#### Form 990-EZ

Department of the Treasury

Internal Revenue Service

### Short Form Return of Organization Exempt From Income Tax

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

(except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning		year, or tax year beginning , 2018, a	, 2018, and ending			, 20		
В	Chec	ck if ap	plicable:	C Name of organization		D Employe	er ider	tification number
	Addr	ress ch	DESERT VETS RACING INC					83-1463107
	Nam	Number and street (or P.O. box, if mail is not delivered to street address)  Room/ Suite  E Telephon						nber
X	Initia	l retur	n					
	Final	inal return/terminated 1338 S FARRAGUT ST						760)382-6192
		ndedr		City or town, state or province, country, and ZIP or foreign posta	l code	F Group E	xempti	on
X	Appl	ication	pending	RIDGECREST CA 93555		Number	>	
G	Acco	ountin	ng Method:	X Cash Accrual Other (specify) ▶	H C	neck ► X if	the org	ganization is not
1	Web	site:	► N/A			quired to atta		
				eck only one) X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) o		orm 990, 990		
						DES HOLDS	HE	
				b to line 9 to determine gross receipts. If gross receipts are \$200,0	191	if total assets	S	Da Color P. HELL
				\$500,000 or more, file Form 990 instead of Form 990-EZ				12,609
		1		Expenses, and Changes in Net Assets or Fund E				or Part I)
				rganization used Schedule O to respond to any question in this Pa				
_		1	Control of the last of the las	gifts, grants, and similar amounts received	THE RESERVE OF THE PARTY OF THE		1	10,339
	1999	2		vice revenue including government fees and contracts			2	
				dues and assessments			3	
				come		and a selection of the second	4	
				nt from sale of assets other than inventory	STATE OF THE PARTY		10000	
				other basis and sales expenses		To the same of the	5c	
				from sale of assets other than inventory (Subtract line 5b from lin	e saj		30	
			Gaming and					
	0		Gross income					
	nu			6a				
	eve			e from fundraising events (not including \$	of contribution	ons		
0	r			sing events reported on line 1) (attach Schedule G if the				
				gross income and contributions exceeds \$15,000) 6k				
				expenses from gaming and fundraising events 60				
				or (loss) from gaming and fundraising events (add lines 6a and 6b			SECTION	
							6d	VIII CHARLES AND
				of inventory, less returns and allowances		2,270		
				goods sold		1,325	TARRE	0.45
				or (loss) from sales of inventory (Subtract line 7b from line 7a)				945
		8		e (describe in Schedule O)			8	
		9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	11,284
W. C.				imilar amounts paid (list in Schedule O)				
		11	Benefits paid	to or for members			11	599
	es	12	Salaries, othe	er compensation, and employee benefits			12	
	Sus	13	Professional	fees and other payments to independent contractors			13	1,827
	Expe			rent, utilities, and maintenance				3,100
	Ш	15	Printing, publ	lications, postage, and shipping			15	636
	12			ses (describe in Schedule O)			16	1,561
		17 Total expenses. Add lines 10 through 16						7,723
		18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18	3,561
	ets		Net assets or		THE RESIDENCE OF THE PARTY OF T			
	Assets	13	end-of-voor	fund balances at beginning of year (from line 27, column (A)) (mit figure reported on prior year's return)			19	
		20	Other change	es in net assets or fund balances (explain in Schedule O)			20	WITH THE PARTY OF
	Net	20		fund balances at end of year. Combine lines 18 through 20			21	3,561

