

Exempt Organization Business Income Tax Return

OMB No 1545-0687

Form •) 30 1	•	•	-	xy tax under s		/	18	05	D(17	
		For cale	ndar year 2017 or othe	r tax y	ear beginning Apri	l 1 ,⁄2	017, and ending^	Mar 31 , 20	18	۱ ک		
Internal R	ent of the Treasury Revenue Service	►Doi			Form990T for instru				1(c)(3).	pen to Pu 501(c)(3) O	ıblic İnspectio Organizations	on for Only
A C	heck box if ddress changed		Name of organization			anged a	nd see instructions)				ification num	
B Exemp	ot under section	Print	In Between Days F	ound	lation, Inc				(Employ	•	t, see instructi	ions)
☑ 50	1(C) (0 3)	or			r suite no If a PO box,	see ins	tructions			46-531		
40	8(e) 🗌 220(e)	Туре	13693 S Aintree Hi	II CV						ted busine structions	ess activity co	odes
40	8A 🔲 530(a)			provin	ce, country, and ZIP or	foreign	postal code		Ī -		•)	
	9(a)		Draper, UT 84020						5313	390	<u> </u>	
C Book at end	value of all assets I of year				(See instructions.							
					▶ ☑ 501(c) corp] 401(a) t	rust	Other t	trust
					usiness activity. 🕨							
	· ·		-	-	y in an affiliated grou	•	•	controlled of	group? .	.▶ [] Yes 🗹	No
If "	Yes," enter the	name	and identifying nur	nber	of the parent corp	oration	1. ▶					
			LJ Cooper Tax					one numbe		801	-221-2939	
Part			<u>le or Business II</u>	1con	ne		(A) Income	(B) E	xpenses	_	(C) Net	
1a	Gross receipts				1]
b	Less returns and		··	<u> </u>	c Balance ►	1c						
2	•	•	Schedule A, line 7)			2						
3	•		t line 2 from line 1d			3						
4a			me (attach Schedu			4a						
b			4797, Part II, line 1		-	4b						
С	· ·		n for trusts			4c						
5			erships and S corpor		•	5						
6	•		ule C)			6	405.040				405.040	
7			ced income (Sched		•	7	125,210				125,210	
8		•	, and rents from controlle	•	• •	8				_		
9			ction 501(c)(7), (9), or (1	_		9						
10	•	-	tivity income (Sche		-	10						
11	_		Schedule J)			11	_					
12			tructions; attach sch		-	12	100 010			<u> </u>		
13	Total. Combin				<u> </u>	13	125,210				125,210	
Part					ee instructions for			ions.) (Exc	ept for c	ontribu	itions,	
					with the unrelate		iness income.)					
14				a trus	stees (Schedule K)				. 14			
15	Salaries and w	-							. 18	-		
16	Repairs and m	iaintena	ance						. 10			
17	Bad debts .								. 17			
18	•		•						. 18			
19									. 19			
20			•		limitation rules) .				. 20)		
21									-		1	
22					d elsewhere on re				22	\rightarrow		
23									. 23		-	
24			•	-	ns		· · :_R	ECEIV	/S 0 0	:		
25		-	-				100	0.0				
26							A: 188 :A	UG: 1:7:2	1000 1	<u> </u>		
27							· · 25 · · ·	. H. G.Z	1018 2	<u> </u>		
28											0	
29	I otal deducti	ons. A	ad lines 14 inrougr	128	t operating loss de	، ، ساهدنات	$\cdot \cdot \cdot \cup \bigcirc \bigcirc$	DEM:			125,210	
30											15409	
31					amount on line 30)					-	109,801	—
32					pecific deduction.						1,000	
33 34					e line 33 instructio act line 33 from lir					3		
34	enter the email	ler of z	ero or line 32	JUDIL	act line 33 from lin	i u 32.	ii iiile oo is great	er utatt III)6	، م		108,801	
Eor Dr			Notice, see instruc			<u> </u>			. 34		orm 990-T (/00±7°
rorra	DELMOIK RECUCT	JOH HOL	. Nouce, see instruc	นบทร.			Cat No 11291J				/// フプ リー !	(2017)

Form **990-T** (2017)

