				ENDED TO MAY 15, anization Exempt		ncome Tax	OMB No. 1545-0047		
- arm	99	0					2022		
-orm				1947(a)(1) of the Internal Revenu security numbers on this form a					
Departr	ment of t	he Treasury e Service		ov/Form990 for instructions and		Contraction and the second second second second	Open to Public Inspection		
			lar year, or tax year beginning		lending J	Contraction of the local division of the loc			
B Ch			f organization	-		D Employer identifica	ation number		
	Address change	FREE	WHEELCHAIR MISS	ION					
	Name change Initial		usiness as		Ia	31-178163	5		
Initial returnNumber and street (or P.0. box if mail is not delivered to street address)Room/suiteETelephone number15279ALTONPARKWAY,SUITE300(949)273-84									
	termin- ated	City or 1	town, state or province, country,			G Gross receipts \$	14,231,635.		
	Amende return Applica	TUAT	INE, CA 92618 and address of principal officer:N	ILIKA SOLOMON		H(a) Is this a group ret	urn Yes X No		
	pending		AS C ABOVE	billi bollolloll		H(b) Are all subordinates inc	luded? Yes No		
I Ta	ax-exe		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 📃 527	If "No," attach a li	ist. See instructions		
	ebsite		FREEWHEELCHAIRMI			H(c) Group exemption			
			X Corporation Trust	Association Other	L Year	of formation: 2001 M	State of legal domicile: CA		
Pa		Summary		550					
e	1 E	Briefly descri	be the organization's mission or	most significant activities: PROV	VIDE FF	REE WHEELCHAJ	LRS TO		
Activities & Governance				S IN DEVELOPING TH		and the second se			
/err		Check this b		discontinued its operations or disp			sets. 11		
õ			oting members of the governing I	(2) S. (A. C. S.		3	10		
õ				ne governing body (Part VI, line 1b			40		
ties				ndar year 2022 (Part V, line 2a)			197		
tivi				sary)			0.		
Ac				III, column (C), line 12 Form 990-T, Part I, line 11			0.		
	d	Net unrelated	d business taxable income from	Form 990-1, Part 1, line 11		Prior Year	Current Year		
	0	Contribution	a and grants (Part)/III line 1b)			11,491,258.	14,009,506.		
Revenue						0.	0.		
Ievel				s 3, 4, and 7d)		26.	29,438.		
Re				6d, 8c, 9c, 10c, and 11e)		-159,938.	-10,658.		
				equal Part VIII, column (A), line 12		11,331,346.	14,028,286.		
-				umn (A), lines 1-3)		6,723,149.	8,229,128.		
			d to or for members (Part IX, colu		0.00	0.	0.		
ŝ		8		efits (Part IX, column (A), lines 5-10	The first second s	2,905,108.	3,374,900.		
nses	16a		I fundraising fees (Part IX, column		-	0.	0.		
Exper	b		ising expenses (Part IX, column (706.				
Ě	17			a-11d, 11f-24e)		1,630,868.	2,133,989.		
				Part IX, column (A), line 25)		11,259,125.	13,738,017.		
	19			m line 12		72,221.	290,269.		
Net Assets or Fund Balances			ð		E	Beginning of Current Year	End of Year		
sets	20	Total assets	(Part X, line 16)			3,545,400.	3,878,085.		
dB	21	Total liabiliti	es (Part X, line 26)	8		976,230.	1,018,646.		
Fun	22	Net assets	or fund balances. Subtract line 2	1 from line 20		2,569,170.	2,859,439.		
P	art II	Signatu							
			TABLE STORES AND AND A DESCRIPTION OF A	return, including accompanying sched			ly knowledge and belief, it is		
true	e, corre	ct, and comple	ete. Declaration of preparer (other tha	n officer) is based on all information o	f which prepar		- 11		
		C V III				1/5/20	<u>a4</u>		
Sig	jn	Signature				Date			
He	re		SOLOMON, CEO						
			t name and title	Deserved and a start		Date Check	I PTIN		
Del	d		preparer's name	Preparer's signature		Uncon	245 ESR/20181		
Pai			EASTWOOD	TARA EASTWOOD		12/12/23 if self-emplo	p00539129 4-1481988		
	eparer o Only	Firm's name	The second se	PARKWAY, STE 310		Firm's EIN 9	74-T40T200		
US	e Only	Firm's addr	STOCKTON, CA 9			Dhana na / S	209)473-1040		
							X Yes No		
IVIa	ay the	ino discuss	this return with the preparer sho	win abover See instructions			I Tes INO		

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

	990 (2022) FREE WHEELCHAIR MISSION	31-1781635	Page 2
Pa	t 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:		
	TO PROVIDE THE TRANSFORMING GIFT OF MOBILITY TO PEOPLE		
	DISABILITIES LIVING IN DEVELOPING NATIONS AS MOTIVATED	BY JESUS	
Par 1 2 3 4 4a 4b	CHRIST.		
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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	• •	
	revenue. if any, for each program service reported.		
4a	(Code:) (Expenses \$ 10,689,328 · including grants of \$ 8,229,128 ·) (Reve	enue \$	
	WE TRANSFORM LIVES THROUGH THE GIFT OF MOBILITY AS MOT		SUS
	CHRIST. WITH OUR DONORS' SUPPORT, WE SENT 60,556 WHEEL		
	THIS FISCAL YEAR TO THOSE WITH DISABILITIES IN DEVELOP:		
	THROUGHOUT THE WORLD. WE HAVE DELIVERED OVER A MILLION		
	ARE WORKING TOWARD OUR SECOND MILLION! IN ADDITION TO		
	FREE WHEELCHAIR MISSION DONATED \$2,943,783 OF GIFT-IN-H	KIND MEDICAL	
	SUPPLIES TO OUR DISTRIBUTION PARTNERS DURING THE YEAR.	THESE SUPPL	IES
	ARE SELECTED FOR THE PURPOSE OF ENHANCING THE UTILITY (OF OUR	
	WHEELCHAIRS OR TO SUPPORT SURGERIES THAT PREVENT PHYSIC		IES.
	WE ARE VERY GRATEFUL FOR THE CONTINUED SUPPORT FROM OUR		
	ALLOWS US TO REACH INDIVIDUALS THAT ARE WAITING FOR A W		
	THE TRANSFORMING MOBILITY IT WILL PROVIDE.		-
4h	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	
łC	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
1e	Total program service expenses 10, 689, 328.		
		Form	990 (2022
32002	2 12-13-22		-
	4		
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Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		x
9	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	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</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	л	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21		X
232003	12-13-22	Form	990	(2022)

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Form	990	(2022)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
d	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV	20a		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par		38	X	I
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a20Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	x	
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	6			,_ _
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Form	990 (2022) FREE WHEELCHAIR MISSION 31-17 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	31635	P	age 5				
1 01			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		165					
		40						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country	_						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).							
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a	x					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	<u> </u>				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>				
Ŭ	to file Form 8282?			x				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a	_						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_						
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.	15d						
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
5	organization is licensed to issue qualified health plans 13b							
с	Enter the amount of reserves on hand	-						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O							
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							
232005	5 12-13-22	Form	9 90	(2022)				

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Form 990	(2022)
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FREE WHEELCHAIR MISSION

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.

officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management dules customarity performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 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? 6 7a DA are nay governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7a 7b De tension simplication commenge to the governing body? 8a X 8 Did the organization nearmenge to the governing body? 8a X 9 Each committee with authonly to act on behalf of the governing body? 8a X 9 Each committee with authonly to act on behalf of the governing body? 8a X 9 Each committee with authonly to act on behalf of the governing body? 8a X 9 Each committee with authonly to act on behalf of the governing body? 8a X 9 Istice and praches of the governing body? 8a X <tr< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part VI</th><th></th><th></th><th></th><th></th></tr<>		Check if Schedule O contains a response or note to any line in this Part VI				
1a Enter the number of voling members of the governing body, of the governing body degraded bread authority to an executive committee or similar committies, explain on Schedule 0. 11	Sec	tion A. Governing Body and Management			-	-
if the are matrial differences in voting rights among members of the governing body, or if the governing body and the state of voting methods authority to an executive committee, who are independent. 10 2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or othe penson? 2 3 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 singificant diversion of the organization base any significant changes to its governing documents since the prior Form 900 was filed? 2 3 Did the organization have members or stockholders? 6 7 3 Did the organization bases are during the year of a significant diversion of the organization sasets? 7 7 4 Did the organization have members or stockholders? 7 7 7 5 Did the organization have members or stockholders? 7 7 7 8 Did the organization have members or stockholders? 7 7 7 9 Did the organization have members or stockholders? 7 7 7 9 Did the organization network and body? 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 </td <td></td> <td></td> <td>1.1 1</td> <td>1</td> <td>Yes</td> <td></td>			1.1 1	1	Yes	
bety delegated broad authority to an executive committee or similar committee, ceptan on Schodule 0. 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 2 3 Dot the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a spaningement duties customarily performed by or under the direct supervision of other organization have members or stockholders? 5 4 Dot the organization have members, stockholders? 6 5 Did the organization have members, stockholders? 7 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the oxymping body? 7 6 Did the organization have members, stockholders, or other persons other than the governing body? 8 8 Each committing bod? 7 9 Is there any officer, director, trustee, or key employee listed or written actions undertaken during the year by the following: 8 Each committing body? 8a 9 Is the organization have written policies and regoverning bod	1a					
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15279 ALTON PARKWAY, SUITE 300, IRVINE, CA 926182006 12-13-22SEE SCHEDULE O FOR FULL LIST OF STATES8						
2006 12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 8						
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employ	ees, Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(da		Pos	ition	than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week		cer an	dad	lirecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	organizations below	ual tr	ional		ploy6	t con /ee		1099-INEC)		and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DON SCHOENDORFER	40.00	_	-	0	×	τæ	ш.			
PRESIDENT		х		х				201,481.	0.	14,378.
(2) NUKA SOLOMON	40.00									
CHIEF EXECUTIVE OFFICER				Х				172,200.	0.	15,850.
(3) BRAD COOPER	40.00									
DIRECTOR OF MARKETING						Х		117,042.	0.	18,802.
(4) ANGELA RUIZ GOMEZ	40.00									
NATIONAL DIRECTOR OF DEVEL						Х		131,587.	0.	3,948.
(5) KEITH HERR	40.00								_	
DIRECTOR OF MANUFACTURING						Х		112,350.	0.	3,370.
(6) WAYNE TWIGG	40.00									
DIRECTOR OF FINANCE				Х				94,063.	0.	2,708.
(7) STUART RATTRAY	5.00									-
CHAIRMAN		Х		Х				0.	0.	0.
(8) DAVID HUMMELBERG	4.00									-
VICE CHAIRMAN		Х		Х				0.	0.	0.
(9) MARK HEDSTROM	4.00									•
TREASURER		х		Х				0.	0.	0.
(10) SUSAN SHORE	4.00									•
SECRETARY		Х		Х				0.	0.	0.
(11) DAN HANSON	1.00									•
BOARD MEMBER (THRU 6/23)	1	X						0.	0.	0.
(12) CONNIE SALIOS	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(13) DAVE LINK	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(14) DEBBIE HENDRY	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(15) FELIX LIN	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(16) SEFAKOR KOMABU-POMEYIE	1.00	v							^	0
BOARD MEMBER		Х						0.	0.	0.
		I								Form 990 (2022)

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2022.05010 FREE WHEELCHAIR MISSION

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	990 (2022) FREE WHEE									31-178	31635 Page 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per week	box, offic	not ch unles	s per	tion more t rson is	than o s both /truste	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)	compensation from the organization and related organizations
	Subtotal Total from continuation sheets to Part VII								828,723.). 59,056.). 0.
	Total (add lines 1b and 1c)								828,723.		59,056.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d at	oove) wh	o re	eceived more than \$100	,000 of reportable	5
3	Did the organization list any former officer, o		ee, k	key e	mpl	oyee	e, or	hig	hest compensated emp	oloyee on	Yes No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the sur and related organizations greater than \$150	m of reportabl	e cc	mpe	ensa	ition	and	otł			3 X 4 X
5 Sec	Did any person listed on line 1a receive or an rendered to the organization? <i>If "Yes," comp</i> tion B. Independent Contractors	-				-			-		5 X
1	Complete this table for your five highest con the organization. Report compensation for the										ensation from
	(A) Name and business a			DNE	<u> </u>				(B) Description of s		(C) Compensation
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lir	niteo	d to	thos 0		ted	above) who received n	nore than	
		adon									Form 990 (2022)

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			2022) FREE WHEELCH	IAIR	MISSI	ON		31-1781	635 Page 9
Pa	rt \	VIII	Statement of Revenue						
			Check if Schedule O contains a respons	se or no	ote to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
ts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
Ån G			Fundraising events 1c	1	,956,897.				
ar /			Related organizations 1d		· · ·				
imi imi			Government grants (contributions)						
rior S		f	All other contributions, gifts, grants, and						
Ę			similar amounts not included above 1f		,052,609.				
ut o			Noncash contributions included in lines 1a-1f	2	,943,783.				
<u>a O</u>		h	Total. Add lines 1a-1f			14,009,506.			
				Bus	siness Code				
Program Service Revenue	2	a		-					
Ser		b							
n and a second		c d							
ng Ba		e							
Pro			All other program service revenue	-					
		g	Total. Add lines 2a-2f	-					
	3		Investment income (including dividends, inte						
			other similar amounts)			29,438.			29,438
	4		Income from investment of tax-exempt bond	d proce	eds				
	5	,	Royalties						
			(i) Real		Personal				
	6	іа	Gross rents						
		b Less: rental expenses 6b 0. c Rental income or (loss) 6c 182,246.							
		с С	Rental income or (loss) 6c 182,24 Net rental income or (loss)			182,246.			182,246
	7		Gross amount from sales of (i) Securities		(ii) Other	102,240.			102,240
	'	u	assets other than inventory 7a	-	(
		b	Less: cost or other basis						
an			and sales expenses 7b						
evenue		с	Gain or (loss) 7c						
Ê			Net gain or (loss)						
Other	8	а	Gross income from fundraising events (not						
δ			including \$ 1,956,897. of						
			contributions reported on line 1c). See						
				Ba	9,162.				
				Bb	203,349.	-194,187.			-194,187
			Net income or (loss) from fundraising events Gross income from gaming activities. See	s		-194,107.			-194,107
	"	d		9a					
		þ		9b					
			Net income or (loss) from gaming activities						
	10		Gross sales of inventory, less returns						
				0a					
		b		0b					
		с	Net income or (loss) from sales of inventory						
sn					siness Code				-
leo(11		OTHER INCOME	- 190	0099	1,283.			1,283
Miscellaneous Revenue		b		-					
Be		с С	All other revenue	-			<u> </u>	<u> </u>	
Σ			All other revenue			1,283.			
	12		Total revenue. See instructions			14,028,286.	0.	0.	18,780
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¹¹

