Form 990	-T E	xempt Organization					rn [OMB No 1545-0687		
7 OIIII	4.	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 1 9								
معرب Department of the Tr		► Go to www irs gov/Form990	906	<u> </u>						
Internal Revenue Ser	' I .	► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Inspection for 501(c)(3) Organizations Only								
A Check be address		Name of organization (Check box if name changed and see instructions) D Employer identification number (Employees' trust, see instructions)								
		GUOG TOIRINGTON					\ \	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
B Exempt under s X 501(C)(CHOC FOUNDATION	ر م	007416						
	Tage or	Trainber, subst, and ream or sake no	паРО	box, see instruction	ns		ļ	95-6097416 Unrelated business activity code		
408(e) 408A	220(e) Type 530(a)	1201 WEST LA VETA A	VENU	E				(See instructions)		
529(a)		City or town, state or province, country, and ZIP or foreign postal code								
C Book value of al	ll assets	ORANGE, CA 92868					4850	485000		
at end of year		oup exemption number (See instruct								
77,909,	048. G Ch	eck organization type 🕨 🕺 501	(c) co	rporation	501(c	trust	401(a)	trust Other trust		
	•	anization's unrelated trades or busine	sses			_	-	(or first) unrelated		
	ness here ▶PA				•	•		e than one, describe the		
		e end of the previous sentence, cor	mplete	Parts I and II, co	mplete a Si	chedule M for ea	ch additior	nal		
	ness, then comp	corporation a subsidiary in an affili	ated o	roup or a parent-s	subsidiany d	controlled group?		Yes X No		
•	•	identifying number of the parent co	Ū	•	obblidially c	ontrolled group				
		IKALYN KLUTH			Telephon	e number ▶ 71	4-509-	-4124		
Part I Unre	elated Trade	or Business Income	_	(A) Inco	me	(B) Exper	ises	(C) Net		
1a Gross rece	eipts or sales									
	and allowances	c Balance ►	<u> </u>					<u> </u>		
		dule A, line 7),	2							
		2 from line 1c	3 4a		-					
		Part II, line 17) (attach Form 4797)	4a 4b			I RE	CEIV	En		
= .	• •	trusts	4c	<u> </u>	,	[9]				
		or an S corporation (attach statement)				S JUI	0100	781		
6 Rent inco	me (Schedule C)		6			19	0 1 20	IZU O		
7 Unrelated	l debt-financed ir	ncome (Schedule E)	7			005		38		
	nuities, royalties, and r	ents from a controlled organization (Schedule F)	8			000	EN.	IT-1		
		01(c)(7) (9), or (17) organization (Schedule G)		<u> </u>	_			 		
		dule J)	10							
		ctions, attach schedule)	12					 		
	•	rough 12	$\overline{}$		0.					
		Taken Elsewhere (See instr		ns for limitati	ons on d	eductions.) (Except f	or contributions,		
ded	uctions mus	t be directly connected with t	he ur	related busin	ess inco	me.)				
14 Compens	ation of officers,	directors, and trustees (Schedule K)					14			
		• • • • • • • • • • • • • • • • • • • •						 		
		• • • • • • • • • • • • • • • • • • • •								
		(see instructions)						 		
		(see instructions)								
		See instructions for limitation rules)								
		4562)		ı						
22 Less depr	eciation claimed	on Schedule A and elsewhere on re	eturn	2	2a		22b			
		compensation plans								
		s								
		Schedule I)								
		ichedule J)								
		schedule)						 		
		ple income before net operating								
		ng loss arising in tax years beginning						 		
	•	e income Subtract line 31 from line	-	•	•	, .				
For Paperwork	Reduction Act I	Notice, see instructions				· · · · · ·		Form 990-T (2018)		
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Form	990-T (2018)			Р	age 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions), , , , , , , , , , , , , , , , , , ,	33			
34	Amounts paid for disallowed fringes	34		N	ONE
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
••	of lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,	 			
30	enter the smaller of zero or line 36	38			0
Par	rt IV Tax Computation	36			
		39			
39 40	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax See instructions	41			
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42			
43	Tax on Noncompliant Facility Income See instructions	-			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
	t V Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
b	Other credits (see instructions)]			
	General business credit Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u></u>			
	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47			
48	Total tax Add lines 46 and 47 (see instructions)	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		_	
	Payments A 2017 overpayment credited to 2018				
	2018 estimated tax payments	1			
c	Tax deposited with Form 8868	1			
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	1			
	Backup withholding (see instructions) 50e	1			
e f	Credit for small employer health insurance premiums (attach Form 8941)	1			
		1			
g					
-4	Form 4136 Other Total ▶ 50g			3 3	300.
51	Total payments Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		3 3	200
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				300.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded			3,3	300.
	Statements Regarding Certain Activities and Other Information (see instruction				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or			res	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m			ļ	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country _		
	here		_		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	gn trust?	' <u> </u> _		Х
	If "Yes," see instructions for other forms the organization may have to file				
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of penury, I declare that I have examined this return including accompanying schedules and statements and to the tirue, correct and complete Declaration of preparer other than taxpayer) is based on all information of which preparer has any knowledge	est of my	knowledge an	d belie	ef, it i
Sig		v the IF	RS discuss t	his re	eturn
Her		-	reparer show		
		e instruction			No
	Print/Type preparer's name Preparer's signature Date Chec	k l ıf	PTIN		
Paid	SHALINI SAIDHA Shalini Saidha 5/12/2020 self-e	mployed	P0195	981	2
-	Darer Furn's name KPMG LLP		13-5565	207	
Use	Only		3-972-40		

