

**Federal  
Tax Return**

FOR THE WIN RACING INC

**2018**

**AMY LARSEN ACCOUNTING**

**360 E 300 N**

**FAIRVIEW, UT 84629**

**Phone: (435) 469-0088**

**Fax: (435) 427-9428**

**CrazyTaxLady.AmyLarsen@gmail.com**

**AMY LARSEN ACCOUNTING  
360 E 300 N  
FAIRVIEW, UT 84629  
(435) 469-0088**

**Invoice for 2018 Tax Year**

FOR THE WIN RACING INC  
5269 COUNTRY FORGE LN  
SAN JOSE, CA 95136

Invoice Date: June 19, 2019

Invoice Number: 3397

**Statement of Charges**

Total Charges for Forms and Schedules

450.00

**TOTAL** 450.00

Description

8868 - Extension of Time to File an Exempt Organiza  
8879-EO - E-File Signature Authorization for 990 or 1  
990-PF - Return of Private Foundation  
UT Sch A (TC-20MC) - Tax Calculation  
UT TC-20MC - Tax Return for Miscellaneous Corpor:

AMY LARSEN ACCOUNTING  
360 E 300 N  
FAIRVIEW, UT 84629  
Phone: (435) 469-0088  
Fax: (435) 427-9428  
CrazyTaxLady.AmyLarsen@gmail.com

June 19, 2019

FOR THE WIN RACING INC  
5269 COUNTRY FORGE LN  
SAN JOSE, CA 95136

Dear Sir,

I have prepared the 2018 Form 990PF for FOR THE WIN RACING INC based on the information you provided. The return has been successfully e-filed and a copy is enclosed for FOR THE WIN RACING INC's records.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about FOR THE WIN RACING INC's tax situation during the year, please do not hesitate to call me at (435) 469-0088. I appreciate this opportunity to serve you.

Sincerely,

AMY L LARSEN  
AMY LARSEN ACCOUNTING

**Privacy Notice**

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2018

Name of exempt organization <b>FOR THE WIN RACING INC</b>	Employer identification number <b>XX-XXXXXXX</b>
--	---

Name and title of officer <b>MATTHEW K STORMS</b>	PRESIDENT
--	-----------

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	0
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize AMY LARSEN ACCOUNTING to enter my PIN XXXXXX as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature	Date	6/19/2019
---------------------	------	-----------

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

<b>XXXXXXXXXX</b> <small>do not enter all zeros</small>
--

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature	Date	6/19/2019
-----------------	------	-----------

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

- ▶ Do not send to the IRS. Keep for your records.
- ▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2018

Name of exempt organization <b>FOR THE WIN RACING INC</b>	Employer identification number <b>XX-XXXXXXX</b>
--	---

Name and title of officer <b>MATTHEW K STORMS</b>	PRESIDENT
--	-----------

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input checked="" type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	0

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize AMY LARSEN ACCOUNTING to enter my PIN XXXXX as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

<b>XXXXXXXXXX</b> <small>do not enter all zeros</small>
--

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature AMY L LARSEN Date 6/19/2019

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://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](http://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.

**Enter filer's identifying number, see instructions**

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>FOR THE WIN RACING INC</b>	Employer identification number (EIN) or <b>XX-XXXXXXX</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5269 COUNTRY FORGE LN</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN JOSE, CA 95136</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (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

- The books are in the care of ▶ MATTHEW K. STORMS
- Telephone No. ▶ (801) 230-9270 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ▶  . If it is for part of the group, check this box . . . . . ▶  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2018 or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

**For calendar year 2018 or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

Name of foundation <b>FOR THE WIN RACING INC</b>			<b>A Employer identification number</b>  <b>27-3746378</b>	
Number and street (or P.O. box number if mail is not delivered to street address) <b>5269 COUNTRY FORGE LN</b>		Room/suite	<b>B Telephone number (see instructions)</b>  <b>801-230-9270</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>SAN JOSE CA 95136</b>				
Foreign country name	Foreign province/state/county	Foreign postal code		

