

TAXABLE YEAR **2018** **California Exempt Organization Business Income Tax Return** FORM **109**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) **07/01/2018**, and ending (mm/dd/yyyy) **06/30/2019**

Corporation/Organization name **CAL POLY POMONA FOUNDATION INC** California corporation number **0505207**

Additional information. See instructions. FEIN **95-2417645**

Street address (suite/room no.) **3801 WEST TEMPLE AVENUE BLDG # 55** PMB no.

City (If the corporation has a foreign address, see instructions.) **POMONA** State **CA** ZIP code **91768-4038**

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Filed?  Yes  No
- B Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D Final Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
Enter date (mm/dd/yyyy)
- E Amended Return  Yes  No
- F Accounting Method Used: (1)  Cash (2)  Accrual (3)  Other
- G Nature of trade or business **RETAIL/DINING**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K Unrelated Business Activity (UBA) Code **722320**
- L Is this a Hospital?  Yes  No  
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	●	1	23,457	00
	2	Multiply line 1 by the average apportionment percentage % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	●	2		00
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	●	3	23,457	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	●	4		00
	5	Unrelated business taxable income from line 3 or line 4	●	5	23,457	00
Tax Computation	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	●	6		00
	7	Net Operating Loss deduction. See General Information N	●	7	23,457	00
	8	Add line 6 and line 7	●	8	23,457	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	●	9		00
	10	Tax <b>8.84</b> % x line 9. See General Information J	●	10		00
	11	Tax credits from Schedule B. See instructions	●	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	●	12		00
	13	Alternative minimum tax. See General Information O	●	13		00
	14	Total tax. Add line 12 and line 13	●	14		00
Payments	15	Overpayment from a prior year allowed as a credit	●	15		00
	16	2018 estimated tax payments. See instructions	●	16		00
	17	Withholding (Form 592-B and/or 593.) See instructions	●	17		00
	18	Amount paid with extension (form FTB 3539)	●	18		00
	19	Total payments and credits. Add line 15 through line 18	●	19		00
Use Tax/ Tax Due/ Overpayment	20	Use tax. See instructions	●	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	●	21		00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	●	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	●	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	●	24		00
	25	Enter amount of line 24 to be applied to 2019 estimated tax	●	25		00

**CAL POLY POMONA FOUNDATION INC**  
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Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	●	26		00
	a Fill in the account information to have the refund directly deposited. Routing number	●	26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	●	26c		
	27 Penalties and interest. See General Information M	●	27		00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806				
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	⊙	29		00	

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	●	1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			●	2		00
3 Gross profit. Subtract line 2 from line 1c			●	3		00
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)			●	4a		00
b Net gain (loss) from Part II, Schedule D-1			●	4b		00
c Capital loss deduction for trusts			●	4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			●	5		00
6 Rental income (Schedule C)			●	6		00
7 Unrelated debt-financed income (Schedule D)			●	7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			●	8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			●	9		00
10 Exploited exempt activity income (Schedule G)			●	10		00
11 Advertising income (Schedule H, Part III, Column A)			●	11		00
12 Other income. Attach schedule		<b>SEE STATEMENT</b>	●	12	<b>5,686,325</b>	00
13 Total unrelated trade or business income. Add line 3 through line 12			●	13	<b>5,686,325</b>	00

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	●	14		00
15 Salaries and wages	●	15	<b>1,555,852</b>	00
16 Repairs	●	16	<b>1,965,956</b>	00
17 Bad debts	●	17		00
18 Interest. Attach schedule	●	18		00
19 Taxes. Attach schedule	●	19		00
20 Contributions. See instructions and attach schedule	●	20		00
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	●	21a	<b>76,370</b>	00
b Less: depreciation claimed on Schedule A. See instructions	●	21b		00
22 Depletion. Attach schedule	●	22		00
23 a Contributions to deferred compensation plans	●	23a		00
b Employee benefit programs. See instructions	●	23b	<b>235,126</b>	00
24 Other deductions. Attach schedule	●	24	<b>1,828,564</b>	00
25 Total deductions. Add line 14 through line 24	●	25	<b>5,661,868</b>	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	●	26	<b>24,457</b>	00
27 Excess advertising costs (Schedule H, Part III, Column B)	●	27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	●	28	<b>24,457</b>	00
29 Specific deduction. See instructions	●	29	<b>1,000</b>	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	●	30	<b>23,457</b>	00

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.