FREE WHEELCHAIR MISSION 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 respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	8,229,128.	8,229,128.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	558,625.	319,905.	110,103.	128,617
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	2,293,574.	967,913.	78,497.	1,247,164
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	46,188.	11,553.	2,270.	32,365
9	Other employee benefits	272,563.	122,789.	16,290.	133,484
0	Payroll taxes	203,950.	91,471.	13,324.	99,155
1	Fees for services (nonemployees):				
а	Management				
b	Legal	14,287.		14,287.	
С	Accounting	16,975.		16,975.	
d	Lobbying				
е	Ů Í				
f	Investment management fees				
g	•			24 226	-4 0
	column (A), amount, list line 11g expenses on Sch 0.)	399,139.	296,258.	31,006.	71,875
2	Advertising and promotion	199,003.	57,583.	21,852.	119,568
3	Office expenses	468,096.	137,743.	52,273.	278,080
4	Information technology	145,359.	37,343.	24,496.	83,520
5	Royalties	260 004		F O 200	120 222
6	Occupancy	362,294.	157,661.	72,300.	132,333
7	Travel	217,639.	73,691.	28,574.	115,374
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40.052	12 700	F 000	01 000
9	Conferences, conventions, and meetings	40,053.	13,788.	5,232.	21,033
0	Interest				
1	Payments to affiliates	16 700	10 107	1 0 2 0	1 67/
2	Depreciation, depletion, and amortization	46,799. 83,876.	40,187. 22,193.	1,938.	4,674 53,261
3		03,070.	22,193.	8,422.	55,201
4	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 0.)				
а		25,981.	6,874.	2,609.	16,498
b	REGISTRATION FEES AND T	15,284.	4,044.	1,535.	9,705
с					
d					
е	All other expenses	99,204.	99,204.		
25	Total functional expenses. Add lines 1 through 24e	13,738,017.	10,689,328.	501,983.	2,546,706
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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FREE WHEELCHAIR MISSION

		Check if Schedule O contains a response or no	te to an	/ line in this Part Y			
		Oneon in Schedule O contains a response of hit		y ווויפ ווו נוווס דמונא	(A) Beginning of year		(B) End of year
	4	Cook pop interest bearing			2,373,918.	1	134,066.
	1	Cash - non-interest-bearing	250,065.	2	2,689,649.		
	2	Savings and temporary cash investments	250,005.	2	2,005,045.		
	4	Pledges and grants receivable, net	60,075.	3 4	131,820.		
	5	Accounts receivable, net Loans and other receivables from any current of	00,015.	4	151,020.		
	5	trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua				5	
		under section 4958(f)(1)), and persons describe		6			
Ś	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use				8	
	9				168,286.	9	111,565.
		Land, buildings, and equipment: cost or other			20072000	3	
		basis. Complete Part VI of Schedule D	102	658,080.			
	Ь	Less: accumulated depreciation		523,536.	171,171.	10c	134,544.
	11	Investments - publicly traded securities			259,650.	11	297,037.
	12	Investments - other securities. See Part IV, line		F		12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	262,235.	15	379,404.		
	16	Total assets. Add lines 1 through 15 (must equ			3,545,400.	16	3,878,085.
	17	Accounts payable and accrued expenses	705,005.	17	415,651.		
	18	Grants payable				18	
	19	Deferred revenue			11,575.	19	11,575.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for	mer offic	er, director,			
litie		trustee, key employee, creator or founder, sub					
abi		controlled entity or family member of any of the				22	
Liabilities	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	ayables t	to related third			
		parties, and other liabilities not included on line	s 17-24).	. Complete Part X			
		of Schedule D			259,650.	25	591,420.
	26	Total liabilities. Add lines 17 through 25			976,230.	26	1,018,646.
Ś		Organizations that follow FASB ASC 958, ch	eck here	e X			
jce		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			1,860,349.	27	2,214,343. 645,096.
Ϊ	28	Net assets with donor restrictions		L	708,821.	28	645,096.
ŭ		Organizations that do not follow FASB ASC	958, che	ck here			
г		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e		F		30	ļ
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i		F		31	
Ne	32	Total net assets or fund balances			2,569,170.	32	2,859,439.
	33	Total liabilities and net assets/fund balances			3,545,400.	33	3,878,085.

Form 990 (2022)

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Form 990 (2022)

Part X Balance Sheet

Form	1 990 (2022) FREE WHEELCHAIR MISSION	31-1	781635	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,028		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,738		
3	Revenue less expenses. Subtract line 2 from line 1	3			69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,569	9,1	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,859	9,4	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

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Department of the Treasury

Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

1	2022
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

L

Name of the organization

		FREE	WHEELCHAI	R MISSION				3	1-1781635	
Pa	rt I	Reason for Public (omplete th	nis part.) S	See instruction			
The	orgar	nization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch								
2		A school described in sect								
3		A hospital or a cooperative)(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit describ	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	Х									
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or	
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	uired by the o	rganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
12		An organization organized a	-	•	-			•		
		more publicly supported or	-						Check the box on	
		lines 12a through 12d that				-		-		
а		Type I. A supporting orga		-	•	-				
		the supported organization			a majority (of the dire	ctors or truste	ees of the s	supporting	
		organization. You must o	-							
b		Type II. A supporting org								
		control or management o organization(s). You mus			ame perso	ons that co	UNITO OF MANA	age the sup	poned	
с		Type III functionally inte			in connec	tion with	and functiona	lly integrat	ed with	
U.		its supported organization						iny integration	eu with,	
d		Type III non-functionally				-		rted organi	ization(s)	
		that is not functionally int						-		
		requirement (see instruct			•		-	a an attorn		
е		Check this box if the orga		•				II. Type III		
-	-	functionally integrated, or						, . , pe		
f	Ent	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	5 5					
g		vide the following informatior	•	ed organization(s).						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Tet	~1									
Tota	11						1		1	

Schedule A (Form 990) 2022

FREE WHEELCHAIR MISSION

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.)

Se	ction A. Public Support	, [,	,			
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(-) =	(-)	(-) = - = -	(-) = = -	(-) = - = =	(7)
	membership fees received. (Do not						
	include any "unusual grants.")	10,644,010.	9,770,825.	9,881,138.	11,491,258.	14,009,506.	55,796,737
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10,644,010.	9,770,825.	9,881,138.	11,491,258.	14,009,506.	55,796,737
5	The portion of total contributions				<u> </u>		
	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)						1,054,662
6	Public support. Subtract line 5 from line 4.						54,742,075
	ction B. Total Support						, ,
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	10,644,010.	9,770,825.	9,881,138.	11,491,258.	14,009,506.	55,796,737
8	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8,276.	14.	25.	100,494.	211,684.	320,493.
9	Net income from unrelated business	,					
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,133.	10,179.			1,283.	12,595.
11	Total support. Add lines 7 through 10	,					56,129,825,
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	, ,
13	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		vear as a section 5		
	organization, check this box and stop	•			,		
Se	ction C. Computation of Publ		centage				
	Public support percentage for 2022 (I			olumn (f))		14	97.53 %
	Public support percentage from 2021					15	98.51 %
	33 1/3% support test - 2022. If the c						ox and
	stop here. The organization qualifies						
ł	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
ŀ	10% -facts-and-circumstances test	-		• • • •	-		
•	more, and if the organization meets th	-					/ • •
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
				, , , or i'r .	,		(Form 990) 2022

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FREE WHEELCHAIR MISSION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	_					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L	<u> </u>				
14	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third	, tourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
<u> </u>	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2022 (15	%
	Public support percentage from 202					16	%
-	ction D. Computation of Inve		-			1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from						%
19 a	33 1/3% support tests - 2022. If the						e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	eck this box and s f	top here. The orga	anization qualifies	as a publicly supp	orted organizatio	n
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see ir	nstructions	
	23 12-09-22						A (Form 990) 2022
				17			-
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FREE WHEELCHAIR MISSION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **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)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **c** 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in* Part VI.
- 7 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? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** 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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** 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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2022		WHEELCHAIR	MIDDION				
Part IV Supporting Organizations (continued)								

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

Section C. Type II Supporting Organizations					
	supervised, or controlled the supporting organization.				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
2	Did the organization operate for the benefit of any supported organization other than the supported				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

000	alon of Type in cupper and organizations		
		Yes	No
1	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 Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		

Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- a 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 Part VI 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.
- b Did the activities described on 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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 Part VI.
- 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 Part VI the role played by the organization in this regard.

