STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0040

Official Business
Penalty for Private Use, $300

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SACRAMENTO, CA
PERMIT NO. 312

13 000204248

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

For Addressee Only

T190 P 424 *******AUTO**SCH 5-DIGIT 93065

JOSEPH BRENNAN & KINDAH
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

Copy B - For Recipient

Report of State Income Tax Refund
From the California Franchise Tax Board

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040	RECIPIENT'S Identification number 560-13-0160	2. State or local income tax refunds, credits, or offsets $ 16.00	OMB No. 1545-0120 **2018** **FORM 1099-G**
Payer's FEIN 68-0204061	3. Tax year 2017		

RECIPIENT'S name JOSEPH BRENNAN & KINDAH

IMPORTANT TAX DOCUMENT
THIS FORM IS FOR YOUR RECORDS - DO NOT ATTACH WITH YOUR TAX RETURN

INSTRUCTIONS TO RECIPIENT

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because it was credited to your state or local estimated tax, it is still taxable if it was deducted. If you received interest on this amount, you should receive Form 1099-INT for the interest. However, the payer may include interest of less than $600 in the blank box on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return for instructions.

NOTE: THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

For information on how to report the refund amount shown, please refer to the instructions in your state and federal tax booklets when filing your tax return. For information about this notice, call us at the appropriate telephone number listed below.

Telephone: 800.852.5711 from within the United States
916.845.6500 from outside the United States
TTY/TDD: 800.735.2929, 800.822.6268, or 711 for persons with hearing or speech impairments.

FRANKLIN TEMPLETON
INVESTMENTS

Year-End Statement

January 1, 2018 - December 31, 2018

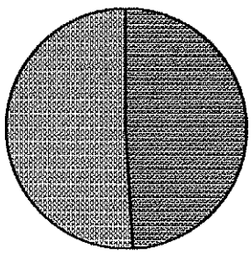
▶ **PLEASE RETAIN FOR YOUR RECORDS**

AV 03 004335 03047E 49 C**5DGT

VENTURA UNIFIED SCHOOL DISTRICT
FBO KINDAH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

Asset Summary Number:	07496183
Customer Service:	**franklintempleton.com** Retirement Services (800) 527-2020
Mailing Address:	3344 Quality Drive PO Box 2258 Rancho Cordova, CA 95741-2258

Asset Allocation



0%	Value Funds	51%	Hybrid Funds
49%	Blend Funds	0%	Asset Allocation Funds
0%	Growth Funds	0%	Fixed Income Funds
0%	Sector Funds	0%	Tax-Free Income Funds
0%	Global Funds	0%	Alternative Funds
0%	International Funds	0%	Money Funds

The Asset Allocation chart is prepared as of the date of this statement. Due to rounding, the percentages may not equal 100%.

Portfolio Composition (Year-to-Date)

	Value as of 01/01/18	+ Additions	+ Reinvested Dividends and Capital Gains	- Withdrawals	+/- Change in Account Value	= Value as of 12/31/18
Retirement Plan Assets						
Blend Funds						
Franklin Rising Dividends Fund - Class A						
158-15815498722	$116.69	$250.00	$13.62	$0.00	-$48.45	$331.86
158-15815498746	$175.35	$275.00	$18.59	$0.00	-$60.90	$408.04
Hybrid Funds						
Franklin Convertible Securities Fund - Class A						
137-13712277624	$146.31	$250.00	$22.31	$0.00	-$37.59	$381.03
137-13712277636	$169.95	$275.00	$25.36	$35.00	-$40.76	$394.55
Portfolio Totals	**$608.30**	**$1,050.00**	**$79.88**	**$35.00**	**-$187.70**	**$1,515.48**

Shareholder Information

- This statement shows your account activity for 2018, and it's important you keep it for your records. You can access historical account statements and tax documents by logging into your account at **franklintempleton.com**.
- April 15 is closer than you think. Visit **franklintempleton.com/taxcenter** to access important Franklin Templeton 2018 tax resources.

