	OOD T	Ex						x Return		L	OMB No 1545	0687	
Fo	orm 330-1	L	•								2018		
		1						··			2010	,	
Depart	ment of the Treasury		•						/2\				
Interna		- Do not	enter SSN numbers o					zation is a sur(c)	(3).				
A L	Jaddress changed			EZ FOUND <i>F</i>		-	e manuellons y			(Er ins	nployees' trust, see tructions )		
		l or											
		e) Type	KEENE, CA	93531						E Un	irelated business ac ee instructions )	tivity code	
-	, <u> </u>	(a)								8	12930		
	ok value of all assets	F Group	exemption number	er (See instruct	ions )*	•							
- at		G Chec	k organization typ	oe ► X	501(c	) corporation	n 501	(c) trust	40	1(a) t	rust Oth	er trust	
H E	<del></del>		's unrelated trades					escribe the only	or (or	first)	unrelated		
t	rade or business he	ere • PARKIN	IG REVENUE										
					of the	previous s	entence, co	mplete Parts I	and	ill, c	omplete a Sche	dule M	
					tod or	nun or a na	ront cubcidi	ary controlled	aroi	ın?	▶ □Vas 「	VINA	
							116111-2002101	ary controlled	grot	ıρ.	□ les [	_াত	
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						(A) Ir							
				[		(,,		(=,=::					
	•	·		c Balance►	1 c								
			, line 7).	,	2						<del></del>	-	
3	Gross profit Subti	ract line 2 fron	n line 1c		3			Î					
4 a	Capital gain net in	come (attach	Schedule D)		4 a								
b	Net gain (loss) (Form 4	1797, Part II, line 1	17) (attach Form 4797)	1	4ь		_						
	•				4 c								
5			or an S corporation		5								
6	,	•			6								
7	•	•	(Schedule E)		7								
8	Interest, annuities, roya	alties, and rents fr	om a controlled organi	zation (Schedule F)	8								
9	Investment income of a	section 501(c)(7)	), (9), or (17) organiza	tion (Schedule G)	9								
10	Exploited exempt	activity incom-	e (Schedule I)		10	1,0	24,488.				1,024	,488.	
11	Advertising incom	e (Schedule J)	)		11	_							
12	Other income (Se	e instructions,	attach schedule)								_		
				tement 1	$\vdash$								
				(0)	1 1				\ //			<u>, 448.</u>	
Par	contributi	<b>ns Not Lake</b> ons. deduct	en Elsewnere tions must be	(See instru directly con	ctions	s for ilmit ed with th	ations on le unrelate	aeauctions ed business	.) (I Inc	come	ept for e.)		
14						_				14			
15						- 1	REC	EIVED		15			
16	Repairs and main	tenance				<u> </u> _			7(	16			
17	Bad debts					333	NOV	9.5.2010	12	17			
18	Interest (attach so	hedule) (see ı	nstructions)			m	1	20 2013	V	18			
19	Taxes and license	s				- 1			-				
20		•		tation rules)		L	UGD	EN, UT		20			
21					_		21		=	<u>,                                    </u>			
		claimed on So	chedule A and els	sewhere on re	turn		22a		_				
_	•								}				
	_		ensation plans						ŀ				
	•		dule IV						ŀ		1 024	100	
	-		•						ŀ		1,024	,400.	
28		•	-						ŀ	28			
For all the Tracks of the Trac													
	unrelated busines	s taxable inco	me before net op					m line 13	Ì	30			
						8 (see instruct	tions)		Ţ			1	
					30	<del></del>	FE 402011 1:23	110	l	32			
BAA	For Paperwork Re	eauction Act N	votice, see instru	ctions.		ı	EEAUZUIL 1/31	1113			rorm 990-1	(20,18)	