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3b Schedule A (Form 990) 2022

2a

2b

За

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Yes No

Schedule A (Form 990) 2022 FREE WHEELCHAIR MISSION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	All other Type III non-functionally integrated supporting organizations mu	lot oomplote	Ocociono / Canough E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 Ot	her gross income (see instructions)	3		
4 Ad	ld lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
со	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Ot	her expenses (see instructions)	7		
8 Ad	Ijusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other factors			
(ex	plain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	ibtract line 2 from line 1d.	3		
4 Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by 0.035.	6		
7 Re	ecoveries of prior-year distributions	7		
8 Mi	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	ljusted net income for prior year (from Section A, line 8, column A)	1		
2 En	ter 0.85 of line 1.	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 En	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continued}	<u>d)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME							
2018 AMOUNT: \$	1,133.						
2019 AMOUNT: \$	10,179.						
2022 AMOUNT: \$	1,283.						
i							
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Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

31-1781635

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Schedule B

Internal Revenue Service

Name of the organization

FREE WHEELCHAIR MISSION

Drganization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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

X 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), 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), 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).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

31-1781635

FREE WHEELCHAIR MISSION

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) (d) Total contributions Type of contribution
1		\$ 1,662,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 877,202. \$ 877,202. \$ Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 322,600. \$ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person
		\$ 300,576. Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ 300,576. Noncash (Complete Part II for
		\$ 300,576. Noncash (Complete Part II for noncash contributions.) (c) (d)
No.		\$ 300,576. Noncash (Complete Part II for noncash contributions.) (c) (d) Total contributions \$ 2,051,093. Person Noncash X (Complete Part II for noncash contributions.)
No. 5 (a)	Name, address, and ZIP + 4	\$ 300,576. Noncash (Complete Part II for noncash contributions.) (c) (d) Total contributions Type of contribution \$ 2,051,093. Person (Complete Part II for noncash Noncash (C) (d) (C) Type of contribution (C) Person (C) Payroll (Complete Part II for noncash contributions.) (c) (d)

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2022.05010 FREE WHEELCHAIR MISSION

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Name of organization

31-1781635

FREE WHEELCHAIR MISSION

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
7		\$\$11,666.	Person Payroll Noncash X (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
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Schedule	В	(Form	990)	(2022)
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Name of organization

Employer identification number

31-1781635

FREE WHEELCHAIR MISSION

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
5	MEDICAL SUPPLIES		
		\$\$\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	MEDICAL SUPPLIES		
		\$481,024.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MEDICAL SUPPLIES		
		\$411,666.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-15	5-22 2	\$	Schedule B (Form 990)

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2022.05010 FREE WHEELCHAIR MISSION

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Schedule I	B (Form 990) (2022)			Page 4			
Name of o	rganization			Employer identification number			
FREE V	WHEELCHAIR MISSION			31-1781635			
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described in	section 501(c)(7), (8), or (1				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line er	try. For organizations	for once) \$			
	Use duplicate copies of Part III if additional	space is needed.	1633 for the year. (Enter the int				
(a) No. from	(h) Dumpers of sift		equiption of how sift is hold				
Part I	(b) Purpose of gift	(c) Use of gift	(a) De	escription of how gift is held			
ł		(a) Transfer of a					
		(e) Transfer of g	iit.				
	Transferee's name, address, a	and ZIP + 4	Relationship of	transferor to transferee			
Ī			· · · · · · · · · · · · · · · · · · ·				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
Parti							
	(e) Transfer of gift						
		and ZID + 4	Relationship of transferor to transferee				
ŀ	Transferee's name, address, a		Relationship of				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
Part I							
		(e) Transfer of g	ift				
			Relationship of transferor to transferee				
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of t	transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
Part I	(~)	(0) 000 01 g					
Ī		(e) Transfer of g	ift				
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of	transferor to transferee			
223454 11-15	5-22			Schedule B (Form 990) (2022)			

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27 2022.05010 FREE WHEELCHAIR MISSION

22020__1

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.



Department of the Treasury Internal Revenue Service Name of the organization

FREE WHEELCHAIR MISSION

Employer identification number 31-1781635

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Dec			
Par		-	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
с	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	le organization during the tax
	year	a a second in la casta d	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per-		
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		
0	Stan and volunteer hours devoted to monitoring, inspecting	, handling of violations, and emotering cor	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
•			ation basements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17(7(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
-	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.		
Par		of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under FASB ASC 99	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 FREE WH	EELCHAIR MI	ISSION				31-17	8163	5 ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Othe	r Simila	ar Asse	ts (contin	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of th	e following that	make sig	gnificant (use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change program	n					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatio	n's exem	npt purpo	se in Parl	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's	collection?				Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizat	ion answered "	Yes" on F	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custod							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount		
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
t	Ending balance									
	Did the organization include an amount on Fe					•		Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it									
1 41		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears	back
10	Beginning of year balance	517,145.	539,254		,014.	uj		(0) ! 0	jouro	
ia b	Contributions	10,000.	10,000	_	,350.	4	72,000.			
c c	Net investment earnings, gains, and losses	6,470.	26	_	25.		14.			
b b	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs	34,635.	32,135	. 32	,135.					
f	Administrative expenses	,	,		<u>′</u>					
g	End of year balance	498,980.	517,145	539	,254.	4'	72,014.			
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column		· .					
а	Board designated or quasi-endowment	,	%	()/						
b	Permanent endowment 49.2000	%	_							
с	Term endowment 50.8000	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administer	ed for th	е		_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule F	?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or ot		st or other	• •	cumulate	d	(d) Bool	< value	е
		basis (investm	ierit) Dasi	s (other)	depi	reciation				
	Land									
	Buildings			1,185.		1,18				0.
	Leasehold improvements		F	40,385.	1	$\frac{1,10}{05,84}$		12	4,5	-
	Equipment			<u>40,385.</u> 16,510.		$\frac{05,82}{16,51}$		1.7	±,5	$\frac{44}{0}$
-	Other					±0,01		13	4,5	
Tota	Aud lines ta through te. (Column (a) must e	yuai i 0111 990, ΡάΠ /	л, сошти (В), IINe	100.)		<u> </u>	 Schedule			
							Soncuule			LULL

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Schedule D (Form 990) 2022 FREE WHEELCHAIR MISSION