FRANKLIN TEMPLETON
INVESTMENTS

Year-End Statement

▶ **PLEASE RETAIN FOR YOUR RECORDS**

FTIOS CUST FOR THE 403B OF
VENTURA UNIFIED SCHOOL DISTRICT
FBO KINDAH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

Financial Advisor: LEWIS, LISA A.
SAGEPOINT FINANCIAL INC
(805) 484-1011

Customer Service: **franklintempleton.com**
Retirement Services (800) 527-2020

Mailing Address: 3344 Quality Drive
PO Box 2258
Rancho Cordova, CA 95741-2258

Franklin Rising Dividends Fund - Class A

NASDAQ Symbol: FRDPX

Fund-Account Number: 158-15815498722
Asset Summary Number: 07496183

Year-to-Date Summary:
Income Dividends: $2.85
Long-Term Capital Gains: $10.77
Current Year Contributions: $250.00

Transaction Details

DATE	TRANSACTION	DOLLAR AMOUNT	SHARE PRICE	SHARES	TOTAL SHARES
01-01-18	BALANCE FORWARD	$116.69	$61.16		1.908
02-08-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.75%**	$25.00	$62.10	0.403	2.311
03-06-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.75%**	$25.00	$64.54	0.387	2.698
04-02-18	DIV REINVEST 0.1448	$0.39	$58.03	0.007	2.705
04-04-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.75%**	$25.00	$63.11	0.396	3.101
05-08-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.74%**	$25.00	$63.54	0.393	3.494
07-02-18	DIV REINVEST 0.1631	$0.57	$61.12	0.009	3.503
08-07-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.75%**	$25.00	$67.98	0.368	3.871
09-06-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.74%**	$25.00	$68.95	0.363	4.234

Continued on next page

Purchases can also be made online at **franklintempleton.com**
Please make your check payable to:

Franklin Rising Dividends Fund - Class A
Fund-Account Number: **158-15815498722**

Amount Enclosed:

Retirement Plan Maintenance Fee	$

D E P O S I T S L I P

FTIOS CUST FOR THE 403B OF
VENTURA UNIFIED SCHOOL DISTRICT
FBO KINDAH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH
C/O FTI RETIREMENT PLAN OPERATIONS
PO BOX 997153
SACRAMENTO CA 95899-7153

☐ Change of address? Check this box and complete reverse side of this form.

001 000015815498722 00158 204

Franklin Rising Dividends Fund - Class A

NASDAQ Symbol: FRDPX

Fund-Account Number: 158-15815498722
Asset Summary Number: 07496183

Transaction Details - continued

DATE	TRANSACTION	DOLLAR AMOUNT	SHARE PRICE	SHARES	TOTAL SHARES
10-01-18	DIV REINVEST 0.1909	$0.81	$66.28	0.012	4.246
10-04-18	EMPLOYEE SALARY DEFERRAL	$25.00	$69.31	0.361	4.607
	*Sales Charge Rate 5.50%**				
11-06-18	EMPLOYEE SALARY DEFERRAL	$25.00	$66.91	0.374	4.981
	*Sales Charge Rate 5.50%**				
12-03-18	DIV REINVEST 0.2160	$1.08	$61.64	0.018	4.999
12-03-18	LT CAPGN REINV 2.1614	$10.77	$61.64	0.175	5.174
12-06-18	EMPLOYEE SALARY DEFERRAL	$25.00	$62.85	0.398	5.572
	*Sales Charge Rate 5.51%**				
12-31-18	EMPLOYEE SALARY DEFERRAL	$25.00	$58.54	0.427	5.999
	*Sales Charge Rate 5.50%**				

12-31-18 TOTAL ACCOUNT VALUE: $331.86 AT $55.32 PER SHARE

Shareholder Information

- On 12/03/18, the fund distributed $2.3774 per share. Estimated distribution sources are as follows: $0.2160 from net investment income; $1.1890 from gain on the sale of securities; and $0.9724 is a return of principal. **These are calculated using US financial accounting standards that may significantly differ from the amounts calculated on a US tax basis and shouldn't be used for tax reporting purposes.** For additional information, please refer to the "distribution" section on the back of this statement.

- The fund designates the distribution of long-term capital gains as a capital gain dividend under IRS Code Section 852(b)(3).

* You may be eligible for breakpoint discounts based on the size of your purchase, current holdings or future purchases. The sales charge rate you paid may differ slightly from the prospectus disclosed rate due to rounding calculations. Please refer to the prospectus, statement of additional information or contact your financial advisor for further information.

