California State Water Resources Control Board

BUSINESS ORGANIZATION
ABILITY TO PAY CLAIM
Financial Data Request Form

This form requests information regarding your financial status. The data will be used to evaluate your ability to pay for environmental clean-up or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly, if you feel your situation is not adequately described through the information requested here. If a particular question does not apply to your business, please indicate that it does not apply and give the reason. **Failure to answer all the questions clearly and completely may result in denial of your claim of inability to pay.**

Certification

Under penalties of perjury, I declare that this financial statement submitted by me as a responsible officer of the organization is a true, correct, and complete statement of all organization income and assets, real and personal, whether held in the company name or otherwise to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the United States Government to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

Henry J Tosta Jr. — Signature

6-17-13 — Date

Henry J. Tosta, Jr.
Name (printed or typed)

General/Managing Partner
Corporate Position

California State Water Resources Control Board

1. Business Name: Henry J. Tosta, Jr. Family, L.P.

2. For Profit X Not for Profit _

3. Business Address: 20662 San Jose Rd.
Street
Tracy CA 95304
City State Zip

NOTE: Attach Schedule of all Business Addresses

4. Foreign_____ Domestic X

5. Legal Form of Business Organization during the last 5 years

___ Corporation

___ Subchapter S Corporation

X Partnership

___ Proprietorship

___ Trust

___ Other: _____

6. State of Incorporation N/A Date of Incorporation N/A

7. Name of Registered Agent: N/A

8. Address of Registered Agent: N/A
Street

_____
City State Zip

_____
Phone

9. Name and address of principal stockholders and number of shares owned by each. (If more than 8 shareholders, list only those with 5 percent or more stock ownership). If N/A (Not a corporation)

(Use Additional Sheets Where Needed)

your business is a partnership, list all partners and ownership percentage.

Total outstanding shares: _____

Name	Address	Shares
1. Henry J. Tosta	20662 San Jose Rd. Tracy, CA 95304	1%
2. Henry J Tosta Jr. Trust DTD Oct 16, 2006	20662 San Jose Rd. Tracy, CA 95304	89%
3. Henry J. Tosta Jr. Irrevocable Family Trust DTD Nov, 21, 2006	2850 Pebblebrooke Ct. Tracy, CA 95377	10%
4.		
5.		
6.		
7.		
8.		

9. A. Name and address of current, (and for previous 5 years), officers and number of shares held by each. For partnerships, list all partners for last 5 years.

Name	Address	Shares	Term
SAME AS ABOVE			

9. B. Name and address of current, (and for previous five years), members of board of directors and number of shares held by each. N/A

Name	Address	Shares	Term

10. Has this organization ever issued a prospectus for the sale of stock? Yes____ No__X__
If yes, list date, number and type of shares for each prospectus during the last five years.

Date	Number of Shares	Type of Shares

11. A. Registration on international, national or local stock exchange(s). Give details, including date of registration and/or de-listing.

1. N/A

2. _____

3. _____

4. _____

11. B. Total authorized shares for each type issued and present market value per share on each type of stock (or book value if not actively traded) N/A

Types of Shares	Total Shares	Book Value	Market Value
1.			
2.			
3.			

(Use Additional Sheets Where Needed)

4.			

C. Total outstanding shares of each type of stock currently being held as Treasury Stock.

N/A

D. Total outstanding shares of each type of stock.

N/A

E. Amount of bonded debt and principle bondholders.

N/A

12. List states and municipalities to which taxes have been paid and/or are being paid. Describe nature and amount of such taxes, state most recent year of payments thereof and whether tax payments are current.

California - Annual $800 Franchise Tax charged on Limited Partnerships (paid through 2011)

San Joaquin County - Property taxes; $44,955 paid in 2012, tax payments are current

Stanislaus County - Property taxes; $4,690 paid in 2012; tax payments are current

13. Has this organization filed United States income tax returns during the last five years?
Yes X No _____

To what I.R.S. Office(s)
Tax returns have been electronically filed

What Years?
2008-2012

Are Federal Taxes current? Yes_____ No_____ N/A (Dairy partnership)

Provide **SIGNED** Federal income tax returns and **ALL** associated schedules for the following years:
SEE SEPARATE ATTACHMENTS

2012 2011 2010 2009 2008

14. Name and address of:

A. Organization's Independent Certified Public Accountants
Schmidt, Bettencourt & Medeiros, LLP

865 Geer Rd., Turlock, CA 95380

B. Organization's Attorney(s) presently and during the past five years.

Thomas H. Terpstra (Began representing Henry in December, 2012)
578 N. Wilma Ave. Ste A., Ripon, CA 95366
Dennis Shore
2551 San Ramon Valley Blvd, San Ramon, CA 94583

15. Has this organization filed Financial Forms with any organization or government entity? List name of organization or entity, date and type of Financial Form.