Part II Balance Sheets (see the instru Check if the organization used Sche	ctions for Part II)	w question in this Part II			
Check if the organization used Sche	edule O to respond to an		eginning of year		(B) End of year
Cash, savings, and investments				22	
				23	
and the second second second				24	
Total assets (describe in Schedule O)		The second secon		25	
Total liabilities (describe in Schedule O)				26	
Net assets or fund balances (line 27 of c		and the second s	0	27	
			ns for Part III)		Expenses
Check if the organization used School at is the organization's primary exempt purpos scribe the organization's program service accomeasured by expenses. In a clear and concise sons benefited, and other relevant information	se? SEE ATTACH  implishments for each of  manner, describe the se	AMENT #1  Tits three largest program	services,	orga	quired for section (c)(3) and 501(c)(4) anizations; optional others.)
SEE ATTACHMENT #2					
(Crante S ) If this an	nount includes foreign gr	rants, check here		28a	
(Grants \$ ) If this are					
\ If this or	ount includes foreign gr	ants, check here		29a	
Grants \$ ) If this arr	Durit includes foreign 5				
		to about hore		30a	
) If this am	ount includes foreign gra	ants, check here			
Tranis D		The state of the s		31a	
) If this amount of the service of the service of the service expenses (add lines a service expenses) and the service expenses (add lines a service expenses)	ount includes foreign gra	ants, check here		32	i for Part IV
arants o	aga through 31a)		-1-4 6	ee the	instructions for Part 14
otal program service on Directors, Trustee	s, and Key Employees	(list each one cvoll			
List of Officers, Directors, Trustee Check if the organization used Sche	(h) 4 222000	(c) Reportable compensation	contributions to	ans,	other compensation
(a) Name and title	hours per week devoted to position	(Forms W-2/1099 - MISC) (if not paid, enter -0-)	and deferred compens	sation	
ATTACHMENT #3					
				F	orm 990-EZ (2018)

-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
2	2 Did the exception engage in the contraction of th		Yes	No
3	and a seriously flot previously reported to the instill fes, provide a			17
34	detailed description of each activity in Schedule O	33		X
5	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	24		v
35	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		X
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	25-		v
	b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a		A V
	was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		Λ
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	250		v
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		Λ
	during the year? If "Yes," complete applicable parts of Schedule N	36		Y
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	200	S-SK	Λ
- 1	b Did the organization file Form 1120-POL for this year?	37b		Y
388	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.0	10005	Λ
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
Ł	If "Yes," complete Schedule L, Part II and enter the total amount involved	Jour	2333	(1)
39	Section 501(c)(7) organizations. Enter:	536	330	
a		1		
b	Gross receipts, included on line 9, for public use of club facilities		Barry	200
10a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		-	97/30
	section 4911 ► ; section 4912 ► ; section 4955 ►	1593		
b		-	300	
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		1	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-	X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	12233	The same	VER 180
	organization managers or disqualified persons during the year under sections 4912,	1		
	4955, and 4958▶		338	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c			232
	reimbursed by the organization	239	Towns or	The same
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed NONE			
a	The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶			N. S.
	Located at ► ZIP + 4 ►			11.5
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶	1315		27
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank	3 3 3		
	and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country ▶		53	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			▶ F
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
			Yes	No
a .	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	5000		-
	completed instead of Form 990-EZ	44a	No.	X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	774	THE STATE OF	Λ
		11h		v
	Completed instead of Form 990-EZ	44b		A V
211	Did the organization receive any payments for indoor tanning services during the year?	44c	Marks 9	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			4000
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	3 3		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		100000	
1	Form 990-EZ. See instructions	45b		X

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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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.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number VETS RACING DESERT INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. 83-1463107 Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ......

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)	distribution of	The Allegan Indiana					
(B)	AND DESIGNATION	ESSENTE DE LA PERSONA DE LA PE	mile all	TENTO IN	RIPERE		
(C)	Maria State of the last	VINE WALLS, CO. C.			The state of the s		
(D)	HALING COMMENT	HEREN STONE THE RESIDENCE		Plant Hill			
(E)	Marin III BUILD		A 185 F9 A	D 2			
Total	SOLING HOLES STATE						