FRANKLIN TEMPLETON
INVESTMENTS

Year-End Statement

▶ **PLEASE RETAIN FOR YOUR RECORDS**

FTIOS CUST FOR THE 403B OF
LOS ANGELES COMMUNITY COLLEGE DIST
FBO KINDAH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

Financial Advisor: LEWIS, LISA A.
SAGEPOINT FINANCIAL INC
(805) 484-1011

Customer Service: **franklintempleton.com**
Retirement Services (800) 527-2020

Mailing Address: 3344 Quality Drive
PO Box 2258
Rancho Cordova, CA 95741-2258

Franklin Rising Dividends Fund - Class A

NASDAQ Symbol: FRDPX

Fund-Account Number: 158-15815498746
Asset Summary Number: 07496183

Year-to-Date Summary:

Income Dividends:	$4.08
Long-Term Capital Gains:	$14.51
Current Year Contributions:	$275.00

Transaction Details

DATE	TRANSACTION	DOLLAR AMOUNT	SHARE PRICE	SHARES	TOTAL SHARES
01-01-18	BALANCE FORWARD	$175.35	$61.16		2.867
01-11-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.76%**	$25.00	$67.25	0.372	3.239
02-12-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.75%**	$25.00	$63.79	0.392	3.631
03-12-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.75%**	$25.00	$65.90	0.379	4.010
04-02-18	DIV REINVEST 0.1448	$0.58	$58.03	0.010	4.020
04-09-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.74%**	$25.00	$62.16	0.402	4.422
05-10-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.75%**	$25.00	$64.69	0.386	4.808
06-05-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.75%**	$25.00	$65.87	0.380	5.188
06-11-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.76%**	$25.00	$66.54	0.376	5.564

Continued on next page

Purchases can also be made online at **franklintempleton.com**
Please make your check payable to:

Franklin Rising Dividends Fund - Class A
Fund-Account Number: **158-15815498746**

Amount Enclosed:

Retirement Plan Maintenance Fee	$

D E P O S I T S L I P

FTIOS CUST FOR THE 403B OF
LOS ANGELES COMMUNITY COLLEGE DIST
FBO KINDAH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH
C/O FTI RETIREMENT PLAN OPERATIONS
PO BOX 997153
SACRAMENTO CA 95899-7153

☐ Change of address? Check this box and complete reverse side of this form.

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Franklin Rising Dividends Fund - Class A

NASDAQ Symbol: FRDPX

Fund-Account Number: 158-15815498746
Asset Summary Number: 07496183

Transaction Details - continued

DATE	TRANSACTION	DOLLAR AMOUNT	SHARE PRICE	SHARES	TOTAL SHARES
07-02-18	DIV REINVEST 0.1631	$0.91	$61.12	0.015	5.579
07-16-18	EMPLOYEE SALARY DEFERRAL	$25.00	$66.26	0.377	5.956
	*Sales Charge Rate 5.75%**				
10-01-18	DIV REINVEST 0.1909	$1.14	$66.28	0.017	5.973
10-09-18	EMPLOYEE SALARY DEFERRAL	$25.00	$68.61	0.364	6.337
	*Sales Charge Rate 5.50%**				
11-13-18	EMPLOYEE SALARY DEFERRAL	$25.00	$66.13	0.378	6.715
	*Sales Charge Rate 5.50%**				
12-03-18	DIV REINVEST 0.2160	$1.45	$61.64	0.024	6.739
12-03-18	LT CAPGN REINV 2.1614	$14.51	$61.64	0.235	6.974
12-12-18	EMPLOYEE SALARY DEFERRAL	$25.00	$62.21	0.402	7.376
	*Sales Charge Rate 5.50%**				

12-31-18 TOTAL ACCOUNT VALUE: $408.04 AT $55.32 PER SHARE

Shareholder Information

- On 12/03/18, the fund distributed $2.3774 per share. Estimated distribution sources are as follows: $0.2160 from net investment income; $1.1890 from gain on the sale of securities; and $0.9724 is a return of principal. **These are calculated using US financial accounting standards that may significantly differ from the amounts calculated on a US tax basis and shouldn't be used for tax reporting purposes.** For additional information, please refer to the "distribution" section on the back of this statement.
- The fund designates the distribution of long-term capital gains as a capital gain dividend under IRS Code Section 852(b)(3).

* You may be eligible for breakpoint discounts based on the size of your purchase, current holdings or future purchases. The sales charge rate you paid may differ slightly from the prospectus disclosed rate due to rounding calculations. Please refer to the prospectus, statement of additional information or contact your financial advisor for further information.