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Schedule A - Cost of Goods Sold.	Enter method	d of inventory valua	tion	>		
1 Inventory at beginning of year . 1		6 Inve	ntory	at end of yea	ar	6
2 Purchases 2					ld. Subtract line	
3 Cost of labor		6 f	rom	line 5 En	iter here and in	
4a Additional section 263A costs		Part	I, line	2		. 7
(attach schedule) 4a					section 263A (
b Other costs (attach schedule) . 4b		prop	erty	produced	or acquired fo	r resale) apply
5 Total Add lines 1 through 4b - 5		to th	e org	anization? .		x
Schedule C - Rent Income (From Real	Property a	nd Personal Prop	erty	Leased V	Vith Real Prope	erty) —
(see instructions)						
Description of property				·		
(1)						
(2)						
(3)						
(4)						
2 Rent rec	eived or accru	ed				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percent	rom real and personal pr age of rent for personal p of the rent is based on p	roperty	exceeds		directly connected with the income (a) and 2(b) (attach schedule)
(1)						
(2)					,	
(3)						
(4)						
Total	Total					
(c) Total income Add totals of columns 2(a) and					(b) Total deduction	
here and on page 1, Part I, line 6, column (A)					Enter here and o Part I, line 6, colu	
Schedule E - Unrelated Debt-Financed		e instructions)				
Description of debt-financed property		2 Gross income fror allocable to debt-final		3 0		nnected with or allocable to ced property
Pescription of dest intaries property		property	iceu		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)
(1)				(aila	on soneddie)	(attaon solieudie)
(2)						
(3)						
(4)						
4 Amount of average 5 Average ad	iusted basis					
acquisition debt on or of or allocable to debt-financed debt-financed property (attach schedule) (attach sc	able to d property	6 Column 4 divided by column 5	ı		ncome reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
Totals					e and on page 1, e 7, column (A)	Enter here and on page 1, Part 1, line 7, column (B)

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Total dividends-received deductions included in column 8.

Schedule F—Interest, Ann				trolled Or						51107	
Name of controlled organization	2 Employer identification num	DEI I	3 Net unrelated inci (loss) (see instruction		l l		ایہ	5 Part of column 4 the included in the control organization's gross inc		olling	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7 Taxable Income	8 Net unrelated (loss) (see instruction	I		otal of specific yments made		inc				11 Deductions directly connected with income in column 10	
(1)											
(2)											
(3)					<u></u>						
(4)											
Totals			 c)(7), (9), or (17	▶) Orga	En Pá	iter he art I, I	lumns 5 a re and on ne 8, colui	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount o	f income		3 Deduction of the directly correctly correctl	nected				t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)			ļ								
(2)											
(3)											<u> </u>
(4)	Enter here and										Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, o	column (A)	er Tha	n Adverti	sing In	come	e (se	e instru	ctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business in	ses / with n of	4 Net inconfrom unrelated or business 2 minus coll If a gain, coll	Net income (loss) om unrelated trade r business (column minus column 3) Net income (loss) 5 Gross income from activity that attribut.		6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)					· · · - · ·						
(2)											
(3)		_									
(4)	,										- · · · · · · · · · · · · · · · · · ·
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,	,···		on				Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In	come (see instr	uctions)					-				1
Part I Income From Peri			onsolid	lated Bas	is						
1 Name of periodical	2 Gross advertising income	3 Direct advertising of	:t	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	vertising (loss) (col s Circulation s col 3) If income costs compute			7 Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)											
(2)											
(3)											
(4)]
Totals (carry to Part II, line (5))											<u></u>
											Form 990-T (2018

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(2) (3)

(4)

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

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)

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 (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶				1		
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1 Name		2 Title		3 Percent of time devoted to business	4 Compensation attributable to unrelated business	
(1)			·-	%		

%

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