••

		Total Unrelated Rusiness Tayable Income			2-1	30747		<u> </u>
		Total Unrelated Business Taxable Income						
33	Total	of unrelated business taxable income computed from all unrelated trades or business	ses (see		l			
	ınstru	ictions)			33		6,9	960.
34	Amou	ints paid for disallowed fringes			34	j .	40.2	237.
35	Deduc	ction for net operating loss arising in tax years beginning before January 1, 2018 (see	е		<b></b>			
	ınstru	actions)			35			
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from	n the sum	1				
		es 33 and 34			36	<u> </u>	<u>47,1</u>	<u> 197.</u>
37	Specii	ific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37		1.0	000.
		lated business taxable income. Subtract line 37 from line 36. If line 37 is greater than	n line 36.					
•		the smaller of zero or line 36			38		46,1	L97.
10.5		Tax Computation						
				▶	39	<del></del>	^ -	701
39	-	nizations Taxable as Corporations. Multiply line 38 by 21% (0 21)			37		9, 1	701.
40	Trust	is Taxable at Trust Rates. See instructions for tax computation. Income tax on the am	nount					
	on lin	ne 38 from Tax rate schedule or Schedule D (Form 1041)		•	40			
41	Proxy	y tax. See instructions		•	41			
42	Altern	native minimum tax (trusts only)			42			
		on Noncompliant Facility Income. See Instructions			43	-		
		,			44		0 -	701.
		. Add lines 41, 42, and 43 to line 39 or 40, whichever applies.			44	L	9, 1	701.
Par	ťΜ	Tax and Payments						
45 a	Foreig	gn tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		-				
Ŀ	Other	r credits (see instructions) 45 b			H			
		ral business credit Attach Form 3800 (see instructions) 45 c						
		t for prior year minimum tax (attach Form 8801 or 8827). 45 d				ı		
		credits. Add lines 45a through 45d			45 e			Λ
		· · · · · · · · · · · · · · · · · · ·					^ -	0.
		ract line 45e from line 44 r taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866			46		9,	<u>701.</u>
47	_							
	_	Other (attach schedule)			47			
48		tax. Add lines 46 and 47 (see instructions)			48		9,7	701.
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49			
50 :	Paym	nents A 2017 overpayment credited to 2018   50 a						
	•	estimated tax payments 50b	-					
		<u> </u>						
					1	ł		
		gn organizations Tax paid or withheld at source (see instructions) 50 d				l		
		up withholding (see instructions) 50 e						
		it for small employer health insurance premiums (attach Form 8941)						
ç	<b>y</b> Other	r credits, adjustments, and payments Form 2439						
	∏ F∈	form 4136 ☐ Other Total ► 50 g						
51	Total	payments. Add lines 50a through 50g			51	1		0.
52		nated tax penalty (see instructions) Check if Form 2220 is attached		<b>►</b> [X]	52			29.
		, , , , , , , , , , , , , , , , , , , ,		<u></u>	53			
		due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		_		ļ	9,	<u>730.</u>
54	Overp	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overp			54			
55	Enter	r the amount of line 54 you want. Credited to 2019 estimated tax	R	efunded 🏲	55			
Pai	t <u>IV</u>	Statements Regarding Certain Activities and Other Information (see	e instruct	ions)				
56		y time during the 2018 calendar year, did the organization have an interest in or a signature			er a	· -	Yes	No
30		cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may				n 114		
				-	1 1 011	'' ''-		<del></del>
	-	rt of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country he		<b>-</b>	- <del>-</del> -			X
57	Durin	ig the tax year, did the organization receive a distribution from, or was it the grantor of	of, or tran	sferor to,	a fore	eign trust?		X
	If 'Yes	s,' see instructions for other forms the organization may have to file						