FRANKLIN TEMPLETON
INVESTMENTS

Year-End Statement

▶ **PLEASE RETAIN FOR YOUR RECORDS**

FTIOS CUST FOR THE 403B OF
VENTURA UNIFIED SCHOOL DISTRICT
FBO KINDAH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

Financial Advisor: LEWIS, LISA A.
SAGEPOINT FINANCIAL INC
(805) 484-1011

Customer Service: franklintempleton.com
Retirement Services (800) 527-2020

Mailing Address: 3344 Quality Drive
PO Box 2258
Rancho Cordova, CA 95741-2258

Franklin Convertible Securities Fund - Class A

NASDAQ Symbol: FISCX

Fund-Account Number: 137-13712277624
Asset Summary Number: 07496183

Year-to-Date Summary:
Income Dividends: $12.59
Long-Term Capital Gains: $9.72
Current Year Contributions: $250.00

Transaction Details

DATE	TRANSACTION	DOLLAR AMOUNT	SHARE PRICE	SHARES	TOTAL SHARES
01-01-18	BALANCE FORWARD	$146.31	$19.49		7.507
02-08-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.77%**	$25.00	$20.64	1.211	8.718
03-06-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.74%**	$25.00	$22.11	1.131	9.849
03-15-18	DIV REINVEST 0.0845	$0.83	$21.06	0.039	9.888
04-04-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.74%**	$25.00	$21.59	1.158	11.046
05-08-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.74%**	$25.00	$22.13	1.130	12.176
06-15-18	DIV REINVEST 0.1173	$1.43	$21.63	0.066	12.242
08-07-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.75%**	$25.00	$22.95	1.089	13.331
09-06-18	EMPLOYEE SALARY DEFERRAL *Sales Charge Rate 5.73%**	$25.00	$23.20	1.078	14.409

Continued on next page

Purchases can also be made online at **franklintempleton.com**
Please make your check payable to:

Franklin Convertible Securities Fund - Class A
Fund-Account Number: **137-13712277624**

Amount Enclosed:

Retirement Plan Maintenance Fee	$

D E P O S I T S L I P

FTIOS CUST FOR THE 403B OF
VENTURA UNIFIED SCHOOL DISTRICT
FBO KINDAH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH
C/O FTI RETIREMENT PLAN OPERATIONS
PO BOX 997153
SACRAMENTO CA 95899-7153

☐ Change of address? Check this box and complete reverse side of this form.

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Franklin Convertible Securities Fund - Class A

NASDAQ Symbol: FISCX

Fund-Account Number: 137-13712277624
Asset Summary Number: 07496183

Transaction Details - continued

DATE	TRANSACTION	DOLLAR AMOUNT	SHARE PRICE	SHARES	TOTAL SHARES
09-17-18	DIV REINVEST 0.1183	$1.70	$21.87	0.078	14.487
10-04-18	EMPLOYEE SALARY DEFERRAL	$25.00	$22.74	1.099	15.586
	*Sales Charge Rate 5.50%**				
11-06-18	EMPLOYEE SALARY DEFERRAL	$25.00	$22.03	1.135	16.721
	*Sales Charge Rate 5.49%**				
12-06-18	EMPLOYEE SALARY DEFERRAL	$25.00	$22.11	1.131	17.852
	*Sales Charge Rate 5.52%**				
12-17-18	DIV REINVEST 0.2743	$4.90	$19.12	0.256	18.108
12-17-18	LT CAPGN REINV 0.5443	$9.72	$19.12	0.508	18.616
12-17-18	ST CAPGN REINV 0.2088	$3.73	$19.12	0.195	18.811
12-31-18	EMPLOYEE SALARY DEFERRAL	$25.00	$20.11	1.243	20.054
	*Sales Charge Rate 5.52%**				

12-31-18 TOTAL ACCOUNT VALUE: $381.03 AT $19.00 PER SHARE

Shareholder Information

- On 12/17/18, the fund distributed $1.0274 per share. Estimated distribution sources are as follows: $0.0749 from net investment income; $0.7531 from gain on the sale of securities; and $0.1994 is a return of principal. **These are calculated using US financial accounting standards that may significantly differ from the amounts calculated on a US tax basis and shouldn't be used for tax reporting purposes.** For additional information, please refer to the "distribution" section on the back of this statement.
- The fund designates the distribution of long-term capital gains as a capital gain dividend under IRS Code Section 852(b)(3).

