

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 THE CALIF FUTURE FARMERS OF AMER. FOUND.

California corporation number 0648605

Additional information. See instructions. FEIN 23-7166263

Street address (suite or room) P. O. BOX 186

City GALT State CA Zip code 95632

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

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Dissolved Surrendered (Withdrawn) Merged/Reorganized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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	-5,542.
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received SEE SCH. B.	3	5,109,510.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	5,103,968.
	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	5,103,968.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	493,136.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	4,610,832.
Filing Fee	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	Balance due. 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 *[Signature]* Title EXECUTIVE DIRECTOR Date 5-14-21 Telephone (209) 744-1614

Preparer's signature ROGER P. BEEBOUT Date 5/15/2021 Check if self-employed PTIN P02129578

Firm's name (or yours, if self-employed) and address BALARSKY & BEEBOUT, CRAS 1500 RIVER PARK DRIVE STE 115A SACRAMENTO, CA 95815 Firm's FEIN 27-0525359 Telephone (916) 921-2600

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	-5,542.
	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	
	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	-5,542.
Expenses and Disbursements	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 SEE STMT 1	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	35,089.
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	46,991.
	17	Other Expenses and Disbursements. Attach schedule SEE STATEMENT 2	●	17	411,056.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9	●	18	493,136.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		901,086.	●	897,953.
2	Net accounts receivable			●	58,850.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock		279,127.	●	355,135.
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10a	Depreciable assets			3,759,277.	
b	Less accumulated depreciation			46,991.	3,712,286.
11	Land			●	749,827.
12	Other assets. Attach schedule STM 3		1,050.	●	650.
13	Total assets.		1,181,263.		5,774,701.
Liabilities and net worth					
14	Accounts payable		33,134.	●	6,873.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	2,111,392.
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		1,148,129.	●	3,656,436.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth.		1,181,263.		5,774,701.

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	●	4,610,832.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5		4,610,832.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		4,610,832.

Name of organization The Calif Future Farmers Of Amer. Found.	Employer identification number 23-7166263
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Farm Credit Alliance 3755 Atherton Rd Rocklin, CA 95763-3701	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Blue Diamond 1802 C Street Sacramento, CA 95811-1010	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Ironstone Concours Foundation 5490 E. Bear Creek Rd Lodi, CA 95240	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	A.E. Mike Kline PO Box 579510 Modesto, CA 95357	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Farmers & Merchants Bank 121 W. Pine Street Lodi, CA 95240	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Kahn, Soares & Conway, LLP 1415 L Street, Ste 400 Sacramento, CA 95814	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Pacific Coast Producers PO Box 1600 Lodi, CA 95241	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Ponderosa Telephone Co. PO Box 21 O'Neals, CA 93645	\$ 6,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	The Morning Star Co. 724 Main Street Woodland, CA 95695	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Universal Technical Institute 4100 Duckhorn Drive Sacramento, CA 95835-2588	\$ 8,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Toni Lindeleaf 501 Rio View Circle Fresno, CA 93711-6960	\$ 5,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	California Cotton Alliance 1521 I Street Sacramento, CA 95814-2016	\$ 13,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Borba Farms Partners 11054 W Mount Whitney Ave Riverdale, CA 93656	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	DuPont de Nemours and Company PO Box 2908 Wilmington, DE 19805	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Association Revenue Partners 500 N. Central Expy, #231 Plano, TX 75074	\$ 7,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Grange Co-Op PO Box 3637 Central Point, OR 97502	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Shekels Charitable Foundation 625 Fair Oaks Ave, Ste 360 South Pasadena, CA 91030	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	US Water Well 24220 Avenue 13 3/4 Madera, CA 93637	\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Statement 1
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
See Schedule Attached P.O. Box 186 Galt, CA 95632	Director 0	\$ 0.	\$ 0.	\$ 0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 2
Form 199, Part II, Line 17
Other Expenses

Award Program	\$ 24,862.
Board of Directors Ins & Meet	281.
Contract Labor	14,048.
FFA Center	47,692.
Fundraising	154,499.
Investment Expense	3,292.
Nilson Distrib.	3,504.
Office Expenses	21,915.
Printing and Publications	4,759.
Professional Fees	45,704.
Scholarships	90,500.
Total	<u>\$ 411,056.</u>

Statement 3
Form 199, Schedule L, Line 12
Other Assets

Prepaid Expenses and Deferred Charges	650.
Total	<u>\$ 650.</u>