

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN 83-1463107

Name of filer DESERT VETS RACING INC
Name and title of officer or person subject to tax MIKE PASCARELLA CO-FOUNDER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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.

Table with 10 rows (1a-10a) and 2 columns (checkbox, amount). Row 2b contains '50,033'.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize H AND R BLOCK to enter my PIN 15564 as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax

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.

772828 10158 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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

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

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

# 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)

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization DESERT VETS RACING INC</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1338 S FARRAGUT ST</p> <p>City or town, state or province, country, and ZIP or foreign postal code RIDGECREST CA 93555</p>	<p><b>D</b> Employer identification number 83-1463107</p> <p><b>E</b> Telephone number (760) 382-6192</p> <p><b>F</b> Group Exemption Number ▶ 2055</p>
<p><b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____</p>		<p><b>H</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990).</p>
<p><b>I</b> Website: ▶ N/A</p>		
<p><b>J</b> Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____</p>		
<p><b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ 50,716</p>		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
		1	49,966
1 Contributions, gifts, grants, and similar amounts received .....		2	
2 Program service revenue including government fees and contracts .....		3	
3 Membership dues and assessments .....		4	
4 Investment income .....			
5a Gross amount from sale of assets other than inventory .....		5a	
b Less: cost or other basis and sales expenses .....		5b	
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) .....		5c	
6 Gaming and fundraising events:			
a Gross income from gaming (attach Schedule G if greater than \$15,000) .....		6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....		6b	
c Less: direct expenses from gaming and fundraising events .....		6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....		6d	
7a Gross sales of inventory, less returns and allowances .....		7a	750
b Less: cost of goods sold .....		7b	683
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) .....		7c	67
8 Other revenue (describe in Schedule O) .....		8	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶		9	50,033
10 Grants and similar amounts paid (list in Schedule O) .....		10	
11 Benefits paid to or for members .....		11	
12 Salaries, other compensation, and employee benefits .....		12	
13 Professional fees and other payments to independent contractors .....		13	3,531
14 Occupancy, rent, utilities, and maintenance .....		14	1,869
15 Printing, publications, postage, and shipping .....		15	2,034
16 Other expenses (describe in Schedule O) .....		16	27,985
<b>17 Total expenses.</b> Add lines 10 through 16. ▶		17	35,419
18 Excess or (deficit) for the year (subtract line 17 from line 9) .....		18	14,614
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....		19	847
20 Other changes in net assets or fund balances (explain in Schedule O) .....		20	
<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20. ▶		21	15,461



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2021) questions 33-45b regarding organization activities, financials, and compliance. Includes a table with 'Yes' and 'No' columns for responses.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No  
46 X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No  
47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No  
48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No  
49a X

b If "Yes," was the related organization a section 527 organization? Yes No  
49b X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ... ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ... ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

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

**Sign Here** Signature of officer Date  
 MIKE PASCARELLA CO-FOUNDER  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
STEVEN ECK				P01000603
Firm's name ▶ H AND R BLOCK	Firm's EIN ▶ 770276801		Phone no. 760-384-2565	
Firm's address ▶ 643 N CHINA LAKE BLVD STE B				

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

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

DESERT VETS RACING INC

Employer identification number

83-1463107

**Part I**

**Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(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)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2021

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			23,421	17,086	49,966	90,473
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			750	3,020
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		2,270	23,421	17,086	50,716	93,493
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						93,493
8 Public support. (Subtract line 7c from line 6.)						93,493

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		2,270	23,421	17,086	50,716	93,493
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		2,270	23,421	17,086	50,716	93,493

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests -- 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests -- 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

DESERT VETS RACING INC

PG 1 LINE 16 - SUPPLIES 13316

PG 1 LINE 16 - FEES 759

PG 1 LINE 16 - WEBSITE 2825

PG 1 LINE 16 - FUEL 2948

PG 1 LINE 16 - ENTRY 4644

PG 1 LINE 16 - REPAIRS 2299

PG 1 LINE 16 - TRAVEL 1194

Employer identification number

83-1463107

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2021 FORM 990 PRIMARY EXEMPT PURPOSE

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

OPEN TO PUBLIC  
INSPECTION

For calendar year 2021, or tax period beginning

, and ending

Employer Identification Number

83-1463107

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.

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2021 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC  
INSPECTION

For calendar year 2021, or tax period beginning

, and ending

Employer Identification Number  
83-1463107

Name of Organization

DESERT VETS RACING INC

Part III - Statement of Program Service Accomplishments

Amount includes foreign grants

Program service expenses

Grants and allocations

Exempt Purpose Achievements

DURING 2020 WE WERE ABLE TO PROVIDE RACING AND OTHER OFFROADING EXPERIENCES TO OVER 30 FORMER AND ACTIVE DUTY MILITARY MEMBERS FOR NO CHARGE.