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives	.,		,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (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 000 Part IV line	11c Soc Form 000 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	UDUN Value		a orycar market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) De alematera
	Description		(b) Book value
(1) SECURITY DEPOSIT			15,165
(2) DEPOSITS ON WHEELCHAIRS II	N PRODUCTION		89,466
(3) RIGHT-OF-USE ASSET			274,773
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		379,404
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 2	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RETIREMENT LIABI			297,037
(3) RIGHT-OF-USE ASSET OBLIGA	TION		294,383
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(3) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		591,420
2. Liability for uncertain tax positions. In Part XIII, provide			
		ere if the text of the footnote has been p	

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 FREE WHEELCHAIR MISSION			31-	1781635 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	ments With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	14,380,028.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		148,393.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		203,349.		
е	Add lines 2a through 2d			2e	351,742.
3	Subtract line 2e from line 1			3	14,028,286.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
				_	11 020 206
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,028,286.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State			•	
5 Pa		ements Wit		•	irn.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit 2a.	h Expenses per	•	
	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ements Wit 2a.	h Expenses per	Retu	irn.
1	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.	h Expenses per	Retu	irn.
1 2	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a2a	h Expenses per	Retu	irn.
1 2 a	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. 2a. 2a 2b	h Expenses per 148,393.	Retu	irn.
1 2 a	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c	h Expenses per	Retu	ırn. 14,089,759.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	h Expenses per 148,393. 203,349.	Retu	ırn. 14,089,759. 351,742.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2c 2d	h Expenses per 148,393. 203,349.	Retu	ırn. 14,089,759.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	th Expenses per 148,393. 203,349.	1 2e	ırn. 14,089,759. 351,742.
1 2 b c d e 3	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2a 2b 2c 2d	th Expenses per 148,393. 203,349.	1 2e	ırn. 14,089,759. 351,742.
1 2 3 4	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 13 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d 4a	th Expenses per 148,393. 203,349.	1 2e	ırn. 14,089,759. 351,742.
1 2 a b c d e 3 4 a	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 4a 4b	h Expenses per 148,393. 203,349.	1 2e	urn. 14,089,759. 351,742. 13,738,017. 0.
1 2 d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a. 2a. 2b 2b 2c 2d 2d	h Expenses per 148,393. 203,349.	1 2e 3	ırn. 14,089,759. 351,742. 13,738,017.
1 2 d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a. 2a. 2b 2b 2c 2d 2d 4a 4b	h Expenses per 148,393. 203,349.	2e 3 4c 5	urn. 14,089,759. 351,742. 13,738,017. 0. 13,738,017.

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 V, LINE 4:

THE INTENDED USE OF THE ENDOWMENT FUNDS IS FOR OPERATING NEEDS AND CAPITAL

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SEC.

501(C)(3) AND STATE INCOME TAX UNDER SECTION 23701(D) OF THE CALIFORNIA

REVENUE AND TAXATION CODE. THE ORGANIZATION IS CLASSIFIED BY THE INTERNAL

REVENUE SERVICE ("IRS") AS AN OTHER-THAN-PRIVATE FOUNDATION. ACCORDINGLY,

NO PROVISION FOR FEDERAL INCOME TAX IS MADE IN THE ACCOMPANYING FINANCIAL

STATEMENTS. THE ORGANIZATION'S FORMS 990, RETURN OF ORGANIZATION EXEMPT

FROM INCOME TAX, ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR 232054 09-01-22 Schedule D (Form 990) 2022

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THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

203,349.

203,349.

Schedule D (Form 990) 2022

232055 09-01-22

10041212 758669 22020

SCHEDULE	F
(Form 990)	

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

31	-1781635	

Employer identification number

FREE WHEELCHAIR MISSION

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

3 Activities per Region. (1	ne tollowing Pan	t I, IIII d table c	an be duplicated if additional space is i	needed.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	èmployees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA AND					
THE CARIBBEAN -				WHEELCHAIR AND MEDICAL	
ANTIGUA & BARBUDA,				SUPPLIES	
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	DISTRIBUTION/ADMIN FEES	1,933,220.
SOUTH ASIA -					
AFGHANISTAN,				WHEELCHAIR AND MEDICAL	
BANGLADESH, BHUTAN,				SUPPLIES	
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	DISTRIBUTION/ADMIN FEES	427,059.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,				WHEELCHAIR AND MEDICAL	
BOTSWANA, BURKINA				SUPPLIES	
FASO,	0	0	PROGRAM SERVICES	DISTRIBUTION/ADMIN FEES	715,732.
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,			GRANTS TO RECIPIENTS		
ARUBA, BAHAMAS,	0	0	LOCATED IN THE AREA		1,612,810.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,			GRANTS TO RECIPIENTS		
CAMBODIA,	0	0	LOCATED IN THE AREA		893,698.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,			GRANTS TO RECIPIENTS		
COLUMBIA, ECUADOR,	0	0	LOCATED IN THE AREA		709,222.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,			GRANTS TO RECIPIENTS		
INDIA, MALDIVES,	0	0	LOCATED IN THE AREA		554,915.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA			GRANTS TO RECIPIENTS		
FASO,	0	0	LOCATED IN THE AREA		1,038,629.
3 a Subtotal	0	C			7,885,285.
b Total from continuation					
sheets to Part I	0	c			343,843.
c Totals (add lines 3a					
and 3b)	0				8,229,128.

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

Schedule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990) Part I Continuation	FREE WHE		MISSION n.(Schedule F (Form 990), Part I, line 3)	31-17816	35 Page
(a) Region	(b) Number of offices in the region	1	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditure for region
RUSSIA AND					
EIGHBORING STATES -					
ARMENIA, AZERBIJAN,			GRANTS TO RECIPIENTS		
BELARUS,	C	0	LOCATED IN THE AREA		216,48
IIDDLE EAST AND					
IORTH AFRICA -					
ALGERIA, BAHRAIN,			GRANTS TO RECIPIENTS		
JIBOUTI, EGYPT,	0	0	LOCATED IN THE AREA		17
IORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED			GRANTS TO RECIPIENTS		
STATES	C	0	LOCATED IN THE AREA		85,18
EUROPE (INCLUDING			GRANTS TO RECIPIENTS		
CELAND & GREENLAND)	C	0	LOCATED IN THE AREA		41,99
otals					343,84