**G Check all that apply:**  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

**H Check type of organization:**  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$** 12,178

**J Accounting method:**  Cash  Accrual  Other (specify) \_\_\_\_\_  
 (Part I, column (d) must be on cash basis.)

**D 1. Foreign organizations, check here . . . . .**   
**2. Foreign organizations meeting the 85% test, check here and attach computation . . . . .**   
**E If private foundation status was terminated under section 507(b)(1)(A), check here . . . . .**   
**F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . .**

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	2	2		
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)				
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances	59,807			
<b>b</b> Less: Cost of goods sold	28,350				
<b>c</b> Gross profit or (loss) (attach schedule)	31,457				
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	31,459	2	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.				
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	400			
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings	3,827			
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	16,943			
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	21,170	0	0	0
	<b>25</b> Contributions, gifts, grants paid	5,100			5,100
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	26,270	0	0	5,100	
<b>27 Subtract line 26 from line 12:</b>					
<b>a Excess of revenue over expenses and disbursements</b>	5,189				
<b>b Net investment income</b> (if negative, enter -0-)		2			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing . . . . .	3,187		
	2	Savings and temporary cash investments . . . . .	100	3,613	3,613
	3	Accounts receivable ▶ . . . . .			
		Less: allowance for doubtful accounts ▶ . . . . .			
	4	Pledges receivable ▶ . . . . .			
		Less: allowance for doubtful accounts ▶ . . . . .			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ . . . . .			
		Less: allowance for doubtful accounts ▶ . . . . .			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment: basis ▶ . . . . .			
	Less: accumulated depreciation (attach schedule) ▶ . . . . .				
12	Investments—mortgage loans . . . . .				
13	Investments—other (attach schedule) . . . . .				
14	Land, buildings, and equipment: basis ▶ . . . . .				
	Less: accumulated depreciation (attach schedule) ▶ . . . . .				
15	Other assets (describe ▶ REUSABLE RACE SUPPLIES ) . . . . .	8,651	8,565	8,565	
16	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	11,938	12,178	12,178	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ CREDIT CARD ) . . . . .	4,646	1,193	
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	4,646	1,193	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> . . . . . <input type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> . . . . . <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .	350	350	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
29	Retained earnings, accumulated income, endowment, or other funds . . . . .	6,942	10,635		
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	7,292	10,985		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	11,938	12,178		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	7,292
2	Enter amount from Part I, line 27a . . . . .	2	5,189
3	Other increases not included in line 2 (itemize) ▶ . . . . .	3	
4	Add lines 1, 2, and 3 . . . . .	4	12,481
5	Decreases not included in line 2 (itemize) ▶ REPAY CC LOANS . . . . .	5	1,496
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	10,985



**Part IV Capital Gains and Losses for Tax on Investment Income**

a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		b) How acquired P—Purchase D—Donation	c) Date acquired (mo., day, yr.)	d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	{ }	3	0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	3,500	0	0.000000
2016	2,000	0	0.000000
2015	0	0	0.000000
2014	0	0	0.000000
2013	0	0	0.000000
2	Total of line 1, column (d)		2 0.000000
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		3 0.000000
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5		4
5	Multiply line 4 by line 3		5
6	Enter 1% of net investment income (1% of Part I, line 27b)		6 0
7	Add lines 5 and 6		7 0
8	Enter qualifying distributions from Part XII, line 4		8 5,100

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>		
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>		0
<b>3</b>	Add lines 1 and 2	<b>3</b>		0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>		
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>		0
<b>6</b>	Credits/Payments:			
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>		
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>		
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>		
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>		
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>		0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>		0
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		
<b>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.		X
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> UT		
<b>8b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation		
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV.		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.		X

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions . . . . . 11 Yes No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . . 12 Yes No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . 13 X
Website address -> GUIDESTAR.COM
14 The books are in care of -> MATTHEW K. STORMS Telephone no. -> (801) 230-9270
Located at -> 5269 COUNTRY FORGE LN SAN JOSE CA ZIP+4 -> 95136
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year . . . . . 15
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . 16 Yes No X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ->