NO

16. Does this organization have a Profit and Loss Statement and Balance Sheet for the most recent calendar or fiscal year and for specified past years? Past Years:

2012 2011 2010 2009 2008
(SEE QUICKBOOKS REPORTS ATTACHED)

California State Water Resources Control Board

Submit one copy of each. (Audited documents are preferred.) (SEE QUICKBOOKS REPORTS ATTACHED)

A. Assets

		2012	2011	2010	2009	2008
Cash	$					
Securities	$					
Facilities	$					
Depreciation	$					
Equipment	$					
Depreciation	$					
Inventory	$					
Accounts Receivable	$					
Other	$					
TOTAL ASSETS	$					

B. Liabilities and Stockholder's Equity

		2012	2011	2010	2009	2009
Loans Principle	$					
Monthly Payment	$					
Mortgages Principle	$					
Monthly Payment	$					
Accounts Payable	$					
Deferred Taxes	$					
Insurance Premiums	$					
Other	$					

Stockholder's Equity

Common Stock	$					
Paid-in Capital	$					
Retained Earnings	$					
TOTAL LIABILITIES & EQUITY						

17. Loans Payable:

Owed to: Bank of the West	Purpose: Line of credit for livestock
Term: Annual renewal	Interest Rate: Variable (approx. 4%)
Collateral: Livestock	Cosigner: N/A
Monthly Payments: Interest only (variable rate)	
Original Amount: $0	Date: 2003
Present Balance $731,961.07	

b.

Owed to: Bank of the West	Purpose: Real estate loan
Term: 25-year term loan	Interest Rate: Variable (approx. 4%)
Collateral: Real estate	Cosigner: N/A
Monthly Payments: $11,270 principal plus int.	
Original Amount: $3,381,000	Date: 12/1/09
Present Balance $2,918,930	

c.

Owed to:	Purpose:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance	

d.

Owed to:	Purpose:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance	

18. Mortgages Payable:

Owed To: Bank of America	Address of Property: 568 E Samoa Lane Lathrop, CA 95330
Term: 30-year	Interest Rate: 6.875%
Collateral: Secured by purchased property	Cosigner: N/A
Monthly Payments: $1,862.02	
Original Amount: $272,000	Date: 12/27/06
Present Balance: $241,133.51	

b.

Owed To: Wells Fargo Bank	Address of Property: 6188 W Canal Blvd. Tracy, CA 95376
Term: 30-year	Interest Rate: 6.375%
Collateral: Secured by purchased property	Cosigner: N/A
Monthly Payments: $1,871.61	
Original Amount: $300,651	Date: 7/24/03
Present Balance: $226,654.58	

c.

Owed To:	Address of Property:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance:	

d.

Owed To:	Address of Property:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance:	

19. Income/Expenses: (SEE QUICKBOOKS REPORTS ATTACHED)

Gross Income		2004	2003	2002	2001	2000
Net Sales	$					
Interest Income	$					
Dividends	$					
Other	$					

Operating Expenses

Wages	$					
Overhead	$					
Lease Payments	$					
Interest Expense	$					
Cost of Sales	$					
Net Income	$					

20. In addition, provide the following firm size information:

Number of Employees	12	10	12	11	14
Size of Warehouse(s)	N/A				
Volume Shipped	N/A				
Other	N/A				

21. Does this organization maintain bank accounts? Give names and addresses of banks, savings and loan associations, and other such entities, within the United States or elsewhere.

A. Checking

Name of Bank	Address of Bank	Account #	Balance
Bank of the West	810 W Schulte Road Tracy, CA 95376	746-001668	$13,478.87 at 4/30/13

B. Savings/Certificate of Deposit

Name of Bank	Address of Bank	Account #	Balance
	N/A		

C. Other Accounts

Name of Institution	Address of Institution	Account #	Balance
	N/A		

D. Savings & Loan Associations or other such entities

Name of Institution	Address of Institution	Account #	Balance
	N/A		

E. Trust Account(s)

Name of Institution	Address of Institution	Account #	Balance
	N/A		

F. Other Account(s)

Name of Institution	Address of Institution	Account #	Balance
	N/A		

22. List all commercial paper, negotiable or non-negotiable, in which the organization has any interest whatsoever, presently in transit or in the possession of any banking institution. Describe such paper and the organization=s interest therein, and state its present location. List all loans receivable in excess of $10,000.00 and specify if due from an officer, stockholder, or director.