Cat No 11291J

_	00-T (20 ¹ 7)	 _		Page
Part				
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled gromembers (sections 1561 and 1563) check here ▶ ☐ See instructions and:	oup		
_	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	.		
а	(1) \$ (2) \$ (3) \$	•		Ì
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	1 1		
D	(2) Additional 3% tax (not more than \$100,000)			ł
С	Income tax on the amount on line 34	▶ 35c		
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax			+-
-	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	▶ 36	20,75	53
37	Proxy tax. See instructions	37		+
38	Alternative minimum tax	·		
39	Tax on Non-Compliant Facility Income. See instructions	·		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		20,75	53
Part		1-1-1		
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 41a			
b	Other credits (see instructions)	_		- 1
С	General business credit. Attach Form 3800 (see instructions) 41c	-		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			ŀ
е	Total credits. Add lines 41a through 41d	. 41e		
42	Subtract line 41e from line 40	. 42	20,75	53
43	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	. 43		
44	Total tax. Add lines 42 and 43	. 44	20,7	53
45a	Payments: A 2016 overpayment credited to 2017		<u>-</u>	
b	2017 estimated tax payments			
С	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 45d			-
е	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (Attach Form 8941) . 45f			-
g	Other credits and payments:	1		İ
	☐ Form 4136 ☐ Other ☐ Total ► 45g			
46	Total payments. Add lines 45a through 45g	. 46		1
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	- □ 47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48	20,75	53
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	▶ 49		
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded	1 ▶ 50		
Part	V Statements Regarding Certain Activities and Other Information (see instructions	1		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature	or other au	thority Ye	s No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	e foreign c	ountry	
	here			~
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trus	st? .	<u>'</u>
	If YES, see instructions for other forms the organization may have to file.			

Enter the amount of tax-exempt interest received or accrued during the tax year

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 53 Sign May the IRS discuss this return with the preparer shown below (see instructions)? **Yes No** Here Title Signature of officer Date Preparer's signature Print/Type preparer's name PTIN Paid Check I if **Timothy Whipple** P00242181 self-employed **Preparer** LJCooper Tax Strategies 47-1457113 Firm's name ▶ Firm's EIN ▶ **Use Only**

742 N 530 E, Orem, UT 84097

Firm's address ▶

Phone no

Form	990-T	<i>1</i> 2d	17)	۱

Page 3

Sche	dule A-Cost of Goods	Sold. Er	nter method of in	ventor	y valua	ation >					
1	Inventory at beginning of y	$\overline{}$	1		<u> </u>		at end of year	6			
2	Purchases	· -	2				goods sold. Subtract				
3	Cost of labor	_	3				line 5. Enter here and				
4a	Additional section 263A	costs			ır	Part I, lu	ne 2	7			
	(attach schedule)		4a		8 D	o the ru	les of section 263A (wit	h res	pect to	Yes	No
b	Other costs (attach sched	lule)	4b		р	roperty p	roduced or acquired for	resale	e) apply		
5	Total. Add lines 1 through		5		to	the orga	anization?				
Sche	dule C-Rent Income (I	From Re	al Property and	Perso	nal Pi	operty	Leased With Real Pro	perty	<u>/)</u>		
(se€	e instructions)		• -			, ,		-	-		
1. Desc	ription of property										
(1)											
(2)											
(3)		-									
(4)			<u>-</u>				 -				
<u>, , , , , , , , , , , , , , , , , , , </u>	2	2. Rent receiv	ed or accrued								
	om personal property (if the percent		(b) From real and				3(a) Deductions directly				1e
for	personal property is more than 10% more than 50%)	% but not	percentage of rent f 50% or if the rent i				ın columns 2(a) and	12(b) (a	ttach sched	aure)	
(1)											
(2)											
(3)				-	_		 				
(4)											
Total			Total								
	tal income. Add totals of colur		· · · · · · · · · · · · · · · · · · ·			 -	(b) Total deductions. Enter here and on page				
	nd on page 1, Part I, line 6, colu		· ·				Part I, line 6, column (B)				
	dule E—Unrelated Deb			instructi	tions)		1 411, 1110 0, 00141111 (5)				
						e from or	3. Deductions directly cor			cable to	0
	1. Description of debt-fi	inanced proj	perty			t-financed	debt-financed property (a) Straight line depreciation (b) Other deduction			4 -4 -	
					propert	У	(a) Straight line depreciation (attach schedule)	١ ،	attach scl		
(1) HP	I Real Estate Opportunity FD	V				(2,018)		<u> </u>			
(2) HP	I Real Estate Opportunity FD	III				187,537					,
(3)					-			1			
(4)					·			i -			
<u>, , </u>	4. Amount of average		je adjusted basis	-	6. Colum		·		Allocable d	laduatia	
	acquisition debt on or allocable to debt-financed		allocable to anced property	ļ	4 divide		7. Gross income reportable		mn 6 × tota		
	property (attach schedule)		ch schedule)	l t	by colum	n 5	(column 2 × column 6)	`	3(a) and	3(b))	
(1)	114,541,414		168,053,934	<u> </u>		68.16 _%	(1,375)	 			
(2)	146,059,797		216,389,433			67.50 %	126,585	 			
(3)			<u></u>			//		 			
		 -		ľ		<u> </u>		†			
(4)	1			1		70					
(4)				-			Enter here and on page 1.	Ente	r here and	on pa	ae 1.
(4)							Enter here and on page 1, Part I, line 7, column (A).		r here and I, line 7, d		
Totals				-							