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . Yes No X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . Yes No X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . Yes No X
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . 1b N/A
Organizations relying on a current notice regarding disaster assistance, check here . . . . .
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . . 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . Yes No X
If "Yes," list the years -> 20 , 20 , 20 , 20
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) . . . . . 2b N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. -> 20 , 20 , 20 , 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . Yes No X
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) . . . . . 3b N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018? . . . . . 4b X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<b>5a</b>	During the year, did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>	N/A
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		<b>6b</b>	X
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>	N/A
<b>8</b>	Is the foundation 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MATTHEW K STORMS 5269 COUNTRY FORGE LN SAN JOSE, CA 95136	PRESIDENT 25.00	0		
ROBYN S STORMS 5269 COUNTRY FORGE LN SAN JOSE, CA 95136	VICE PRESIDENT 25.00	0		
JEFF LOWE 4860 W 3900 S WELLSVILLE, UT 84339	AGENT 5.00	0		

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000** . . . . . ▶

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		
.....		

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 CROHNS & COLITIS FOUNDATION OF AMERICA .....	
2 NAVY CHARITY .....	
3 AIRFORCE CHARITY .....	
4 .....	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 .....	
2 .....	
3 All other program-related investments. See instructions. .....	

Total. Add lines 1 through 3 . . . . . ▶ 0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	0
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	0
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	
<b>4</b>	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	<b>5</b>	0
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	0

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5 . . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2018. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	0
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	0

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	5,100
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 . . . . .	<b>4</b>	5,100
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions . . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	5,100

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7 . . . . .				
<b>2</b> Undistributed income, if any, as of the end of 2018:				
<b>a</b> Enter amount for 2017 only . . . . .			0	
<b>b</b> Total for prior years: 20 ____, 20 ____, 20 ____				
<b>3</b> Excess distributions carryover, if any, to 2018:				
<b>a</b> From 2013 . . . . .				
<b>b</b> From 2014 . . . . .				
<b>c</b> From 2014 . . . . .				
<b>d</b> From 2016 . . . . .				
<b>e</b> From 2017 . . . . .				
<b>f Total</b> of lines 3a through e . . . . .	0			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 5,100				
<b>a</b> Applied to 2017, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .				
<b>d</b> Applied to 2018 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus . . . . .	5,100			
<b>5</b> Excess distributions carryover applied to 2018 . (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	5,100			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	5,100			
<b>10 Analysis of line 9:</b>				
<b>a</b> Excess from 2014 . . . . .				
<b>b</b> Excess from 2014 . . . . .				
<b>c</b> Excess from 2016 . . . . .				
<b>d</b> Excess from 2017 . . . . .				
<b>e</b> Excess from 2018 . . . . .	5,100			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

- 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling . . . . . ▶
- b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					0
b 85% of line 2a . . . . .					0
c Qualifying distributions from Part XII, line 4 for each year listed . . . . .					0
d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					0
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets . . . . .					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					0
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					0
(3) Largest amount of support from an exempt organization . . . . .					0
(4) Gross investment income . . . . .					0

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

- 1 **Information Regarding Foundation Managers:**
  - a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
  - b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- 2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

  - a The name, address, and telephone number or email address of the person to whom applications should be addressed:
  - b The form in which applications should be submitted and information and materials they should include:
  - c Any submission deadlines:
  - d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



**Part XV** Supplementary Information *(continued)*

**3** Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AIR FORCE CHARITY 7525 GARLAND WAY BLDG. 928 HILL AFB, UT 84056	32-0493604	PC	DONATION	1,000
NAVY CHARITY - SLC CPOA 116 POLLOCK ROAD SALT LAKE CITY, UT 84113	46-2144469	PC	DONATION	1,000
CROHNS & COLITIS FOUNDATION OF AMERICA 733 THIRD AVE, STE 510 NEW YORK, NY 10017	13-6193105	PC	DONATION	3,000
22KILL 13625 NEUTRON ROAD DALLAS, TX 75244	47-3864997	PC	DONATION	100
<b>Total</b>				5,100
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b>				0

CLIENT COPY





**Part I, Line 10 (990-PF) - Gross Profit**

		59,807	28,350	31,457
Inventory Type		Gross Sales Less: Returns and Allowances	Cost of Goods Sold	Gross Profit or Loss
1	REGISTRATIONS	59,807	28,350	31,457