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	CHIEF FIN OFFICER	Date	3/10/20	Telephone	909-869-2948	
	Preparer's signature	DAVID F. PRENOVOST CPA	Date	03/10/20	Check if self-employed	<input type="checkbox"/>	PTIN	P00434118	
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	DAVID F. PRENOVOST CPA 3801 WEST TEMPLE AVE BLDG # 55 POMONA, CA 91768				Firm's FEIN		Telephone	909-869-2948
	May the FTB discuss this return with the preparer shown above? See instructions					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

**CAL POLY POMONA FOUNDATION INC**  
**95-2417645**

Refund or Amount Due	<b>26</b> Refund. If line 25 is less than line 24, then subtract line 25 from line 24	●	<b>26</b>	00
	<b>a</b> Fill in the account information to have the refund directly deposited. Routing number	●	<b>26a</b>	
	<b>b</b> Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> <b>c</b> Account Number	●	<b>26c</b>	
	<b>27</b> Penalties and interest. See General Information M	●	<b>27</b>	00
	<b>28</b> ● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	<b>29</b> Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	⊙	<b>29</b>	00

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

<b>1 a</b> Gross receipts or gross sales	<b>b</b> Less returns and allowances	<b>c</b> Balance	●	<b>1c</b>	00
<b>2</b> Cost of goods sold and/or operations (Schedule A, line 7)			●	<b>2</b>	00
<b>3</b> Gross profit. Subtract line 2 from line 1c			●	<b>3</b>	00
<b>4 a</b> Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)			●	<b>4a</b>	00
<b>b</b> Net gain (loss) from Part II, Schedule D-1			●	<b>4b</b>	00
<b>c</b> Capital loss deduction for trusts			●	<b>4c</b>	00
<b>5</b> Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			●	<b>5</b>	00
<b>6</b> Rental income (Schedule C)			●	<b>6</b>	00
<b>7</b> Unrelated debt-financed income (Schedule D)			●	<b>7</b>	00
<b>8</b> Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			●	<b>8</b>	00
<b>9</b> Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			●	<b>9</b>	00
<b>10</b> Exploited exempt activity income (Schedule G)			●	<b>10</b>	00
<b>11</b> Advertising income (Schedule H, Part III, Column A)			●	<b>11</b>	00
<b>12</b> Other income. Attach schedule	<b>SEE STATEMENT</b>		●	<b>12</b>	5,686,325 00
<b>13</b> Total unrelated trade or business income. Add line 3 through line 12			●	<b>13</b>	5,686,325 00

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees from Schedule I	●	<b>14</b>	00
<b>15</b> Salaries and wages	●	<b>15</b>	1,555,852 00
<b>16</b> Repairs	●	<b>16</b>	1,965,956 00
<b>17</b> Bad debts	●	<b>17</b>	00
<b>18</b> Interest. Attach schedule	●	<b>18</b>	00
<b>19</b> Taxes. Attach schedule	●	<b>19</b>	00
<b>20</b> Contributions. See instructions and attach schedule	●	<b>20</b>	00
<b>21 a</b> Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	●	<b>21a</b>	76,370 00
<b>b</b> Less: depreciation claimed on Schedule A. See instructions	●	<b>21b</b>	00
<b>22</b> Depletion. Attach schedule	●	<b>22</b>	00
<b>23 a</b> Contributions to deferred compensation plans	●	<b>23a</b>	00
<b>b</b> Employee benefit programs. See instructions	●	<b>23b</b>	235,126 00
<b>24</b> Other deductions. Attach schedule	●	<b>24</b>	1,828,564 00
<b>25</b> Total deductions. Add line 14 through line 24	●	<b>25</b>	5,661,868 00
<b>26</b> Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	●	<b>26</b>	24,457 00
<b>27</b> Excess advertising costs (Schedule H, Part III, Column B)	●	<b>27</b>	00
<b>28</b> Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	●	<b>28</b>	24,457 00
<b>29</b> Specific deduction. See instructions	●	<b>29</b>	1,000 00
<b>30</b> Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	●	<b>30</b>	23,457 00

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to <a href="http://ftb.ca.gov/forms">ftb.ca.gov/forms</a> and search for 1131. To request this notice by mail, call 800.852.5711.			
	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.			
Paid Preparer's Use Only	Signature of officer „	Title <b>CHIEF FIN OFFICER</b>	Date	● Telephone <b>909-869-2948</b>
	Preparer's signature „ <b>DAVID F. PRENOVOST CPA</b>	Date <b>03/10/20</b>	Check if self-employed „ <input type="checkbox"/>	● PTIN <b>P00434118</b>
	Firm's name (or yours, if self-employed) and address <b>DAVID F. PRENOVOST CPA</b> <b>3801 WEST TEMPLE AVE BLDG # 55</b> <b>POMONA, CA 91768</b>			● Firm's FEIN
				● Telephone <b>909-869-2948</b>
May the FTB discuss this return with the preparer shown above? See instructions				● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**CAL POLY POMONA FOUNDATION INC**  
**95-2417645**