* You may be eligible for breakpoint discounts based on the size of your purchase, current holdings or future purchases. The sales charge rate you paid may differ slightly from the prospectus disclosed rate due to rounding calculations. Please refer to the prospectus, statement of additional information or contact your financial advisor for further information.

Franklin Convertible Securities Fund - Class A

NASDAQ Symbol: FISCX

Fund-Account Number: 137-13712277636
Asset Summary Number: 07496183

Transaction Details - continued

DATE	TRANSACTION	DOLLAR AMOUNT	SHARE PRICE	SHARES	TOTAL SHARES
06-15-18	DIV REINVEST 0.1173	$1.96	$21.63	0.091	16.808
07-16-18	EMPLOYEE SALARY DEFERRAL	$25.00	$22.79	1.097	17.905
	*Sales Charge Rate 5.75%**				
09-17-18	DIV REINVEST 0.1183	$2.12	$21.87	0.097	18.002
10-09-18	EMPLOYEE SALARY DEFERRAL	$25.00	$22.25	1.124	19.126
	*Sales Charge Rate 5.48%**				
11-13-18	EMPLOYEE SALARY DEFERRAL	$25.00	$21.78	1.148	20.274
	*Sales Charge Rate 5.51%**				
12-07-18	MAINTENANCE FEE	$35.00	$20.57	1.702-	18.572
12-12-18	EMPLOYEE SALARY DEFERRAL	$25.00	$22.02	1.135	19.707
	*Sales Charge Rate 5.50%**				
12-17-18	DIV REINVEST 0.2743	$5.41	$19.12	0.283	19.990
12-17-18	LT CAPGN REINV 0.5443	$10.73	$19.12	0.561	20.551
12-17-18	ST CAPGN REINV 0.2088	$4.11	$19.12	0.215	20.766

12-31-18 TOTAL ACCOUNT VALUE: $394.55 AT $19.00 PER SHARE

Shareholder Information

- On 12/17/18, the fund distributed $1.0274 per share. Estimated distribution sources are as follows: $0.0749 from net investment income; $0.7531 from gain on the sale of securities; and $0.1994 is a return of principal. **These are calculated using US financial accounting standards that may significantly differ from the amounts calculated on a US tax basis and shouldn't be used for tax reporting purposes.** For additional information, please refer to the "distribution" section on the back of this statement.
- The fund designates the distribution of long-term capital gains as a capital gain dividend under IRS Code Section 852(b)(3).
- **2018 Tax Forms:** If your account qualifies for **Form 1099-R** reporting, it *should* be available online by January 28. This date may change, but all forms will be posted by their respective IRS deadlines. Please visit **franklintempleton.com/taxcenter** for the most current availability and IRS deadlines.

* You may be eligible for breakpoint discounts based on the size of your purchase, current holdings or future purchases. The sales charge rate you paid may differ slightly from the prospectus disclosed rate due to rounding calculations. Please refer to the prospectus, statement of additional information or contact your financial advisor for further information.

KAISER PERMANENTE®

Kaiser Foundation Health Plan, Inc.
P.O. Box 629028
El Dorado Hills, CA 95762-9028

AV 01 089446 30493H255 A**5DGT

2443

089446 1/2

Kindah Brennan
1675 CAPEWOOD LN
SIMI VALLEY, CA 93065-3096

Your IRS 1095-B Health Coverage Statement for 2018

Secure and convenient, access your 1095-B online!

Sign up at kp.org/paperless1095B

January 25, 2019

Dear Kindah Brennan,

The Affordable Care Act (ACA) requires taxpayers to prove they had health coverage in 2018 when they file their taxes for 2018. The enclosed IRS Form 1095-B reports proof of coverage. We are required to send you this form because you have a health plan with Kaiser Permanente.

What this form does and how you can use it:
This form serves to report proof that you and anyone you enrolled as a dependent on your Kaiser Permanente plan had a basic level of health coverage for the specific dates in 2018. This form only relates to health coverage you have through Kaiser Permanente.
The 1095-B form lists individuals in your family who were enrolled in your coverage and shows their months of coverage. Use this information to help complete your tax return. You do not need to attach these forms to your tax return. For specific questions about your tax situation, please talk to your tax preparer.

