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	32						0	_		6,480.
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34 Unrelated business taxable income Subtract line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32 34 5, 480 BAA For Paperwork Reduction Act Notice, see instructions. TEEA0205L 10/04/17 Form 990-T (2017)					greater			34	Form	5,480.

Form 9	990-T (2017) CESAR CHAVEZ FOUNDATION	95-	-2466747	Page 2
Parti	Illy Tax Computation			
35 C	Organizations Taxable as Corporations. See instructions for tax computation.			
С	Controlled group members (sections 1561 and 1563) check here 🟲 🦳 See instructions and	ĵ		
аE	inter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	}		
	1) \$ (2) \$			
h F	inter organization's share of: (1) Additional 5% tax (not more than \$11,750)	Į.		
	2) Additional 3% tax (not more than \$100,000)		4	
	ncome tax on the amount on line 34	▶	35 c	822.
	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	Ì		
	on line 34 from: Tax rate schedule or Schedule D (Form 1041)	▶	36	
-		▶	37	
	Proxy tax. See instructions	ŀ	38	
•••	Alternative minimum tax.	ŀ	39	
	Tax on Non-Compliant Facility Income. See instructions	· }		822.
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	022.
Part	Tax and Payments			
	oreign tax credit (corporations attach Form 1118, trusts attach Form 1116).			
	Other credits (see instructions)		5	
	General business credit. Attach Form 3800 (see instructions)			
d C	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e T	Total credits. Add lines 41a through 41d	ĺ	41 e	0.
42 5	Subtract line 41e from line 40	Į.	42	822.
43	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866	1		
	Other (attach schedule)		43	
44 T	Total tax. Add lines 42 and 43		44	822.
45 a F	Payments A 2016 overpayment credited to 2017 . 45a	ſ		
b 2	2017 estimated tax payments	950.)	
c T	fax deposited with Form 8868			
	oreign organizations. Tax paid or withheld at source (see instructions) 45 d			
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (Attach Form 8941) 45f			
	Other credits and payments. Form 2439			
	Form 4136 Other Total • 45 g			
	Fotal payments. Add lines 45a through 45g		46	0.5.0
		- [♥]		950.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached .	> X	47	21.
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	-	48	
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49	107.
50 E	Enter the amount of line 49 you want: Credited to 2018 estimated tax ► Refun	ided 🏲	50	107.
Parti	Statements Regarding Certain Activities and Other Information (see instruction	s)		
51 A	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other auth	nority ove	er a	Yes No
fi	inancial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file	FinCEN	Form 114.	
	Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here		•	X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfe	rorto s	foreign truet?	$\frac{1}{x}$
If	YES, see instructions for other forms the organization may have to file.	101 (0, 2	riorcign trast;	
	inter the amount of tax-exempt interest received or accrued during the tax year	0.		
	Under penalties of perjury / declare that I have examined this return, including accompanying schedules and statements, and to belief, it is true, correctly and complete Declaration of proparer (other than taxpayer) is based on all information of which prepare	the best o	my knowledge and	(
Sign			knowledge May the IRS discuss	120 (2) (2)
Here	Signature of officer Date President Title		the preparer shown b	clow (see
	Date 11(tie	1	instructions)?	res No
Da: -	Print/Type preparer's name Preparer's signature	× Dit	PTIN	
Paid	3h - 3 Managar 30 31 3 3 3 3 3 3 3 3	mployed	P012021	16
Pre-			P012921	
parer Use		s EIN	<u> 26-1356482</u>	<u> </u>
Only				
	BAKERSFIELD, CA 93309	e no	661-864-7	
BAA	TEEA0202L 03/26/18		Form 9	90-T (2017)

