

# California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 7/01/2019, and ending (mm/dd/yyyy) 6/30/2020

Corporation/Organization name CESAR CHAVEZ LANGUAGE ACADEMY FOUNDATION California corporation number 3817001

Additional information. See instructions. FEIN 47-5054324

Street address (suite or room) 2480 SEBASTOPOL ROAD PMB no. \_\_\_\_\_

City SANTA ROSA State CA Zip code 95407

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

COPY

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method:  
 1  Cash 2  Accrual 3  Other

**F** Federal return filed? 1  990T 2  990-PF 3  Sch H (990)  
 4  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions  Yes  No

**K** Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources. \$ \_\_\_\_\_

**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	37,955.
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received	3	4,710.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B.	4	42,665.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	42,665.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	25,649.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	17,016.
<b>Filing Fee</b>	11	Total payments	11	
	12	Use tax. See General Information K	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	
	15	Filing fee \$10 or \$25. See General Information F	15	10.
	16	Penalties and Interest. See General Information J	16	
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	10.

**Sign Here** 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.

Signature of officer \_\_\_\_\_ Title TREASURER Date \_\_\_\_\_

Preparer's signature [Signature] Date 9.23.20 Check if self-employed

**Paid Preparer's Use Only** Firm's name (or yours, if self-employed) and address GORANSON AND ASSOCIATES, INC.  
717 COLLEGE AVENUE, FIRST FLOOR  
SANTA ROSA, CA 95404

Telephone 916-385-2158  
 PTIN P01739831  
 Firm's FEIN 455565460  
 Telephone 7075421256

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1		
	2	Interest	●	2		
	3	Dividends	●	3		
	4	Gross rents	●	4		
	5	Gross royalties	●	5		
	6	Gross amount received from sale of assets (See Instructions)	●	6		
	7	Other income. Attach schedule	●	7	37,955.	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.	●	8	37,955.	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		
	10	Disbursements to or for members	●	10		
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0.	
	12	Other salaries and wages	●	12		
	<b>Expenses and Disbursements</b>	13	Interest	●	13	
		14	Taxes	●	14	
		15	Rents	●	15	3,090.
		16	Depreciation and depletion (See instructions)	●	16	
		17	Other Expenses and Disbursements. Attach schedule	●	17	22,559.
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.	●	18	25,649.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		60,899.	●	64,989.
2	Net accounts receivable			●	
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule			●	
13	<b>Total assets</b>		60,899.		64,989.
<b>Liabilities and net worth</b>					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		60,899.	●	64,989.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		60,899.		64,989.

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	●	17,016.	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6	●	17,016.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		17,016.				

CESAR CHAVEZ LANGUAGE ACADEMY FOUNDATION

47-5054324

**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	30,000.
PROGRAM SERVICE REVENUE.....		7,955.
TOTAL	\$	<u>37,955.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LEANE DUNN 2750 W STEELE LANE SANTA ROSA, CA 95403	TREASURER 2.00	\$ 0.	\$ 0.	\$ 0.
DONNA PRAK 2750 W STEELE LANE SANTA ROSA, CA 95403	PRESIDENT 2.00	0.	0.	0.
ANASTACIO TOVAR 2750 W STEELE LANE SANTA ROSA, CA 95403	DIRECTOR 2.00	0.	0.	0.
ANDREA ROJAS 2750 W STEELE LANE SANTA ROSA, CA 95403	DIRECTOR 2.00	0.	0.	0.
MARLYN GARCIA 2750 W STEELE LANE SANTA ROSA, CA 95403	SECRETARY 2.00	0.	0.	0.
KARA KRAUSE 2750 W STEELE LANE SANTA ROSA, CA 95403	TREASURER 2.00	0.	0.	0.
ANEL LEON 2750 W STEELE LANE SANTA ROSA, CA 95403	DIRECTOR 2.00	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 3  
FORM 199, PART II, LINE 17  
OTHER EXPENSES**

AFTER SCHOOL PROGRAMS.....	\$	108.
CULTURAL EVENTS.....		543.
ENRICHMENT PROGRAMS.....		16,377.

STATEMENT 3 (CONTINUED)  
FORM 199, PART II, LINE 17  
OTHER EXPENSES

SPECIAL EVENT EXPENSES.....	\$	5,531.
TOTAL	\$	<u>22,559.</u>