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Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE	TO PROVIDE					COST OF
		PACIFIC -	WHEELCHAIRS/MEDICAL					WHEELCHAIRS
		AUSTRALIA,	SUPPLIES/CONSULTING				WHEELCHAIRS	/WHOLESALE VALUE
		BRUNEI, BURMA,	TO THOSE IN NEED	893,698.		٥.	/MEDICAL SUPPLIES	MEDICAL SUPPLIES
		CENTRAL AMERICA	TO PROVIDE					COST OF
		AND THE CARIBBEAN	WHEELCHAIRS/MEDICAL					WHEELCHAIRS
		- ANTIGUA &	SUPPLIES/CONSULTING				WHEELCHAIRS	WHOLESALE VALUE
		BARBUDA, ARUBA,	TO THOSE IN NEED	1,612,810.		٥.	/MEDICAL SUPPLIES	MEDICAL SUPPLIES
		MIDDLE EAST AND	TO PROVIDE					COST OF
		NORTH AFRICA -	WHEELCHAIRS/MEDICAL					WHEELCHAIRS
		ALGERIA, BAHRAIN,	SUPPLIES/CONSULTING				WHEELCHAIRS	/WHOLESALE VALUE
		DJIBOUTI, EGYPT,	TO THOSE IN NEED	179.		Ο.	/MEDICAL SUPPLIES	MEDICAL SUPPLIES
		NORTH AMERICA -	TO PROVIDE					COST OF
		CANADA AND	WHEELCHAIRS/MEDICAL					WHEELCHAIRS
		MEXICO, BUT NOT	SUPPLIES/CONSULTING				WHEELCHAIRS	WHOLESALE VALU
		THE UNITED STATES	TO THOSE IN NEED	85,182.		Ο.	/MEDICAL SUPPLIES	MEDICAL SUPPLIES
		SOUTH ASIA -	TO PROVIDE					COST OF
		AFGHANISTAN,	WHEELCHAIRS/MEDICAL					WHEELCHAIRS
		BANGLADESH,	SUPPLIES/CONSULTING				WHEELCHAIRS	/WHOLESALE VALU
		BHUTAN, INDIA,	TO THOSE IN NEED	554,915.		٥.	/MEDICAL SUPPLIES	MEDICAL SUPPLIES
		SUB-SAHARAN	TO PROVIDE					COST OF
		AFRICA - ANGOLA,	WHEELCHAIRS/MEDICAL					WHEELCHAIRS
		BENIN, BOTSWANA,	SUPPLIES/CONSULTING				WHEELCHAIRS	WHOLESALE VALUE
		BURKINA FASO,	TO THOSE IN NEED	1,038,629.		٥.	/MEDICAL SUPPLIES	MEDICAL SUPPLIES
		SOUTH AMERICA -	TO PROVIDE					COST OF
		ARGENTINA,	WHEELCHAIRS/MEDICAL					WHEELCHAIRS
		BOLIVIA, BRAZIL,	SUPPLIES/CONSULTING				WHEELCHAIRS	/WHOLESALE VALUE
		CHILE, COLUMBIA,	TO THOSE IN NEED	709,222.		٥.	/MEDICAL SUPPLIES	MEDICAL SUPPLIES
		EUROPE (INCLUDING	TO PROVIDE					COST OF
		ICELAND &	WHEELCHAIRS/MEDICAL					WHEELCHAIRS
		GREENLAND) -	SUPPLIES/CONSULTING				WHEELCHAIRS	/WHOLESALE VALUE
		ALBANTA ANDORRA	TO THOSE IN NEED	41,998.		0	/MEDICAL SUPPLIES	MEDICAL SUPPLIES

Schedule F (Form 990) 2022

Schedule F (Form 990)

FREE WHEELCHAIR MISSION

31-1781635

Page 2

Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1 ugo 2
1 (a) Nam		(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				TO PROVIDE WHEELCHAIRS/MEDICAL					COST OF WHEELCHAIRS
				SUPPLIES/CONSULTING				WHEELCHAIRS	/WHOLESALE VALUE
			STATES	TO THOSE IN NEED	216,484.		0.	/MEDICAL SUPPLIES	MEDICAL SUPPLIES

Schedule F (Form 990) 2022

(a) Type of grant or assistance

Schedule F (Form 990) 202							

(b) Region

Part III can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(d) Amount of

cash grant

(c) Number of

recipients

31-1781635

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

(e) Manner of

cash disbursement

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

	F (Form 990) 2022		WHEELCHAIR	MISSION
Part IV	Foreign Form	S		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

10041212 758669 22020

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

DISTRIBUTION PARTNERS SEND REPORTS AFTER DISTRIBUTING WHEELCHAIRS THAT

DETAIL HOW THE WHEELCHAIRS WERE DISTRIBUTED.

PART I, LINE 3: EXPENDITURES ARE ACCOUNTED FOR USING THE ACCRUAL BASIS

OF ACCOUNTING VIA STANDARD DOUBLE ENTRY BOOKKEEPING IN ACCORDANCE WITH

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES OF AMERICA.

232075 10-17-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047			
(Form 990)	Complete if the	, or if the	2022								
Department of the Treasury			Open to Public								
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization	Name of the organization Employer										
FREE WHEELCHAIR MISSION 31-1781635 Part L Fundraising Activities Complete if the exempleting answered "Veel" on Form 000, Part IV, line 17, Form 000, F7 files are not											
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	f ☐ Solicita g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	🗌 Ye				
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No							
Total											
		on is registered or licensed to solicit		outions	s or has been notified	d it is	exempt from	registration			

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

Schedule G (Form 990) 2022

232081 10-27-22

FREE WHEELCHAIR MISSION

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, FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

			(a) Event #1 MIRACLE OF MOBILITY	(b) Event #2 MOVE FOR MOBILITY	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	1,737,464.	228,595.		1,966,059
:	2	Less: Contributions	1,728,302.	228,595.		1,956,897
;	3	Gross income (line 1 minus line 2)	9,162.	,		9,162
4	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	12,057.	,		12,057
-	7	Food and beverages	54,207.			54,207
-	8	Entertainment				21,875 115,210
1	9	Other direct expenses		13,427.		115,210
1		Direct expense summary. Add lines 4 throug	• • • • • • • • • • • • • • • • • • • •			203,349 -194,187
	11 t I	Net income summary. Subtract line 10 from II Gaming. Complete if the organization				
.		\$15,000 on Form 990-EZ, line 6a.	ranswered res on For	11 990, Part IV, line 19, or	eported more than	
Г		\$13,000 011 0111 330-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
						(,
.	1	Gross revenue				
:	2	Cash prizes				
:	3	Noncash prizes				
		Rent/facility costs				
		Other direct expenses				
			Yes %	Yes %	Yes_%	
•	6	Volunteer labor	□ No	□ No	No	
.	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
ľ			7 from line 1			
	0	Not againg income gummany Cubtract line				1
	8	Net gaming income summary. Subtract line				
8						
E	Ent	er the state(s) in which the organization conc	ducts gaming activities: _			Ves
E a l:	Ent s t	er the state(s) in which the organization cond he organization licensed to conduct gaming a	lucts gaming activities: _ activities in each of these			Yes N
E E	Ent s t	er the state(s) in which the organization conc	lucts gaming activities: _ activities in each of these			Yes N
E a l:	Ent s t	er the state(s) in which the organization cond he organization licensed to conduct gaming a	lucts gaming activities: _ activities in each of these			Yes N
E E a l: o l: -	Ent st f"l	er the state(s) in which the organization cond he organization licensed to conduct gaming a	ducts gaming activities: _ activities in each of these	e states?		
E a l: - - a V	Ent s t f "I We	er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	ducts gaming activities: _ activities in each of these revoked, suspended, or t	e states?		
E 1 : - - 1 V	Ent s t f "I We	er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	ducts gaming activities: _ activities in each of these revoked, suspended, or t	e states?		