Schedule A — Cost of Good	ds Sold. Enter method of inv	rentory valuation ►						
1 Inventory at beginning of ye	ar 1	6 Inventory at end of year 6						
2 Purchases	2							
3 Cost of labor	3		rom line Part I. I	e 5 Enter here	7			
4 a Additional section 263A costs (attack	h schedule)	asiu iii	raiti, i	iile Z			I Vaa I	Na
	4 a	B Da tha		(4h		Yes	No
b Other costs (attach sch)	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply							
5 Total. Add lines 1 through 4	b 5	to the d	organiza	ation?		,,	i l	Х
Schedule C - Rent Income	(From Real Property an	d Personal Property	Lease	ed With Real P	rope	rty) (see 11	nstructi	ons)
Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent received or accrued			3(a) Deduction	ns dire	ctly connec	ted wit	h
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal (if the perd but not property e	real and personal property the income in columns 2(a) and 2 sceeds 50% or if the rent is d on profit or income)					nd 2(b)	
(1)								
(2)								
(3)								
(4)								
Total	Total				_			
(c) Total income. Add totals of colhere and on page 1, Part I, line 6				(b) Total deductions here and on page 1, Pa I, line 6, column (B)				
Schedule E - Unrelated De	bt-Financed Income (see	e instructions)	-					
1 Description of debt	financed property	2 Gross income from or allocable to debt-	3 Dec	fuctions directly co debt-fina			allocab	le to
i Description of debt	-imanced property	financed property		(a) Straight line depreciation (attach sch)		(b) Other deduction (attach schedule)		
(1)			 			•		
(2)								
(3)			1	•				
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		reportable (column 2 x (column 2 x		Allocable ((column 6 olumns 3(a)	x total	of	
(1)		%						
(2)		%						
(3)		96						
(4)		%						
· ·-			Enter Part I,	here and on page , line 7, column (A	1, Ent Pai	er here and rt I, ime 7,	on pa columr	ige 1, ı (B)
Totals		•						
Total dividends-received deduction	ons included in column 8				P			
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Schedule F - Interest, An	nuiti	es. Rovalti	es. a	nd Re	nts Fro	m (Controlled (Örgai	nizations	(see in	structions	3)	
1		, ,			trolled Or			- · g - ·		(500	-	·/	
organization identi		Employer ntification number	tification income (loss)		related (loss)	4	4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in c	connected with income in column 5	
(1)				·									
(2)													
(3)													
(4)													
Nonexempt Controlled Organiza													
7 Taxable Income	inc	et unrelated come (loss) instructions)			f specified nts made	d	10 Part of included in organization	n the c	ontrolling		connecte	ctions directly d with income olumn 10	
(1)						\perp							
(2)						\perp						,	
(3)						_							
(4)			l			_				<u> </u>			
Totals							Add columns here and on p 8, co	s 5 and page 1 lumn (, Part I, line	e here	e and on a	s 6 and 11 Enter page 1, Part I, line lumn (B).	
Schedule G - Investment	Inco	me of a Se	ction	1 501(c)(7), (9), 0	r (17) Orgai	nizati	on (see in:	struction	ns)		
1 Description of income			2 Amount of income		3 direc	Deductions actly connected ach schedule)		4 Set-asides (attach schedule		:S	5 Tota set-a	otal deductions and t-asides (column 3 plus column 4)	
(1)													
(2)													
(3)											-		
(4)									_ · .		<u> </u>		
Totals	•	Enter here an Part I, line 9,									Enter he Part I, I	ere and on page 1 ine 9, column (B)	
Schedule I - Exploited Ex	emp	t Activity Ir	icon	ne. Otl	her Tha	n A	dvertisina l	ncor	ne (see ins	truction	15)		
1 Description of exploited ac		2 Gross unrelate busines income fri trade o busines	s ed s om r	3 Expension connection of u	nses directly ected with duction nrelated ess income	4 N fron or b 2 m	et income (loss) n unrelated trade pusiness (column inus column 3) a gain, compute mns 5 through 7	5 Gros activi	s income from ty that is not ated business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) ACCOUNTING		80,7	784.				80,784.	5	98,900.	1,59	7,916	. 80,784.	
(2) NETWORK		596,1					596,175.	_ 1	61,825.	1,71	7,952	. 596,175.	
(3)													
(4)		Enter here on page Part I, line column (ge 1, on pag ne 10, Part I, I		here and page 1, I, line 10,						-	Enter here and on page 1, Part II, line 26	
Totals	ı	676,9			• ,							676,959.	
Schedule J - Advertising	Inco			ns)									
Part I Income From Peri					nsolida	ted	Basis						
1 Name of periodical		2 Gross advertisi income	s ng	3 [adve	Direct ertising osts	4 A (lo	dvertising gain or iss) (col. 2 minus ol. 3). If a gain, compute cols. 5 through 7		rculation ncome		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)													
(2)				_		-						4	
(3)		 				-						-{	
(4)						+						 	
Totals (carry to Part II, line (5))	1	•											

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ı	Part III	Income From	Periodicals	Reported on a	Separate	Basis (For	each periodical	listed in Part II,	fill in columns 2 through
•		7 on a line-hv-lin	e basis)						

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 (col 6 minus col 5, but not more than col 4)
(1)				<u> </u>		
(2)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1 – 5) ►						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		0/0	
		0/0	
		٥/o	
Total. Enter here and on page 1, Part II, line 14		•	

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Form 990-T (2017)

2017	Federal Statements	Page 1
Client 500	CESAR CHAVEZ FOUNDATION	95-2466747
Statement 1 Form 990-T, Part I, Line 12 Other Income		
Parking Revenue		Total \$ 6,480. \$ 6,480.
	•	

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