**Part I, Line 16b (990-PF) - Accounting Fees**

		400	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	TAX PREP	400			0

**Part I, Line 18 (990-PF) - Taxes**

		0	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	UTAH LABOR COMMISSION	0			

**Part I, Line 23 (990-PF) - Other Expenses**

		16,943	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	MARKETING-ADVERTISING-CYCLING ADDS	1,265	0		
2	INSURANCE	537	0		
3	BIZ. LICENSE	10	0		
4	BIZ MEALS - AT EVENT	994	0		
5	EMAIL - TRACKING	715	0		
6	SHIPPING	191	0		
7	STORAGE	1,212	0		
8	PERMITS-UTA 1936 + SLC - 824	2,760	0		
9	WEBSITES-HUBSPOT+GODADDY+OTHERS	4,137	0		
10	FEES	2	0		
11	FACEBOOK ADDS	2,552	0		
12	HOTELS	1,177	0		
13	MISC. SUPPLIES-PAYPAL,CASH	1,052	0		
14	OFFICE/ORGANIZATIONAL EXPENSES-CHECKS	48	0		
15	OFFICE/ORGANIZATIONAL EXPENSES-G.PHONE	145	0		
16	OFFICE/ORGANIZATIONAL EXPENSES-SQUARE	85	0		
17	TOOLS	61	0		
18		0	0		
19		0	0		

**Part II, Line 15 (990-PF) - Other Assets**

		8,651	8,565	8,565
Asset Description		Book Value Beg of Year	Book Value End of Year	FMV End of Year
1	REUSABLE RACE SUPPLIES	8,651	8,565	8,565

CLIENT COPY

**Part II, Line 22 (990-PF) - Other Liabilities**

		4,646	1,193
Description		Beginning Balance	Ending Balance
1	CREDIT CARD	4,646	1,193

CLIENT COPY

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

0 0 0

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	MATTHEW K STORMS		5269 COUNTRY FORGE LN	SAN JOSE	CA	95136		PRESIDENT	25.00	0		
2	ROBYN S STORMS		5269 COUNTRY FORGE LN	SAN JOSE	CA	95136		VICE PRESIDENT	25.00	0		
3	JEFF LOWE		4860 W 3900 S	WELLSVILLE	UT	84339		AGENT	5.00	0		

CLIENT COPY

## Electronic Filing Information (8868 Page 1)

### Signature Method

- Option (1) - Using Practitioner PIN. Use Section (A) below.  
 Option (2) - Scanned 8453-EO.

**PIN Information** Enter information below

(A) Practitioner PIN:			
	PIN (5 Digits)	TP entered	ERO entered
Taxpayer PIN:	95136	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ERO PIN:	83512		

### EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Preparer Table.

EFIN: 871805

### Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgement is received and the e-File is recreated.

Submission ID: 8718052019105s3hue89

### Name Control

[Click here to see Knowledge Base Document 14500, for more information on Name Controls](#)

FORT

### Organization Information

Name FOR THE WIN RACING INC			Employer identification no. XX-XXXXXXX		
Address 5269 COUNTRY FORGE LN					
Address continuation			In care of name % MATTHEW K STORMS		
City SAN JOSE		State CA	Zip code 95136	Daytime phone 801-230-9270	
Foreign country		Foreign province/county		Foreign phone number	
Foreign postal code					
Officer name MATTHEW K STORMS		Title PRESIDENT			
				Date return signed 06/19/2019	

### ERO (Enter data in the Preparer Manager)

ERO's name AMY L LARSEN			Check if self-employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN XXXXXXXXXX	
Firm's name AMY LARSEN ACCOUNTING			ERO's EIN XX-XXXXXXX		
Address 360 E 300 N			Phone (435) 469-0088		
City FAIRVIEW		State UT	ZIP code 84629		

### Preparer (Enter data in the Preparer Manager)

Preparer's name AMY L LARSEN			Non-paid prep type	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN XXXXXXXXXX	
Firm's name AMY LARSEN ACCOUNTING			EIN XX-XXXXXXX			
Address 360 E 300 N			Phone (435) 469-0088			
City FAIRVIEW		State UT	ZIP code 84629			