Sch	edule G (Form 990) 2022	FREE	WHEELCHAIR	MISSION		<u>31-1</u> 7	7 <u>8</u> 1	<u>635</u>	Page 3
11	Does the organization conduct ga	ming activ	ities with nonmembers	s?				Yes	No
	Is the organization a grantor, bene to administer charitable gaming?	eficiary or t	rustee of a trust, or a r	member of a partners	hip or other entity formed			Yes	
13	Indicate the percentage of gaming								
а	The organization's facility					L	13a		%
	An outside facility					····· L	13b		%
14	Enter the name and address of th	e person w	ho prepares the orgar	nization's gaming/spe	cial events books and record	ls:			
	Name								
	Address								
15a	Does the organization have a con-	tract with a	a third party from whor	n the organization rec	ceives gaming revenue?			Yes	🗌 No
b	If "Yes," enter the amount of gam	ing revenu	e received by the orga	nization \$	and the amo	unt			
	of gaming revenue retained by the								
С	If "Yes," enter name and address	of the third	d party:						
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	Empl	oyee	Independent contra	ctor				
17	Mandatory distributions:								
	Is the organization required under	state law	to make charitable dis	tributions from the ga	iming proceeds to				
	retain the state gaming license?				···			Yes	└── No
b	Enter the amount of distributions	required ur	nder state law to be di	stributed to other exe	empt organizations or spent i	ו the			
Pa	organization's own exempt activitient of the second			ns required by Part I	line 2b, columns (iii) and (v);	and Part	III lir	105 9	9h 10h
ľ	15b, 15c, 16, and 17b, as						· · · · · ·	163 0,	30, 100,
23208	33 10-27-22					Schedul	e G (Form	990) 2022
				42					

		Schedule G (Form 990)
232084 04-01-22	13	

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization Name of the organization Duration Duration Determine if the "maxy brand finance based Go to www.irs.gov/Form900 for instructions and the latest information. Employer identification number 31 - 17 81 635 Part I Questions Regarding Compensation Employer identification number 31 - 17 81 635 Part I Questions Regarding Compensation Image: Complete Part II to provide any relevant information regarding these items. Image: Complete Part II to provide any relevant information regarding these items. Image: Intermine the intermine to and grass up against information regarding these items. Image: Complete Part II to provide any relevant information regarding these items. Image: Complete Part II to provide any relevant information regarding these items. Image:	SCI	HEDULE J	Compensation Information	I	OMB No.	1545-00	47					
Description of the Transmitter of the Graphization answered "Vise" on Form 990, Part IV, line 23. Attach to Form 990. Open to Public Inspection Name of the organization PREE WHEELCHAIR MISSION Employer identification numbers 31-1781635 Part I Question Regarding Compensation 31-1781635 Image of the organization Part I Question Regarding Compensation Yes No Part I Question Regarding Compensation Yes No Part I Question Regarding Compensation Yes No Part I Question Regarding Compensation Part II I to provide any relevant information regarding these items. Prior total so charter tradel Yes No Part I T question and gross-up payments Health or social club dues or initiation fees Image of the boxes on line 1 are chacked, did the organization follow a written policy regarding payment or rembursement or provision of all of the expenses described above? If "No' complete Part III to explain. Image of the organization reque waits that in prior to embursing or social club dues or line targe. 2 3 Indicate which, if any, of the following the organization socie to stabilish the compensation committee Image of the organization is Compensation committee X 4 During the year, did any person listed on form 990, Part IVI, Section A, line 1a, with respect to the filing organization or a netided organization: Participate in or receive payment from a suphyba	(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22						
Department of the transver One multiple of the organization Depart of Public Interactions and the latest information. Department interactions and the itest information. Department of the organization Name of the organization FREE WHEELCHAIR MISSION Employer identification number 31–1781635 Part U, Usestions Regarding Compensation Impaction Impaction Impact of the organization provided any of the following to of ra person listed on Form 990. Part UI, Section A, line 1a. Complete Part III to provide any other information regarding these items. Impact of the organization regarding these items. Impact of the organization regarding these items. Impact of the organization formation regarding these items. Impact of the organization regarding the set of the organization for the organization regarding the set of the organization formation regarding the set of the organization for the organization formation regarding the set of the organization for the organization formation regarding the set of the organization for the organization formation regarding the set of the organization for the organization for the organization set of the organization or the organization formation organization organization to establish the compensation organization to establish the compensation committee Impact of the organization to establish the compensation organization to establish the compensation committee Impact of the organization to establish the compensation committee 4 During the year, did any person listed on Form 990. Part VII, Section A, line 1a, with respect to the filling organization to related organization and pe					ΖU		•					
Internet Rever Coto www.irs.gov/Form990 for instructions and the latest information. ImpReption Name of the organization FREE WHEBLCHAIR MISSION Standard Construction number 31–1781635 Part I Questions Regarding Compensation Yes No Is Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part III, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. Yes No Indicate which, if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintoursement or provision of all of the expenses described abov? If "No," complete Part III to explan 1b Implete Part III Complete Part III to explan 1b 2 Discretionary spending account Descretionary expending the COPSecurity Bit Complete Part III to explan 1b Implete Part III Complete Part III to explan 1b 2 Discretionary spending the COPSecurity Bit Cores checked on line 1a? 2 Implete Part Part Part Part Part Part Part Part	Depar	tment of the Treasury				ic						
PREE WHEBLCHAIR MISSION 31–1781635 Part I Questions Regarding Compensation Yes No a Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Secton A, line 1a. Complete Part III to provide any relevant information regarding these terms. Yes No Trave for companions Payments for business use of personal residuce Health or social club dues or initiation flees Payments for business use of personal residuce Health or social club dues or initiation flees 10 10 10 b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the sognames described abore 011 TWA: complete Part III to explain 10	Interna	ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any approach is a statistic to provide any complete Part III to explain. Image: Complete Part III to explain. 2 Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to explain. 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization is or establish compensation commute Image: Complete Part III to explain. 3 Indicate which, if any, of the following the organization is a participate in proxide any person listed on Form 990, Part VII, Section A, line 1a,	Nam	•										
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No B Check the appropriate box(es) if the organization provide any relevant information regarding these items. Housing allowance or residence for personal use of personal residence for personal services (such as maid, chariffer, other) Image: Second Sec												
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Compete Part III to provide any relevant information regarding these items. First-lass or charter travel Housing allowance or residence for personal use First-lass or charter travel Housing allowance or residence for personal use First-lass or charter travel Housing allowance or residence for personal use First-loss or charter travel Housing allowance or residence for personal use First-loss or charter travel Housing allowance or residence for personal use First-loss on line 1a are checked, did the organization follow a written policy regarding payment or Ib Portonal services (such as maid, chauffeur, chef) Portonal services (such as maid, chauffeur, chef) Portonal vestors intervice models used by a related organization sectors. Portonal vestors. Portonal vestors. Portonal vestors. Portonal vestor in travel organization sectors. <td>Pa</td> <td></td> <td>s Regarding Compensation</td> <td></td> <td></td> <td></td> <td></td>	Pa		s Regarding Compensation									
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Pirst-class or charter travel Plant or social club clubs or inflation fees Plant or social club clubs or inflation fees Discretionary spending account Personal residence It as indemnification and gross-up payments Pleath or social club clubs or inflation fees Discretionary spending account Personal services (such as maid, charlifter, cheft) It as indemnification and gross-up payments in the prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CSC/Executive Director, pagarding the items checked on line 1a? Indicate which, If any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee With energioyment contract Indicate organization: Ceo/Executive Director, but explain in Part III. X Compensation committee With energioyment contract Indicate organization: Receive a severance payment or charge of control payment? Participate in or receive payment from an equity-based compensation and pressure or study or a related organization? Participate in or receive payment from an equity-based compensation and pressure or study or any of lines 4ac, list the persons and provide the applicable amounts for each term in Part III. Only section 501c(x)	4-		ata bau(as) if the suscentration muscipled any of the following to suffer a suscent listed on Fourier	- 000		Yes	No					
Image: Pirst-class or charter travel Image: Image: Payments or residence of presonal use Image: Payments or business use of personal residence Payments for business use of personal residence Image: Payments or business use of personal residence Payments for business use of personal residence Image: Payments or social club dues or initiation fees Payments for business use of personal residence Image: Payments or provision of all of the expenses described above? If "No," complete Part III to explain 1b Image: Payments or provision of all of the expenses described above? If "No," complete Part III to explain m. 1b Image: Payments or provision of all of the expenses described above? If "No," complete Part III to explain m. 1b Image: Payments or provision of all of the expenses described above? If "No," complete Part III to explain m. 1b Image: Payments or provision of all of the expenses described above? If "No," complete Part III to explain m. 1b Image: Payments or provision of all of the expenses described above? If "No," complete Part III. 2 Image: Payments or the explain in Part III. 2 Image: Payments or mainters 2 Image: Payments or many payments 1b Image: Payments or many payments 1b Image: Payments or mainters 2 Image: Payments or many payments <	а			n 990,								
Image: Travel for companions Payments for business use of personal residence Image: Tax indemification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Tax indemification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Tax indemification require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Image: Compensation committee Image: Tax independent compensation consultant Image: Compensation committee Image: Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Image: Compensation committee 4 During the year, did any person and provide the applicable amounts for each item in Part III. Image: Compensation amounts for each item in Part III. 0 Participate in or receive payment from an supplemental nonqualified retirement plan? Image: Compensation amounts for each item in Part III. 0 Participate in or receive payment from an supplemental nonqualified retirement												
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Image: Compensation committee Written employment contract 2 Image: Compensation or a related organization: 2 2 A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X C Participate in or receive payment from an equity based compensation for each item in Part III. 4b X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the eveneses d: 5a X												
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant X Compensation committee Witten employment contract X Independent compensation consultant X Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? 4a X 4 During the year, did any person stead on provide the applicable amounts for each item in Part III. 4a X 5 Participate in or receive payment from an equity-based compensation arrangement? 4a X 4 During the year, of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X 6 Participate in or receive payment from an equity-based compensation arrangem												
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committe 2 3 Indicate which, if any, of the following the organization: SCEO/Executive Director, but explain in Part III. X Compensation committe Written employment contract X X Independent compensation consultant X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X c Participate in or receive payment from an equity-based compensation arrangement? 4b X f''Yes' to any of lines 4ac, list the persons and provide the applicable amounts for e												
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If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	a b				0a 6b							
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	D											
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 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 	•				7		X					
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	8											
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-	•			8		X					
Regulations section 53.4958-6(c)?	9											
	-				9							
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232111 10-18-22