N/A

23. Has this organization engaged in any Joint Loan Agreements, including Letters of Credits, with any other organization(s)? If yes, describe all such agreements.

N/A

24. Does this organization have any debt coinsured by another organization? If yes, describe such arrangements.

N/A

25. List all equity participation in other organizations, both domestic and foreign, in which this organization has an interest, including the type, amount and terms of such interest.

N/A

26. List all debt participation in other organizations, both domestic and foreign, in which this organization has an interest, including the type, amount and terms of such interest.

N/A

27. Is this organization presently:

A. Active
(Answer No for inactive, but still in existence) Yes X No _____

B. Void and/or terminated by State authority. Yes_____ No _____

C. Otherwise dissolved Yes_____ No _____

1. Date _____

2. By Whom _____

3. Reason _____

28. A. List corporate salaries, bonuses to and/or drawings of the following personnel for the last five taxable years: N/A

Position	Name	2012	2011	2010	2009	2008
President	Henry J. Tosta, JR	$0	20,730	24,178	44,381	85,951
Vice President						
Chairman						
Secretary						
Treasurer						

B. List the five most highly compensated employees or officers other than the above, describe position and list annual salary and/or bonus for the last five taxable years:

Name	Position/Title	2012	2011	2010	2009	2008
Llamas, Asunction	Feeder	31,846	32,077	35,654	36,000	31,958
Llamas, Ignacio	Feeder	N/A	25,360	25,520	24,960	10,960
Fernandez, Juan	Milker	22,800	20,900	22,800	22,589	22,800
Huerte, Isodoro F	Milker	19,200	19,200	19,200	19,200	19,075
Alfredo Zamora, Jose	Gen. laborer	20,400	19,200	7,200		

C. Describe the nature of the compensation paid to the persons listed in (A) and (B) above and set forth any stock options, pensions, profit sharing, royalties, or other deferred compensation rights of said persons.

Dairy employees are paid based on an hourly rate. There are no other forms of compensation.

29. List the organization=s commercial activity, (fields of activity resulting in income), and SIC Code.

	Commercial Activity	SIC Code
Primary	Dairy Farming	2020
Other 1.	Residential rentals (3)	6519
Other 2.		
Other 3.		

30. List all other supplementary fields of activity in which this organization is engaged, either

directly, through it affiliates, stating the name(s) and states(s) of incorporation of such subsidiaries or affiliates:

N/A

31. Has this organization at any time been the subject of any proceeding under the provisions of any State Insolvency Law, or the federal Bankruptcy Act, as amended? If so, supply the following information as to each such proceeding: N/A

A. Date (Commencement) _____

B. Date (Termination) _____

C. Discharge or other disposition, if any, and operative effect thereof:

D. State Court _____ Docket No. _____
County

E. Federal Court _____ Docket No.
_____
County

32. A. List all real estate, and personal property of an estimated value in excess of $ 10,000.00 owned or under contract to be purchased by this organization with names and addresses of seller and contract price and where located:

SEE SCHEDULE

33. List and describe all judgments, recorded and unrecorded, this organization is a party of:
A. Against the organization

N/A

B. In favor of the organization

N/A

34. List and describe all other encumbrances (including but not limited to security interest, whether perfected or not) against any such personal property owned by the organization as is listed in 30 (A) above.

N/A

35. List all life insurance, now in force on any or all officers, directors, and/or Akey@ employees, setting forth face amounts, names of life insurance companies and policy numbers where this organization has an Ainsurable interest@ and/or paying the premium or part of same. Where applicable, indicate under which policy(s) this organization is beneficiary, type of policy(s) this organization is a beneficiary, yearly premium, and location of policy(s). In addition, state the cash value if any and the conditions of any borrowing options available under each policy.

NONE

36. For the following types of policies, list all primary and excess insurance policies, the deductible amount, the per occurrence and aggregate coverage limit for each policy.

A. Comprehensive General Liability

$1,000,000 policy ($2,000,000 aggregate)

B. Environmental Impairment Liability

NONE

C. Other policies for which coverage might apply including participation in risk retention pools.

Excess unbrella policy - $5,000,000

Other

37. List all transfers of assets (real) and/or (personal) (over $10,000.00) made by this organization, OTHER THAN IN THE ORDINARY COURSE OF BUSINESS, during the last three calendar years and state to whom transfer was made. Describe compensation paid by recipient and to whom. None

Date	Value	Property Transferred	To Whom	Compensation Paid

38. Is this business organization a party in any law suit now pending?
Yes (Give details below) _____ No X

39. List names and addresses of any persons or other business entity, holding funds in escrow or in trust for this organization, or any of its subsidiaries or affiliates.

N/A

40. Other information requested:

N/A