**TRAVEL,MEETINGS**

<b>Description</b>	<b>Total</b>
1 FUEL IN UTAH FOR RACE -	378
2 PARKING-90+144	134
3 CAR RENTAL	1,157
4 FLIGHTS TO RACE	1,122
5 FUEL FOR MEETINGS	1,036
Total	3,827

**COGS**

<b>Description</b>	<b>Total</b>
1 EVENT SUPPLIES-TUBES-186.75+BOXES-111.90	299
2 JERSEYS	3,399
3 MEDALS	1,645
4 SHIRTS	7,020
5 RACE FOODS=FOODS FOR RACE-3225+OGDEN MEAL FOR RACERS-3240	6,465
6 TRANSPORTATION OF BIKES - PENSKE 1283+PRIDE 1750	3,033
7 PORT-O-POTTIES FOR RACERS	1,665
8 STICKERS-ROUTE MARKERS-446+FLAGS 424	870
9 BAGS	1,234
10 RACE BIBS	702
11 REFUNDS	-410
12 SWAG FOR RIDERS	1,982
13 WRISTBANDS	446
Total	28,350

20841

1833

# Utah Tax Return for Miscellaneous Corporations

2018  
TC-20MC

For calendar year 2018 or fiscal year (mm/dd/yyyy):  
beginning - and ending -

• Amended Return (code 1-4) • Mark "X" if you filed federal form 8886

Corporation name  
FOR THE WIN RACING INC

Address  
5269 COUNTRY FORGE LN

City  
SAN JOSE

Foreign country (if not U.S.)

State ZIP + 4  
CA 95136

Telephone number  
8012309270

Employer Identification Number  
XXXXXXXXXX

UT Incorporation/Qualification No.  
78795760140

- 1 Corporation return type - mark "X" for return type (see instructions):
  - Regulated Investment Company
  - Homeowners Association
  - One-day Target Corporation with IRC Section 338 Election
  - Real Estate Investment Trust
  - Unrelated Business Income
  - Other

- 2 Tax - enter the amount calculated on Schedule A (see instructions) • 2
- 3 Utah use tax • 3
- 4 IRC 965(a) deferred foreign income installment amount • 4
- 5 Total tax - add lines 2 through 4 • 5
- 6 Refundable credits - enter total from Schedule B (attach Schedule B) • 6
- 7 Prepayments from Schedule E, line 4 (attach Schedule E) • 7
- 8 Amended return only (see instructions) • 8
- 9 Total refundable credits and prepayments (add lines 6 through 8) • 9
- 10 **Tax Due** - subtract line 9 from line 5 (not less than zero) • 10
- 11 Penalties and interest (see instructions) 11
- 12 **Total Due - Pay this amount** - add line 10 and line 11 • 12
- 13 **Overpayment** - subtract the sum of lines 5 and 11 from line 9 (not less than zero) • 13
- 14 Amount of overpayment on line 13 to be applied to next taxable year • 14
- 15 **Refund** - subtract line 14 from line 13 • 15

16 Mark "X" for each quarterly estimated prepayment meeting an exception (attach documentation):

- 1st • 2nd
- 3rd • 4th

USTC USE ONLY

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and schedules are true, correct and complete.

<b>SIGN</b>	Signature of officer	Date	Title	"X" if USTC may discuss this return with preparer below:
<b>HERE</b>		06/19/2019		
Paid	Preparer's signature	Date	Preparer's telephone number	Preparer's PTIN
	AMY L LARSEN	06/19/2019	4354690088	• XXXXXXXXXXXX
Preparer's Section	Firm's name and address	AMY L LARSEN 360 E 300 N FAIRVIEW UT 84629		Preparer's EIN
				• XXXXXXXXXXXX

20842 Supplemental Information to be Supplied  
by All Miscellaneous Corporations  
EIN XX-XXXXXXX

- 1 Enter the year-end date of the last year for which a federal examination has been completed: NONE  
mm/dd/yyyy

Under separate cover, send a summary and supporting schedules for all federal adjustments and the federal tax liability for each year for which federal audit adjustments have not been reported to the Tax Commission. Include the date of final determination. Send the information to:

Auditing Division, Utah State Tax Commission, 210 North 1950 West, Salt Lake City, UT 84134-2000

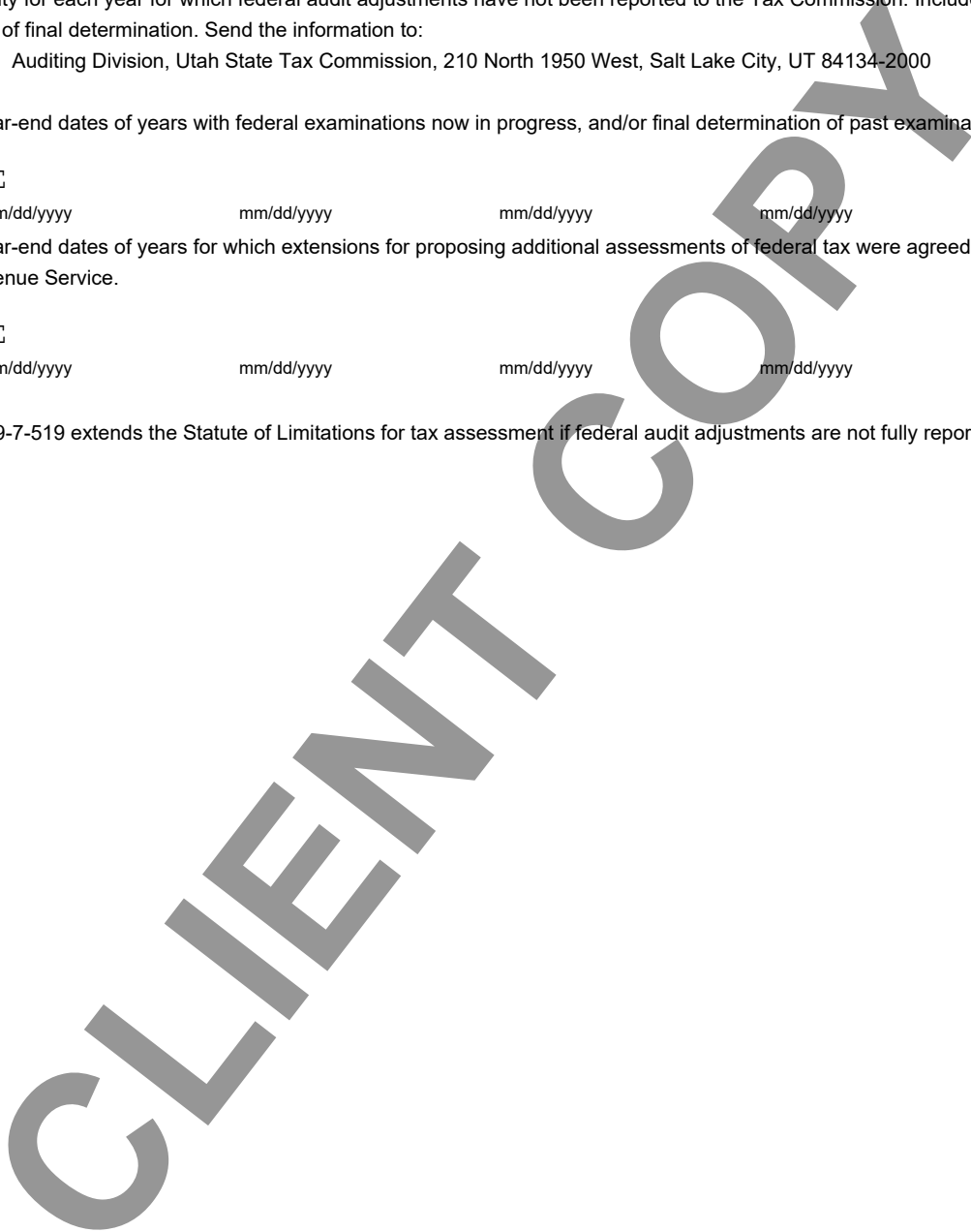
- 2 Enter the year-end dates of years with federal examinations now in progress, and/or final determination of past examinations still pending.

NONE  
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

- 3 Enter the year-end dates of years for which extensions for proposing additional assessments of federal tax were agreed to with the Internal Revenue Service.