Schedule F-Interest, Ann	uities, noyaities,			Ontrolled Org	janizations (se	e instruc	ctions)	
Name of controlled organization	2. Employer identification number	3. Net unrela (loss) (see ii	ated income	T	5. Part of colum included in the corganization's gro	controlling	conne	eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organia	zations							
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the coorganization's great transfer of the column included in the column included i	controlling	conne	eductions directly cted with income in column 10
(1)								_
(2)								
(3)								
(4)							T	
Totals					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)
Schedule G-Investment	Income of a Sec	ion 501(c	:)(7), (9),	or (17) Organi	zation (see inst	tructions	 s)	
1. Description of income	2. Amount o		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and Part I, line 9, o	column (A).	i.	Advertising In	come (see inst	ructions	Part I, li	re and on page 1, ne 9, column (B).
Description of exploited activ	2. Gross unrelated	3. E d conne prod prod un	expenses irectly ected with luction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp	penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			_					
(2)							_	
(3)								
Totals	Enter here and page 1, Part line 10, col (i, page	nere and on 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26
Schedule J-Advertising I	ncome (see instru	ctions)		-				<u> </u>
	eriodicals Repor		Consoli	dated Basis			-	
1. Name of periodical	2. Gross advertising income	3.	Direct ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	5. Circulation income		dership	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)]]
(3)]]
(4)]				<u> </u>
Totals (carry to Part II, line (5))	•							

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, bu not more than column 4)
1)						
2)						
3)						
4)		<u> </u>				
otals from Part I	`					
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1—5) ▶						
Schedule K – Compensation of	Officers, Direc	tors, and Tru	stees (see instru	ictions)		
1. Name			3. Percent of 4. Compensation			tion attributable to ed business
1)				%)	
2)				%		
3)				%		
	· · · · · · · · · · · · · · · · · · ·			%		

Form **990-T** (2017)

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust In Between Days Foundation, Inc