31-1781635

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DON SCHOENDORFER	(i)	201,481.	0.	0.	14,378.	0.	215,859.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NUKA SOLOMON	(i)	172,200.	0.	0.	5,169.	10,681.	188,050.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

David

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 for instructions and the latest information.

Open to Public Inspection Employer identification number

31-1781635

Name of the organization

FREE WHEELCHAIR MISSION

Pa	TT Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art			,	<u>, </u>				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
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	Х	36	2,943	,783.	FAIR MARKET	VA	LUE	
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	ement	29			0	
				-				Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	oorted in Part I, line	s 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.	•••••							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandar	d contribu	itions?	31	х	
	Does the organization hire or use third parties of								
02u			•	· •			32a		х
h	contributions?						02a		
	If the organization didn't report an amount in c	olump (a) fa	ratura of proport	y for which column	(a) is aba	ckod			
33		01011111 (C) 10	a type of propert		(a) is che	uneu,			
	describe in Part II. For Paperwork Reduction Act Notice, see	the Instairs	tions for Form 00	0		Schedule N		m 0001	2000
LHA	FULFAUERWORK REQUCTION ACLINOTICE. SEE	me mstruc		υ.		Schedule IV	ITOLL	11 2201	

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

232142 09-09-22			Schedul	e M (Form 990) 2022
		48		
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10041212 758669 22020

22020_ _+ SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ



Employer identification number 31 - 1781635

FREE WHEELCHAIR MISSION

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED, REVIEWED AND FILED ELECTRONICALLY BY AN

INDEPENDENT CPA FIRM. IN ADDITION, ALL BOARD MEMBERS AND THE CHIEF

EXECUTIVE OFFICER REVIEW THE FORM 990 IN DETAIL BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY ANNUALLY. EVERY OFFICER AND BOARD MEMBER SIGNS A FORM CONFIRMING THEY HAVE READ THE POLICY AND HAVE LISTED ANY POSSIBLE CONFLICTS. STATEMENTS WITH LISTED CONFLICTS ARE GIVEN TO THE BOARD CHAIRMAN. THE BOARD CHAIRMAN'S STATEMENT IS REVIEWED BY THE INDEPENDENT CHIEF EXECUTIVE OFFICER. SHOULD ANY POTENTIAL CONFLICTS OF INTEREST BE DISCLOSED, THE BOARD MEMBER OR OFFICER WOULD BE ASKED TO REFRAIN FROM PARTICIPATION IN ANY DELIBERATION OR DECISION WITH REGARD TO MATTERS AFFECTED BY THE RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED ANNUALLY AS PART OF THE BUDGET PROCESS. ONLY BOARD MEMBERS WHO ARE CONSIDERED INDEPENDENT MEET TO DISCUSS COMPENSATION FOR EMPLOYEES, INCLUDING COMPENSATION FOR THE PRESIDENT, CHIEF EXECUTIVE OFFICER, AND OTHER OFFICERS. COMPARABLE COMPENSATION SURVEYS ARE USED TO HELP DETERMINE REASONABLENESS OF COMPENSATION AND BENEFITS PROVIDED. THE DELIBERATIONS ARE RECORDED IN THE BOARD MINUTES.

 FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

 AL, AZ, AR, CA, CT, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OR

 PA, RI, SC, UT, VA, WA, WV, WI, HI, DC, FL, OK, CO, TN

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

 232211
 10-28-22

FREE WHEELCHAIR MISSION

31-1781635

FORM 990, PART VI, SECTION C, LINE 19:

OUR FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE, ON VARIOUS STATE

GOVERNMENT WEBSITES, AND UPON REQUEST. ALL OTHER DOCUMENTS ARE AVAILABLE

UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE YEAR.

232212 10-28-22

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	File a	congrato	application	for each	roturn
	гпе а	Sevarate	application	IUI Eau	1 1 2 1 1 1 1 .

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer	Taxpayer identification number (TIN)								
print	FREE WHEELCHAIR MISSION 31-1781635										
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 15279 ALTON PARKWAY, SUITE		tions.								
return. See instructions.	instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. IRVINE, CA 92618										
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			01					
Applicati	on	Return	Application			Return					
Is For		Code	Is For			Code					
Form 990	or Form 990-EZ	01	Form 1041-A			08					
Form 472	0 (individual)	03	Form 4720 (other than individual)			09					
Form 990	PF	04	Form 5227			10					
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 990	-T (trust other than above)	06	Form 8870			12					
Form 990	-T (corporation) THE ORGANIZATIO	07									
 If the c If this i box ▶ [1 rec the ▶ [2 If th 	none No. ► (949) 273-8470 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► [Group Exe and atta MAX anization's , an check reas	emption Number (GEN) I ich a list with the names and TINs of Y 15, 2024, to file s return for: d ending JUN 30, 2023 on: Initial return	f this is fo all memb	r the whole <u>c</u> ers the exten npt organizat 						
	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter the	e tentative tax, less	0.0	¢	0.					
	nonrefundable credits. See instructions. nis application is for Forms 990-PF, 990-T, 4720, or 6069) ontor cr	v rofundable credite and	<u>3a</u>	\$	0.					
	•• • • • •	-	•	Зb	\$	0.					
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by										
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.					
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8			9-TE for payment 8868 (Rev. 1-2022)					