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify) \_\_\_\_\_

1 Inventory at beginning of year	1	00
2 Purchases	2	00
3 Cost of labor	3	00
4 a Additional IRC Section 263A costs. Attach schedule	4a	00
b Other costs. Attach schedule	4b	00
5 Total. Add line 1 through line 4b	5	00
6 Inventory at end of year	6	00
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00
Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ...		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Schedule B Tax Credits.**

1 Enter credit name _____ code ● _____ ●	1	00
2 Enter credit name _____ code ● _____ ●	2	00
3 Enter credit name _____ code ● _____ ●	3	00
4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11	4	00

**Schedule K Add-On Taxes or Recapture of Tax. See instructions.**

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
b Method for non-dealer installment obligations	2b	00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4 Credit recapture. Credit name _____	4	00
5 Total. Combine the amounts on line 1 through line 4. See instructions	5	00

**Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.**

**Part A. Standard Method – Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	●	●	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			●

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions	● 0	● 0	●
2 Payroll factor: Wages and other compensation of employees	● 0	● 0	●
3 Sales factor: Gross sales and/or receipts less returns and allowances	● 0	● 0	●
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, & Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
N/A		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(c) Net income includible, column 5(a) less column 5(b)
	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (attach schedule)
Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6		0

**CAL POLY POMONA FOUNDATION INC**  
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**Schedule D Unrelated Debt-Financed Income**

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
			(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
N/A					
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

**Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization**

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
N/A					
Total. Enter here and on Side 2, Part I, line 8					

Enter gross income from members (dues, fees, charges, or similar amounts)

**Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations**

		Exempt Controlled Organizations			
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1 N/A					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9					

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
N/A							
Total. Enter here and on Side 2, Part I, line 10							

**CAL POLY POMONA FOUNDATION INC**  
**95-2417645**

**Schedule H Advertising Income and Excess Advertising Costs**

**Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
N/A						
Totals .....						

**Part II Income from Periodicals Reported on a Separate Basis**

N/A						

**Part III Column A – Net Advertising Income**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals

(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7

N/A

**Part III Column B – Excess Advertising Costs**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals

(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4

N/A

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

**Schedule I Compensation of Officers, Directors, and Trustees**

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
N/A			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14 .....					

**Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)**

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below) .....						0
2 Other depreciation:						
Buildings .....	SEE STATEMENT 2					76,370
Furniture and fixtures .....						
Transportation equipment .....						
Machinery and other equipment .....						
Other (specify) .....						
3 Other depreciation .....						
4 Total .....						76,370
5 Amount of depreciation claimed elsewhere on return .....						0
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a .....						76,370

TAXABLE YEAR

Political or Legislative Activities by Section 23701d Organizations

CALIFORNIA FORM

2018

3509

For calendar year 2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2018, and ending (mm/dd/yyyy) 06/30/2019.

Attach to Form 199. FTB 199N filers see instructions.

Corporation/Organization name: CAL POLY POMONA FOUNDATION INC
California corporation number:
Street address (suite, room, or PMB no.): 3801 WEST TEMPLE AVENUE BLDG # 55
FEIN: 95-2417645
City: POMONA State: CA ZIP code: 91768-4038

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? [ ] Yes [X] No

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? [ ] Yes [X] No

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? [ ] Yes [X] No

4a Has the organization, during the 2018 taxable year, filed a federal Form 5768? [ ] Yes [X] No

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? [X] Yes [ ] No

Furnish the following financial information for the taxable year:

Table with 2 columns: Description and Amount. Row 5: Exempt Purpose Expenditures, 67,822,765.00. Row 6: Lobbying Expenditures, 00. Row 7: Grass Roots Expenditures, 00.

**California Statements****Statement 1 - Form 109, Part II, Line 24 - Other Deductions**

<u>Description</u>	<u>Amount</u>
RENT	\$ 39,984
UTILITIES	141,387
ADVERTISING	33,148
TELEPHONE	36,363
POSTAGE	3,510
ADMINISTRATIVE	343,949
SUPPLIES	327,699
SERVICES	467,310
INSURANCE	23,109
AGRICULTURE	222,167
OTHER EXPENSE	114,195
MEALS AND REFRESHMENTS	6,142
TRAVEL	1,743
BANK CARD FEE	67,858
Total	<u>\$ 1,828,564</u>



**California Statements**

**Statement 2 - Form 109, Schedule J - Depreciation Detail Information**

Description	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
DEPRECIATION		\$	\$			\$ 76,370	\$
Total		\$ 0	\$ 0			\$ 76,370	\$ 0