Questions?
If you believe there's an error on your form or if you have any questions, please call us at **1-844-477-0450** (TTY **711** for the deaf, hard of hearing, or speech impaired), Monday through Friday, from 8 a.m. to 6 p.m., and Saturday and Sunday (Pacific time), from 7 a.m. to 3 p.m. Or you can go to **kp.org/proofofcoverage** for more information. We're here to help you.

Sincerely,
Kaiser Permanente

This is important information from Kaiser Permanente. If you need help understanding this information, please call **1-800-464-4000** and ask for language assistance.
Esta es información importante de Kaiser Permanente. Si necesita ayuda para comprender esta información, llame al **1-800-788-0616** y solicite asistencia de idiomas.
這是來自 Kaiser Permanente 的重要資訊。如果您在理解此資訊方面需要協助，請撥打電話到 **1-800-757-7585** 並要求語言協助。

Services covered under your Kaiser Permanente health plan are provided and/or arranged by Kaiser Permanente health plans: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.

60339719 December 2015

560118

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

▶ **Do not attach to your tax return. Keep for your records.**
▶ **Go to *www.irs.gov/Form1095B* for instructions and the latest information.**

☐ VOID
☐ CORRECTED

OMB No. 1545-2252

2018

Part I Responsible Individual

1 Name of responsible individual–First name, middle name, last name			2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
Kindah		Brennan	***-**-1457	
4 Street address (including apartment no.)	**5** City or town		**6** State or province	**7** Country and ZIP or foreign postal code
1675 CAPEWOOD LN	SIMI VALLEY		CA	93065

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ **B**

9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
VENTURA COUNTY COMMUNITY COLLEGE DISTRICT			*****4338
12 Street address (including room or suite no.)	**13** City or town	**14** State or province	**15** Country and ZIP or foreign postal code
761 E Daily Dr Ste 200	Camarillo	CA	93010

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
Kaiser Foundation Health Plan		941340523	844-477-0450
19 Street address (including room or suite no.)	**20** City or town	**21** State or province	**22** Country and ZIP or foreign postal code
One Kaiser Plaza 15L	Oakland	CA	United States of America US 94612

Part IV Covered Individuals (Enter the information for each covered individual.)

	(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
							Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	KINDAH		BRENNAN	***-**-1457		X	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 38-2099803 **2018** OMB No. 1545-0008

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

1 Wages, tips, other compensation: 35057.29	2 Federal income tax withheld: 1528.40		
7 Social security tips	3 Social security wages	4 Social security tax withheld	
8 Allocated tips	5 Medicare wages and tips: 37090.93	6 Medicare tax withheld: 537.82	
9 Verification Code	10 Dependent care benefits	11 Nonqualified plans	
12a Code See instructions for box 12: E 550.00	12b Code: DD 8517.70	12c Code	
12d Code	13 Statutory empl. / Retirement plan: X / Third-party sick pay	d Control number: 377	
a Employee's social security number: 099-64-1457	b Employer ID Number (EIN): 95-2224338	14 Other	

c Employer's name, address, and ZIP code
Ventura County Comm Coll Distr
761 E DAILY DR. SUITE 200
CAMARILLO CA 93010

e Employee's name, address, and ZIP code
Kindah A Brennan
1675 Capewood Ln
Simi Valley CA 93065-3096

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	800-9651-4	35057.29	374.32	37090.93	370.91	CASDI

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 38-2099803 **2018** OMB No. 1545-0008

Copy C - For EMPLOYEE'S RECORDS Return (See *Notice to Employee* on the back of Copy B.)

1 Wages, tips, other compensation: 35057.29	2 Federal income tax withheld: 1528.40		
7 Social security tips	3 Social security wages	4 Social security tax withheld	
8 Allocated tips	5 Medicare wages and tips: 37090.93	6 Medicare tax withheld: 537.82	
9 Verification Code	10 Dependent care benefits	11 Nonqualified plans	
12a Code See instructions for box 12: E 550.00	12b Code: DD 8517.70	12c Code	
12d Code	13 Statutory empl. / Retirement plan: X / Third-party sick pay	d Control number: 377	
a Employee's social security number: 099-64-1457	b Employer ID Number (EIN): 95-2224338	14 Other	

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

c Employer's name, address, and ZIP code
Ventura County Comm Coll Distr
761 E DAILY DR. SUITE 200
CAMARILLO CA 93010

e Employee's name, address, and ZIP code
Kindah A Brennan
1675 Capewood Ln
Simi Valley CA 93065-3096

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	800-9651-4	35057.29	374.32	37090.93	370.91	CASDI

