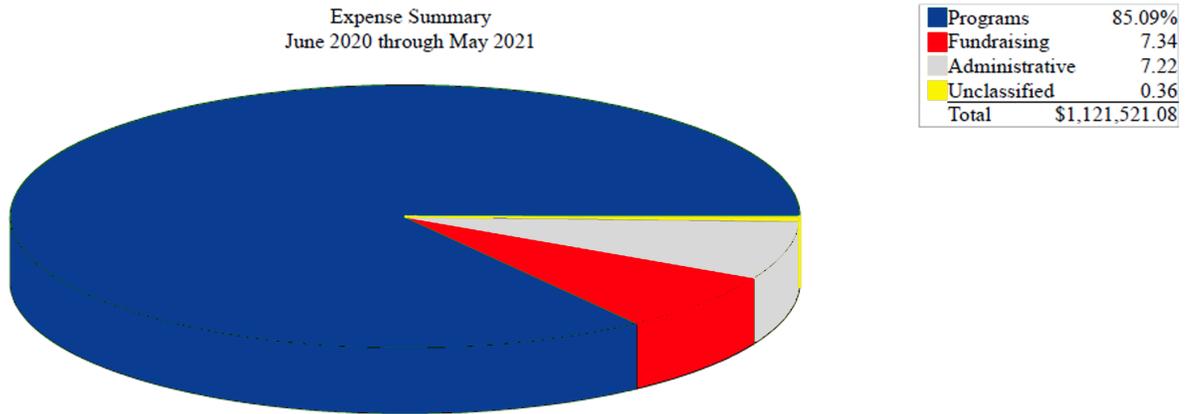
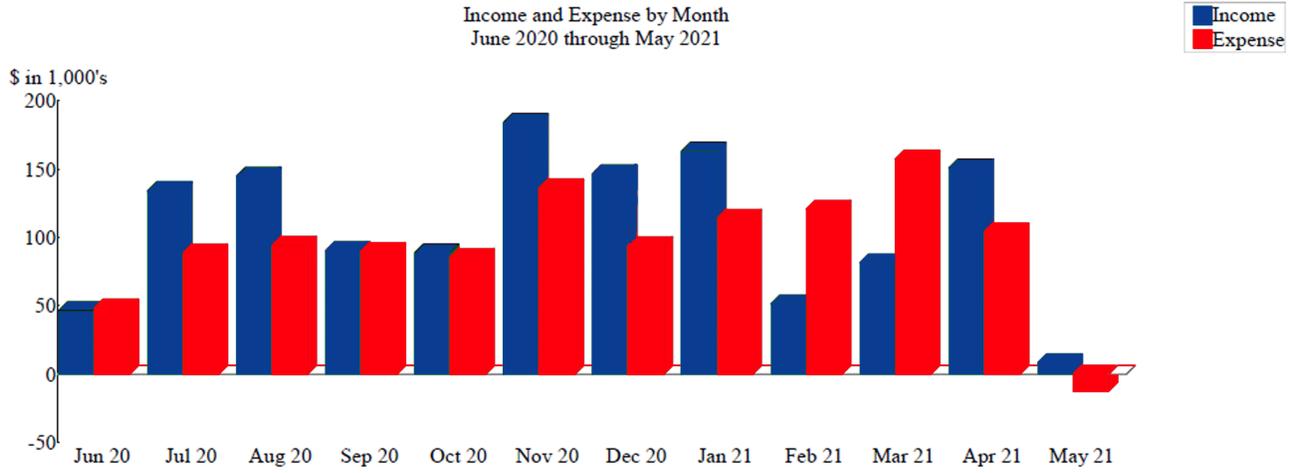
no longer matches their needs, or is in poor condition. Not only is it unsafe for a child to use this equipment, but continuing to use the equipment could have a negative impact on their overall health. Medical conditions caused by using unsuitable equipment include scoliosis, respiratory problems, and pressure sores.

Additionally, families are often left caring for their disabled child in homes that are not modified to fit their needs and with vehicles that are unable to transport their necessary medical equipment. We have modified bathrooms to accommodate the child’s needs by installing roll-in showers, built ramps so that children in mobility equipment can easily and independently access their homes, and installed lifts on vehicles so that families can transport their child’s equipment safely.

## SOME INTERESTING FACTS

- ◆ Medicaid generally only replaces a wheelchair or mobility device every five years.
- ◆ Medicaid may pay for the basic equipment, but doesn’t always include accessories that optimize its effectiveness.
- ◆ Insurance rarely covers necessary vehicle or home modifications necessary to fully accommodate a disabled child.
- ◆ There are many organizations that grant wishes or ship medical equipment to other countries, but very few in the United States that assist its citizens with everyday needs.