NONE  
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

**Note:** Utah Code §59-7-519 extends the Statute of Limitations for tax assessment if federal audit adjustments are not fully reported.



Schedule A - Tax Calculation

20843

EIN XX-XXXXXXX

Part 1: Regulated Investment Company

1	Investment company taxable income (loss) from federal form 1120-RIC, line 26	• 1	
2	Municipal interest as determined in IRC Section 852(b)(2)	2	
3	Exclusion of net capital gain as determined in IRC Section 852(b)(2)	3	
4	Net taxable income (loss) - add lines 1 through 3	• 4	
5	Deduction for capital gain dividends as defined in IRC Section 852(b)(3)(c)	5	
6	Exempt interest dividends as defined in IRC Section 852(b)(5)(c)	6	
7	<b>Utah taxable income (loss)</b> - subtract the sum of lines 5 and 6 from line 4	• 7	
8	Initial tax - multiply line 7 by 4.95% (.0495) (not less than zero)	• 8	
9	Minimum tax	9	100.
10	<b>Tax</b> - enter the greater of line 8 or line 9 Enter this amount on TC-20MC, line 2 <b>Attach a copy of federal form 1120-RIC to this return.</b>	• 10	

Part 2: Real Estate Investment Trust

1	REIT taxable income (loss) from federal form 1120-REIT, line 22	• 1	
2	Income taxed for federal purposes under the IRC but not included in line 1 above	2	
3	Federal net operating loss deduction from federal form 1120-REIT, line 21a	• 3	
4	Apportionable income (loss) - add lines 1 through 3	• 4	
5	Apportionment fraction - enter 1.000000, or TC-20, Schedule J, line 9, 13 or 14, if applicable	5	0.000000
6	Taxable income (loss) - multiply line 4 by decimal on line 5	• 6	
7	Utah losses carried forward from prior years (attach documentation)	• 7	
8	<b>Utah taxable income (loss)</b> - subtract line 7 from line 6	• 8	
9	Initial tax - multiply line 8 by 4.95% (.0495) (not less than zero)	• 9	
10	Minimum tax	10	100.
11	<b>Tax</b> - enter the greater of line 9 or line 10 Enter this amount on TC-20MC, line 2. <b>Attach a copy of federal form 1120-REIT to this return.</b>	• 11	

**Part 3: Homeowners Association with IRC Section 528 Income**

- 1 **Taxable income (loss)** from federal form 1120-H, line 19 • 1
  - 2 **Tax** - multiply line 1 by 4.95% (.0495) (not less than zero) • 2  
Enter this amount on TC-20MC, line 2.  
**Attach a copy of federal form 1120-H to this return.**
- 

**Part 4: Unincorporated Exempt Organization or Exempt Corporation Having Unrelated Business Income**

- 1 Unrelated business taxable income (loss) from federal form 990-T, line 34 • 1
  - 2 Apportionment fraction - enter 1.000000, or TC-20, Schedule J, line 9, 13 or 14, if applicable 2 0.000000
  - 3 **Utah taxable income (loss)** - multiply line 1 by decimal on line 2 • 3
  - 4 **Tax** - multiply line 3 by 4.95% (.0495) (not less than zero) • 4  
Enter this amount on TC-20MC, line 2  
**Attach a copy of federal form 990-T to this return.**
- 

**Part 5: One-day Target Corporation with an IRC Section 338 Election**

- 1 Gain (loss) on deemed sale of assets • 1
- 2 Apportionment fraction (see instructions) 2 0.000000
- 3 Utah apportioned gain (loss) - multiply line 1 by decimal on line 2 • 3
- 4 Utah losses carried forward from prior years. Attach documentation. (see instructions) • 4
- 5 **Utah taxable gain (loss)** - subtract line 4 from line 3 • 5
- 6 Initial tax - multiply line 5 by 4.95% (.0495) (not less than zero) • 6
- 7 Minimum tax 7 100.
- 8 **Tax** - enter the greater of line 6 or line 7 • 8  
Enter this amount on TC-20MC, line 2  
**Attach a copy of the federal return and IRS form 8023 to this return.**