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2021 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION

For calendar year 2021, or tax period beginning

, and ending

Employer Identification Number  
83-1463107

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
DESERT VETS RACING INC				
MICHAEL PASCARELLA CO FOUNDER	0.00	0	0	0
ASHLEY PASCARELLA CFO	0.00	0	0	0

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ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION

For calendar year 2021, or tax period beginning , and ending

Employer Identification Number  
83-1463107

Name of Organization  
DESERT VETS RACING INC  
Part V - Line 42a

MICHAEL PASCARELLA

Individual Name  
or  
Business Name:

Street Address ..... 1338 S FARRAGUT ST

U.S. Address:

Zip code 93555

City RIDGECREST

State CA

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number .....

(760) 382-6192

Fax Number .....

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STATEMENT #1 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

SUPPLIES.....	13,316
FEES.....	759
WEBSITE.....	2,825
FUEL.....	2,948
ENTRY.....	4,644
REPAIRS.....	2,299
TRAVEL.....	1,194

TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 27,985

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TAXABLE YEAR  
**2021**

# California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy)

and ending (mm/dd/yyyy)

California corporation number  
201805410305

FEIN  
83-1463107

Corporation/Organization name  
**DESERT VETS RACING INC**

Street address (suite or room)  
**1338 S FARRAGUT ST**

City  
**RIDGECREST**

Foreign country name

Foreign province/state/county

State  
**CA**

Zip code  
**93555**

Foreign postal code

- A First return  Yes  No
- B Amended return  Yes  No
- C IRC Section 4947(a)(1) trust  Yes  No
- D Final information return?
  - Dissolved  Surrendered (Withdrawn)  Merged/Reorganized
  - Enter date: (mm/dd/yyyy)
- E Check accounting method: (1)  Cash (2)  Accrual (3)  Other
- F Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series
- G Is this a group filing? See instructions  Yes  No
- H Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name?

- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions  Yes  No
- K Is the organization exempt under R&TC Sec. 23701g? If "Yes," enter the gross receipts from nonmember sources \$  Yes  No
- L Is the organization a limited liability company?  Yes  No
- M Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- N Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- O Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS

## Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	67
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received	3	49,966
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	50,033
	5	Cost of goods sold	5	683
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	683
	8	Total gross income. Subtract line 7 from line 4	8	49,350
Ex-penses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	29,854
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	19,496
Filing Fee	11	Total payments	11	
	12	Use tax. See General Information K	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	
	15	Penalties and interest. See General Information J	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16	

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

Sign Here	Signature of officer	Title <b>CO-FOUNDER</b>	Date	Telephone
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01000603</b>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address <b>H AND R BLOCK 643 N CHINA LAKE BLVD STE B RIDGECREST CA 93555</b>			Firm's FEIN <b>770276801</b>
	May the FTB discuss this return with the preparer shown above? See instructions			Telephone <b>7603842565</b>

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts -- complete Part II or furnish substitute information.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule	7	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	67
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	1,869
	16	Depreciation and depletion (See instructions)	16	
	17	Other expenses and disbursements. Attach schedule	17	27,985
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	29,854

Schedule L Balance Sheet	Beginning of taxable year			End of taxable year
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		847		167
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 <b>Total assets</b>		847		167
<b>Liabilities and net worth</b>				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation.				
21 Retained earnings or income fund				
22 <b>Total liabilities and net worth</b>				

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	7	Income recorded on books this year not included in this return. Attach schedule.
2	Federal income tax	8	Deductions in this return not charged against book income this year. Attach schedule.
3	Excess of capital losses over capital gains	9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule	10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule.		
6	Total. Add line 1 through line 5		

BWF 195  
Date Accepted

TAXABLE YEAR  
2021

# California e-file Return Authorization for Exempt Organizations

Identifying number  
201805410305

Exempt Organization name <b>DESERT VETS RACING INC</b>		
<b>Part I Electronic Return Information (whole dollars only)</b>		
1 Total gross receipts (Form 199, line 4)	1	50,033
2 Total gross income (Form 199, line 8)	2	49,350
3 Total expenses and disbursements (Form 199, line 9)	3	29,854

**Part II Settle Your Account Electronically for Taxable Year 2021**

4  Electronic funds withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

7 Type of account:  Checking  Savings

**Part III Banking Information (Have you verified the exempt organization's banking information?)**

5 Routing number \_\_\_\_\_

6 Account number \_\_\_\_\_

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**      \_\_\_\_\_      Date      **CO-FOUNDER**      Title

Signature of officer

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO Must Sign**      ERO's signature      \_\_\_\_\_      Date      Check if also paid preparer       Check if self-employed       ERO's PTIN P01000603

Firm's name (or yours if self-employed) and address      **H AND R BLOCK**      Firm's FEIN 770276801      ZIP code 93555

**643 N CHINA LAKE BLVD STE B RIDGECRES**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer Must Sign**      Paid preparer's signature      \_\_\_\_\_      Date      Check if self-employed       Paid preparer's PTIN P01000603

Firm's name (or yours if self-employed) and address      **H AND R BLOCK**      Firm's FEIN 770276801      ZIP code 93555

**643 N CHINA LAKE BLVD STE B RIDGECREST**