# FINANCIAL INFORMATION



By Class

**THANK YOU FOR YOUR CONTINUED SUPPORT!**



# FINANCIAL DONORS

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Relations  
Tarpon Turtle Grill & Marina  
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(Wheelchair Taxi Service)  
Windsor Court Hotel

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Foundation, Inc.  
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Colorado Bath Company  
Countryside Country Club  
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Custom Mobility, Inc.  
Cutco  
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Dermatology Associates  
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Westshore  
Edgewater Beach and Golf  
Resort - Resort Collection  
Empower Adventure  
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Food Network South Beach  
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Frenchy's  
Fury Water Adventures  
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Club  
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IP Casino Resort & Spa  
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Company  
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Mobility Works  
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Splash Harbour Water Park

Sprouts Farmers Market  
Styx  
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Taso Italiano  
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## FIND US ON SOCIAL MEDIA



@wheelchairs4kidsorg



@wheelchairs4kids



@wheelchairs4kid



Wheelchairs4Kids



Wheelchairs 4 Kids

# THANK YOU FOR YOUR CONTINUED SUPPORT!





**WHEELCHAIRS 4 KIDS**

**1976 S. PINELLAS AVE.  
TARPON SPRINGS, FL 34689**

**WWW.WHEELCHAIRS4KIDS.ORG  
727-946-0963**

# Group gives kids a trip to remember

Suncoast News

BRECKINRIDGE, Colo. — The Tarpon Springs-based charity Wheelchairs 4 Kids recently returned from Breckenridge, Colorado, where they took 18 physically disabled children for adaptive snow skiing.

The trip took place April 2-6 and was possible due to the generosity of Southwest Airlines, which donated the round-trip tickets necessary to take the children plus one adult and Wheelchairs 4 Kids' staff.

Southwest Airlines and TSA at Tampa International Airport and Denver International Airport rolled out the red carpet for the group, making traveling with their assistive equipment a breeze.

To make their way from Denver to Breckenridge, Amazing Moves donated a box truck to transport the wheelchairs alongside an ADA accessible motorcoach from Charter Up, and Jersey Mikes Subs generously donated lunches for the families aboard the bus.



The Tarpon Springs-based Wheelchairs 4 Kids took 18 disabled children for adaptive snow skiing in Colorado. Photo PROVIDED

## Window on North Pinellas

To submit news and event announcements, email [cgeorge@TBNweekly.com](mailto:cgeorge@TBNweekly.com). Please include contact information on all submissions. Announcements are printed as space allows.

### Tarpon Springs Distillery wins Double Gold at spirits contest

TARPON SPRINGS — The Tarpon Springs Distillery has announced that their Gramling Woods® Rye Malt Whiskey was awarded a Double Gold Medal at the prestigious 2022 San Francisco World Spirits Competition. The Double Gold medal is awarded to entries that receive a Gold medal rating by all members of the judging panel. These spirits are considered among the finest products in the world.

Gramling Woods Rye Malt Whiskey is mashed, fermented, distilled, aged, and bottled onsite at Tarpon Springs Distillery.

We are honored to receive such a prestigious award from the largest spirits competition in America," said Master Distiller Barry Butler, who co-owns the distillery with his wife, Lisa.

### Tarpon Springs seeks input on flood mitigation projects

TARPON SPRINGS — The city of Tarpon Springs will hold a public meeting Wednesday, April 27, from 5-7 p.m. at the Craig Park Recreation Hall, 5 Beekman Lane, Tarpon Springs, to gather input on upcoming flood mitigation projects at the Martin Luther King Drive-South Spring Boulevard intersection and in the area of Whitcomb Bayou.

The roadways and neighborhoods surrounding Whitcomb Bayou are low in elevation and are susceptible to periodic flooding resulting from king ("super high") tides and are also at risk of severe flooding due to significant storm events. The city is exploring alternatives to protect the residents and traveling public from this flooding risk.

The first project will design improvements to the South Spring Boulevard/Dr. Martin Luther King, Jr. Boulevard/Pineapple Street intersection. These improvements seek to improve traffic flow and safety as well as eliminate routine flooding due to very high tide cycles and sea level rise.

The second project has a broader focus. The intent of this project is to identify and evaluate alternatives that will enhance protection along the perimeters of Whitcomb Bayou's shoreline. This protection seeks to reduce the damages related to area-wide flooding.

### Nursing home advocates receive state recognition



Providing physical therapy and personal training with the high quality, evidence-based results our patients, clients, and referring professionals are expecting.

