29493172002060

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning September 1, 2016, and ending August 31, 20 17

B Check if applicable:	C Name of organization Motor For Toys Charitable Foundation	D Employer identification number
☐ Address change	Doing business as Motor4Toys	47-0960486
☐ Name change	Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: 1336 N Moorpark Road / 207	E Telephone number: 805-443-5363
☐ Initial return		
☐ Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code: Thousand Oaks, CA 91360	G Gross receipts $
☐ Amended return		
☐ Application pending	F Name and address of principal officer: Dustin Troyen, 1336 N Moorpark Rd, #207, Thousand Oaks, CA 91360	H(a) Is this a group return for subordinates? ☐ Yes ☑ No
		H(b) Are all subordinates included? ☐ Yes ☐ No
		If "No," attach a list. (see instructions)
I Tax-exempt status:	☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶	Motor4Toys.com	H(c) Group exemption number ▶
K Form of organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation: 2005 / M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: With the Motor Sport Community, we collect toys & funds to purchase toys for disadvantaged children. Toys are distributed through te Los Angeles Police Foundation Departments, Spark of Love, Pacific Boys Lodge, Boys Town, Rescue Mission & various other authorized assistance agencies & 501c3s.	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	2
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	40
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b	Net unrelated business taxable income from Form 990-T, line 34	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	481,287	
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	481,287	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	424,130	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	449,139	
	19	Revenue less expenses. Subtract line 18 from line 12	12,168	

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	60,789	
	21	Total liabilities (Part X, line 26)	0	
	22	Net assets or fund balances. Subtract line 21 from line 20	60,789	

RECEIVED
JUL 26 2018
3042 IRS-OSC
OGDEN UT

Part II Signature Block

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

Sign Here	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No