58	Enter	the <del>amount of tax</del> -exempt interest received or accrued during the tax year * \$		0.				
	2,,,,,,,	Under penalties of periony I declare that I have examined this return, including accompanying schedules and state belief, it is the correct, and complete declaration of preparer (other than taxpayer) is based on all information	tements, an	d to the best of	of my ki	nowledge and		ــــــــــــــــــــــــــــــــــــــ
Sig	n	belief, it is true correct, and complete declaration of preparer (other than taxpayer) is based on all information	of which pre	parer has any	knowle	edge		
Her	اا ص	Preside	ent .		the pro	e IRS discuss the	ıs returi ow (sei	n with e
1101	C	Signature of officer Date Title			instruc	tions)? XY	Г	No
		<u> </u>			<u> </u>		<u>- L</u>	
Pai	Н	Print/Type preparer's name Preparer's signature Date	ŀ	Check I if	- 1	PTIN		
Pre		Abel Moreno, CPA   Abel Moreno, CPA	s	elf employed	E	20129214	6	
par		Firm's name MENDEZ PETTY MORENO LLP	F	ırm's EIN	26-	1356482		
Use		Firm's address 1400 EASTON DRIVE, SUITE 139-A						
Onl		BAKERSFIELD, CA 93309	─	Dhone ==	6	1-064-76	200	
		I DANEKOFIELD. UA MODUM	11	Phone no	0.0	51-864-7	J O U	
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TOTAL STORY CEDIAN CI	TIMVED TOOM	DATION					2 1	30111		-9
Schedule A - Cost of Goo	ods Sold. Ente	r method of in	ventory valuat	tion -						
1 Inventory at beginning of ye	ear	1		6 Inver	ntory	at end of year	6			
2 Purchases	Γ	2				oods sold. Subtract				
3 Cost of labor	Γ	3				m line 5 Enter here irt I, line 2	7			
4 a Additional section 263A costs (attac	ch schedule)			anu	нга	iit i, iiile 2	<u></u>		Yes	No
		4 a		8 Doth	a rul	les of section 263A (wit	h roci	nect to	163	+ 100
<b>b</b> Other costs (attach sch)		4 b				produced or acquired for			-	
5 Total. Add lines 1 through 4	1b	5				anization?			İ	X
Schedule C - Rent Income	e (From Real	Property ar	nd Persona	l Proper	ty L	eased With Real P	rope	rty) (see ii	nstruct	lions)
1 Description of property		_								
(1)										
(2)										
(3)										
(4)		·								
	2 Rent receive	d or accrued				3(a) Daduation		-11.	- k - al	
(a) From personal prop (if the percentage of rent for property is more than 10%) more than 50%)	r personal	(if the per property e	real and persecentage of rerexceeds 50% of	nt for perso or if the rer	nal	3(a) Deduction the income in (att	ı colu	mns 2(a) a chedule)	nd 2(b	(n -)
(1)			50 511 p. 511 51			<del></del>			_	
(2)										
(3)							<u>-</u>			
(4)										
Total		Total								
(c) Total income. Add totals of co		2(b) Enter	<del></del>			(b) Total deductions. here and on page 1, Par	Enter t			
here and on page 1, Part I, line 6			·			I, line 6, column (B)				
Schedule E - Unrelated D	ept-r manced	income (se	e instructions)	)	Τ.	ND-3 1 1 1 1 1 1 1				
1 Description of deb	ot-financed prope	erty	2 Gross ind or allocabl		_	Deductions directly co debt-finar			allocat	or to
			financed property		d	(a) Straight line lepreciation (attach sch	(b) Other dedicated scheme			
(1)								<del></del> ,		
(2)										
(3)										
(4)							1			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	justed basis of debt-financed ach schedule)	dividi l	umn 4 ed by mn 5		7 Gross income reportable (column 2 x column 6)		Allocable of (column 6 : blumns 3(a)	x total	of
(1)					%					
(2)					8					
(3)					8					
(4)		_			8					
						nter here and on page Part I, line 7, column (A)				
Totals					•					
Total dividends-received deducti	ions included in	column 8			_		-	-		
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Form 990-T (2018)