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

Schedule A (Form 990 or 990-EZ) 2018

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

50	ction A. Public Support	1001	nsted below, pleas	se complete Part	11.)			
Cal	lendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(0)	2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(0) 2016	(d) 2017	(e)	2010	(i) rotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						2,270	2,270
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5		THE PARTY OF THE P	4			2,270	2,270
	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							
8	Public support. (Subtract line 7c from line 6.) .	.   超速加速時	A CONTRACTOR	W. Indiana	Bud Spale	10 11		2,270
Sec	tion B. Total Support							
	iluai year (or need) years	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)	2018	(f) Total
9	Amounts from line 6	100					2,270	2,270
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b			NE REPORTED				
	Net income from unrelated business activities not included in 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.)						2,270	2,270
3	Total support. (Add lines 9, 10c, 11, and 12.)	Marie Salate				E01/-		2,2,3
4	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's fir	st, second, third, fo	ourth, or fifth tax	year as a section		(3)	▶ □
ect	ion C. Computation of Public Su	pport Perce	entage	WILLIAM TO		1		100 00 %
5	Public support percentage for 2018 (line 8, o	column (f), divid	ded by line 13, colu	umn (f))		15		100.00%
6	Public support percentage from 2017 Sched	dule A, Part III, I	ine 15			16		70
ect	tion D. Computation of Investmen	nt Income F	Percentage	15 (0)		17		0.00%
1	Investment income percentage for 2018 (line	e 10c. column	(f), divided by line	13, column (1))		18		%
8	Investment income parameters from 2017 C	chadule A Par	t III. line 17			10	and line	
Ja	33 <sup>1</sup> /3% support tests 2018. If the organi	ization did not	check the box on I	ne 14, and line	blicly supported	organiz	ation	▶ 🛚
U	17 is not more than 33 \(^1/3\)%, check this box a \(^1/3\)% support tests 2017. If the organi		shook a hox on lin	e 14 or line 19a,	and line to is in	0.0		and
	line 18 is not more than 33 1/3 %, check this b	- and ston h	ore The organiza	lion qualines as	аравион,			
0	Private formal at	on die olop i	on line 14 19a. 0	r 19b, check this	s box and see ins	structio	ns · · · · ·	********

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DESERT VETS RACING INC

Employer identification number PAGE 1, PART 1, LINE 16 - FUEL \$1217, BANK FEES \$344 83-1463107

## 2018 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

INSPECTION For calendar year 2018, or tax period beginning

Name of Organization

DESERT VETS RACING INC

Primary Purpose

TO PROVIDE AN OPPORTUNITY FOR VETERANS AND ACTIVE DUTY PERSONNEL TO ENJOY

OFFROAD RACING WITHOUT THE EXPENSE.

# 2018 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III For calendar year 2018, or tax period beginning INSPECTION Name of Organization , and ending DESERT VETS RACING INC Employer Identification Number 83-1463107

Part III - Statement of Program Service Accomplishments Grants and allocations

Amount includes foreign grants Program service expenses

Exempt Purpose Achievements

WERE ABLE TO PROVIDE RACING AND OTHER OFFROADING EXPERIENCES TO OVER 26 FORMER AND ACTIVE DUTY MILITARY MEMBERS FOR NO CHARGE.

## 2018 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3	8: PAGE 1 -	990-EZ PAGE 2	, PART TV		
NSPECTION	For calendar year 2	018, or tax period beginning			
ame of Organization		oro, or tax period beginning	, an	d ending	
ESERT VETS	RACING INC			Employer Idea	ntification Number
(A) Nam	e and Title	(B) Average hours per	(C) Compensation	83-14631	
CUART DACCE	DELLA	(B) Average hours per week devoted to position	(Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
CHAEL PASCA FOUNDER	AKELLA	22.00	0		0
HLEY PASCAR	ELLA				
		22.00			

### 2018 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, I	INE 42A
INSPECTION For calendar year 2018, or tax period bearing	
INSPECTION For calendar year 2018, or tax period beginning  Name of Organization	, and ending
DESERT VETS RACING INC	Employer Identification Number
art V - Line 42a	83-1463107
	100 1100107
dividual Name	
or	MICHAEL PASCARELLA
siness Name:	
et Address	
et Address <u>1</u>	338 S FARRAGUT ST
Address:	
Zip code 93555 City RIDGECREST	
or Only INTEGRALIST	State <u>CA</u>
Address	A
City	
Province or State	
Country	V
Postal code	
The new Alumber	
Phone Number	
ax Number	
ax 11diffed	**************