**VISIT**  
[Resultstherapy4u.com](http://Resultstherapy4u.com) to learn more about us and what differences we can make.

**Results Therapy, LLC**  
 1221 E. Tarpon Springs Ave., Tarpon Springs, FL 34689  
**813-576-8828**

### How to contribute

All press releases are published on a space available basis. The deadline for all copy is noon Thursday. Submissions can be emailed to [cgeorge@TBNweekly.com](mailto:cgeorge@TBNweekly.com). Please include a contact name and number.

# Schedule Online

## MRI, CT, Mammogram, Ultrasound, DEXA, X-ray



### Easy, Fast, Convenient

Offices in

## Window on **Pinellas**

To submit news and announcements, email [cgeorge@TBNweekly.com](mailto:cgeorge@TBNweekly.com). Please include contact information on all submissions. Announcements are printed as space allows.

### **Wheelchairs 4 Kids presents children with new equipment**

ST. PETERSBURG — On Dec. 9, at Tropicana Field, Tarpon Springs-based Wheelchairs 4 Kids and the Tampa Bay Rays presented four children with new equipment.

Three received Therapy Trikes and one received a new walker. Among that group was 10-year-old Gary, who has spina bifida and received a therapy trike. Gary was the 1,000th child helped by Wheelchairs 4 Kids since its inception 10 years ago.

The presentation took place at Enchant St. Petersburg at Tropicana Field. The Tampa Bay Rays paid for the equipment gave each kid a personalized Rays jersey.

The children, Ezra (3), Layla (9), Gary (10) and Timmy (12), all suffer from life-altering conditions, including a spinal cord injury, a genetic disorder, spina bifida and cerebral palsy.

"What an amazing gift the Rays have given to us to celebrate this milestone for Wheelchairs 4 Kids. They embody the spirit of giving and we are so fortunate to have them on our team," said Madeline Robinson, executive director of Wheelchairs 4 Kids.

### **Rep. Bilirakis honored**



Photo courtesy of WHEELCHAIRS 4 KIDS  
**A group of four children received new equipment from Wheelchairs 4 Kids during an event at Tropicana Field.**

oning bipartisan reforms that prioritize higher quality coverage and care at a better price," said ACHP President and CEO Ceci Connolly. "Each recipient has led the charge to improve value, equity and accessibility in our health system, and we are grateful for their commitment to improving the lives of the communities they serve."

ACHP honored Bilirakis for his work to advance policies that help ensure America's seniors can safely access critical health care services. As a cosponsor of the bipartisan "Ensuring Parity in Medicare Advantage and PACE for Audio-Only Telehealth Act," Bilirakis seeks to increase rural and underserved seniors' access to telehealth services.

"I am humbled to receive this award in recog-

program to deliver better outcomes and lower costs for Medicare patients in my district and across the nation."

### **RAP seeks donations**

TRINITY — The RAP (Runaway Alternative Project) is seeking donations of cash and gift cards for the youths in its shelter.

This is the 13th annual Christmas for shelter in place for kids 10 to 17 years old.

The shelter is under Youth & Family Alternatives and is a safe place shelter for kids removed from their unsafe homes, foster kids waiting to be placed and even provides respite care for families that just need "a break" and gives them

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 12 2011

WHEELCHAIRS 4 KIDS INC  
C/O MADELINE ROBINSON  
1406 STONEHAVEN WAY  
TARPON SPRINGS, FL 34689

Employer Identification Number:  
45-1308941  
DLN:  
17053173346001  
Contact Person:  
RENEE RAILLEY NORTON ID# 31172  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
May 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
April 11, 2011  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

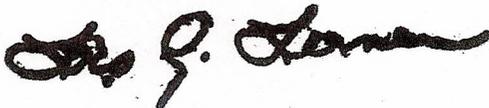
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

DIVISION OF CONSUMER SERVICES  
(850) 410-3800



THE RHODES BUILDING  
2005 APALACHEE PARKWAY  
TALLAHASSEE, FLORIDA 32399-6500

**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**  
**COMMISSIONER NICOLE "NIKKI" FRIED**

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April 30, 2021

Refer To: CH34530

WHEELCHAIRS 4 KIDS, INC.  
1976 S PINELLAS AVE  
TARPON SPRINGS, FL 34689-1942

RE: WHEELCHAIRS 4 KIDS, INC.  
REGISTRATION#: CH34530  
EXPIRATION DATE: May 17, 2022

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Cassie Miller  
Regulatory Consultant  
850-410-3719  
Fax: 850-410-3804  
E-mail: [cassie.miller@fdacs.gov](mailto:cassie.miller@fdacs.gov)