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Schedule F - Interest, A	nnuiti	es, Royalti						Jrga	nizations	(see in	structions	)
			Exem	pt Con	trolled Or	gar	nizations					
1 Name of controlled organization	ıde	Employer ntification number	ır	ncome	related (loss) uctions)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 Total of speci payments ma		organi		in c	eductions directly onnected with ome in column 5
(1)						1						
(2)												
(3)						✝						
(4)	-					+		-				
Nonexempt Controlled Organiz	ations					ــــــــــــــــــــــــــــــــــــــ				-		
7 Taxable Income	8 N	et unrelated come (loss)			f specified nts made	<b>d</b>	10 Part of included in	n the d	controlling		connected	tions directly d with income
		instructions)	<u> </u>			_	organizatio	n s gre			111 60	olumn 10
(1)												
(2)	•				-							
(3)												
(4)			<b>-</b>									
			<del></del>				Add columns	. 5 an	d 10 Enter	Ado	columns	6 and 11 Enter
Totals							here and on p		, Part I, line	here	e and on p	age 1, Part I, line lumn (B)
Schedule G - Investmen	ıt Inco	me of a Se	ction	501(	c)(7), (9	 ), (	or (17) Orgai	nizat	ion (see in	structio	ns)	
						_	ductions		4 Set-aside		, .	I deductions and
1 Description of income		2 Amount	of inco	ome	direc	ctly	connected schedule)	(a	ttach sched		set-a	sides (column 3 us column 4)
(1)												
(2)												
(3)												
(4)												
		Enter here an Part I, line 9,	id on p	age 1, nn (A)								re and on page ne 9, column (B)
Totals	▶.				l							
Schedule I - Exploited E	xemp	t Activity Ir	ncom	ie, Otl	her Tha	<u>n /</u>	Advertising	ncor	<b>110</b> (see ins	truction	ıs)	
1 Description of exploited a	ictivity	2 Gross unrelate busines income fr trade o busines	ed is om ir	conne pro of u	nses directly ected with duction inrelated ess income	fro or 2 r	Net income (loss) in unrelated trade business (column minus column 3) a gain, compute umns 5 through 7	actıv	is income from ity that is not ated business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column minus column 5, bi not more than column 4)
(1) ACCOUNTING		88,4	188.	-		Ι	88,488.	1,1	95,524.	1,29	2,891.	88,488
(2) NETWORK		936,0				$\vdash$	936,000.		23,400.		2,843.	936,000
		33070	-			$\vdash$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20, 100.	-/		
(3)						┢						<del> </del>
(4)		Enter here on page Part I, line column (	e 1, e 10,	on p Part	here and page 1, I, line 10, mn (B)			l	•			Enter here and on page 1, Part II, line 26
Totals		1,024,4	` ′	00.0	(5)							1,024,488
Schedule J - Advertisin	a Inco			nc)		<del></del>						1270217100
Part I Income From Pe	<del>-</del>			-	nsolida	tec	d Basis					
Tarti moonie i ionii o		2 Gross					Advertising gain or	5.0	rculation.	6 Ra	adership	7 Excess readershi
1 Name of periodical		advertisi	ng	3 Direct advertising costs		(1	(loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		osts	costs (col 6 minus col 5, but not mor than col 4)
(1)						J						
(2)												]
(3)						]						1
(4)						$\perp$						
						Γ						
Totals (carry to Part II, line (5)	)	•										

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Page 5 Form 990-T (2018) CESAR CHAVEZ FOUNDATION 95-2466747 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 2 Gross 3 Direct 6 Readership 5 Circulation 7 Excess readership costs (col 6 minus col 5, but not more than col 4) advertising advertising income costs 1 Name of periodical costs ıncome (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part I, line 11, on page 1, Part II, line 27 column (B) column (A) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to unrelated business 1 Name 2 Title time devoted to business 왕 8 왕 왕 •

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Total. Enter here and on page 1, Part II, line 14

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Form 990-T (2018)

2018	Federal Statements	Pa	ge î
Client 500	CESAR CHAVEZ FOUNDATION	95-24	6674
11/11/19		C	3 52PI
Statement 1 Form 990-T, Part I, Line 12 Other Income			
Parking Revenue		Total $\frac{\$}{\$}$ 6,9	60. 60.