Employer identification number 46-5315193

Note	e: Form 5227 filers need to complete only Parts I and II.					
Pa	Short-Term Capital Gains and Losses—As	sets Held One	Year or Less			
lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949,	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
	le dollars.	(Sales price)	(or other basis)	line 2, colum		column (g)
1a	Totals for all short-term transactions reported on Form					
	1099-B for which basis was reported to the IRS and for					
	which you have no adjustments (see instructions).					•
	However, if you choose to report all these transactions					
	on Form 8949, leave this line blank and go to line 1b .			1		•
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with					
	Box B checked	!		1		
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 6252	, 6781, and 8824			4	
5	Net short-term gain or (loss) from partnerships, S corpo	rations and other	actatos or trusta		5	
6	Short-term capital loss carryover. Enter the amount, i				-	
·	Carryover Worksheet		or the 2010 Oal	pitai Loss	6	,
7	Net short-term capital gain or (loss). Combine lines 1		 lumn (h) Enter he	re and on	├	
•	line 17, column (3) on the back				7	
Pa	rt II Long-Term Capital Gains and Losses—Ass	sets Held More	Than One Year	 		<u></u>
	instructions for how to figure the amounts to enter on the	11010 11101	111011 0110 1001	(g)		(h) Gain or (loss)
	below.	(d)	(e)	Adjustmen	ts	Subtract column (e)
	form may be easier to complete if you round off cents to	Proceeds	Cost	to gain or loss		from column (d) and
	le dollars.	(sales price)	(or other basis)	Form(s) 8949, I		combine the result with column (g)
	Table for all land house have a form	 		 		
oa	Totals for all long-term transactions reported on Form					
	1099-B for which basis was reported to the IRS and for					
	which you have no adjustments (see instructions).					
	However, if you choose to report all these transactions					
	on Form 8949, leave this line blank and go to line 8b .					
d8	Totals for all transactions reported on Form(s) 8949 with					
	Box D checked			L	_	
9	Totals for all transactions reported on Form(s) 8949 with				-	
_	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684,	, 6252, 6781, and	8824		11	
		, ,			_	
12	Net long-term gain or (loss) from partnerships, S corpor	ations, and other	estates or trusts		12	132,306
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if	any, from line 14	of the 2016 Car	oital Loss	一	
_	Carryover Worksheet				15	(
16	Net long-term capital gain or (loss). Combine lines 8a line 18a, column (3) on the back	a through 15 in co	lumn (h). Enter he	re and on		132,306
_					16	102,300

		•		
Schedule	D	(Form	1041)	2017

Part	Summary of Parts I and II Caution: Read the instructions before completing this part	:	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total	_
17	Net short-term gain or (loss)	17				
18	Net long-term gain or (loss):					
а	Total for year	18a	·	132,306	132,306	
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) .	18b		31,941	31,941	
С	28% rate gain	18c	7 7 7 7			_
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19		132,306	132,306	

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary

Part IV	Ca	pital L	.oss I	Limi	tation

- 20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of.
- a The loss on line 19, column (3) or b \$3,000 .

20 (

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 2b, is more than zero

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

	50, 60h (2) 15 more triair 25re.						
21	Enter taxable income from Form 1041, line 22 (or Fo	rm 99	90-T, line 34)	21	108,801		
22	Enter the smaller of line 18a or 19 in column (2)						
	but not less than zero	22	132,306]]	Ì		
23	Enter the estate's or trust's qualified dividends from			_	ŀ	1 1	1
	Form 1041, line 2b(2) (or enter the qualified dividends						
	included in income in Part I of Form 990-T)	23	0				
24	Add lines 22 and 23	24	132,306	7 1	ì	1 1	}
25	If the estate or trust is filing Form 4952, enter the			7		1	
	amount from line 4g; otherwise, enter -0 ▶	25	0				
26	Subtract line 25 from line 24. If zero or less, enter -0			26	132,306		}
27	Subtract line 26 from line 21. If zero or less, enter -0			27	0] }	j.
28	Enter the smaller of the amount on line 21 or \$2,550) .		28	2,550]	
29	Enter the smaller of the amount on line 27 or line 28	3.		29	0]	
30	Subtract line 29 from line 28. If zero or less, enter -0	Thi	s amount is taxed	at 0%	▶	30	2,550
31	Enter the smaller of line 21 or line 26			31	108,801		
32	Subtract line 30 from line 26			32	129,756		
33	Enter the smaller of line 21 or \$12,500			33	12,500	_] [
34	Add lines 27 and 30			34	2,550]	}
35	Subtract line 34 from line 33. If zero or less, enter -0			35	9,950]	[
36	Enter the smaller of line 32 or line 35			36	9,950		
37	Multiply line 36 by 15% (0.15)				▶	37	1,493
38	Enter the amount from line 31			38	108,801		
39	Add lines 30 and 36			39	12,500		
40	Subtract line 39 from line 38. If zero or less, enter -0			40	96,301]]	
41	Multiply line 40 by 20% (0.20)					41	19,260
42	Figure the tax on the amount on line 27. Use the 2017 Tax			;			
	and Trusts (see the Schedule G instructions in the instruction			42	0		
43	Add lines 37, 41, and 42			43	20,753	_	
44	Figure the tax on the amount on line 21. Use the 2017 Tax			;			1
	and Trusts (see the Schedule G instructions in the instruction		•	44	41,368		
45	Tax on all taxable income. Enter the smaller of line						
	G, line 1a (or Form 990-T, line 36)		<u>.</u>		🕨	45	20,753