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 38-2099803 **2018** OMB No. 1545-0008

Copy 2 - To Be Filed With Employee's State, City or Local Income Tax Return

1 Wages, tips, other compensation: 35057.29	2 Federal income tax withheld: 1528.40		
7 Social security tips	3 Social security wages	4 Social security tax withheld	
8 Allocated tips	5 Medicare wages and tips: 37090.93	6 Medicare tax withheld: 537.82	
9 Verification Code	10 Dependent care benefits	11 Nonqualified plans	
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12d Code	13 Statutory empl. / Retirement plan: X / Third-party sick pay	d Control number: 377	
a Employee's social security number: 099-64-1457	b Employer ID Number (EIN): 95-2224338	14 Other	

c Employer's name, address, and ZIP code
Ventura County Comm Coll Distr
761 E DAILY DR. SUITE 200
CAMARILLO CA 93010

e Employee's name, address, and ZIP code
Kindah A Brennan
1675 Capewood Ln
Simi Valley CA 93065-3096

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CA	800-9651-4	35057.29	374.32	37090.93	370.91	CASDI

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 38-2099803 **2018** OMB No. 1545-0008

Copy 2 - To Be Filed With Employee's State, City or Local Income Tax Return

1 Wages, tips, other compensation: 35057.29	2 Federal income tax withheld: 1528.40		
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8 Allocated tips	5 Medicare wages and tips: 37090.93	6 Medicare tax withheld: 537.82	
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a Employee's social security number: 099-64-1457	b Employer ID Number (EIN): 95-2224338	14 Other	

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Ventura County Comm Coll Distr
761 E DAILY DR. SUITE 200
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e Employee's name, address, and ZIP code
Kindah A Brennan
1675 Capewood Ln
Simi Valley CA 93065-3096

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	800-9651-4	35057.29	374.32	37090.93	370.91	CASDI

FROM:

Ventura County Comm Coll Distr
761 E DAILY DR. SUITE 200
CAMARILLO CA 93010

FIRST-CLASS MAIL
U.S. POSTAGE PAID
OXNARD, CA
PERMIT NO. 232

Important Tax Document Enclosed

First-Class Mail

Kindah A Brennan
1675 Capewood Ln
Simi Valley CA 93065-3096

Department of the Treasury—Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
01018099	33829.33	1757.03
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	35759.72	518.52

c Employer's name, address and ZIP code

Los Angeles Community College District
770 Wilshire Blvd
Los Angeles CA 90017

7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code E 500.00
12b Code	12c Code	12d Code

b Employer identification number (EIN)	a Employee's social security number
95-2587353	099-64-1457

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code

Kindah A Brennan
1675 Capewood Lane
Simi Valley CA 93065

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2018	15 State	Employer's state ID No.	16 State wages, tips, etc.
	CA	800-9624-1	33829.33

Form W-2 Wage and Tax Statement	17 State income tax	18 Local wages, tips, etc.
Copy C-For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)	231.17	
	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
Copy B-To Be Filed With Employee's FEDERAL Tax Return

Department of the Treasury—Internal Revenue Service

Department of the Treasury—Internal Revenue Service

d Control number 01018099 | 1 Wages, tips, other compensation 33829.33 | 2 Federal income tax withheld 1757.03
OMB NO. 1545-0008 | 3 Social security wages | 4 Social security tax withheld
5 Medicare wages and tips 35759.72 | 6 Medicare tax withheld 518.52

c Employer's name, address and ZIP code

Los Angeles Community College District
770 Wilshire Blvd
Los Angeles CA 90017

7 Social security tips | 8 Allocated tips | 9 Verification code
10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 Code E 500.00
12b Code | 12c Code | 12d Code

b Employer identification number (EIN) 95-2587353 | a Employee's social security number 099-64-1457

13 Statutory employee | Retirement plan X | Third-party sick pay | 14 Other

e Employee's name, address and ZIP code

Kindah A Brennan
1675 Capewood Lane
Simi Valley CA 93065

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2018 | 15 State CA | Employer's state ID No. 800-9624-1 | 16 State wages, tips, etc. 33829.33

Form W-2 Wage and Tax Statement
Copy C-For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

17 State income tax 231.17 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

Form W-2 Wage and Tax Statement
Copy B-To Be Filed With Employee's FEDERAL Tax Return

Department of the Treasury—Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
01018099	33829.33	1757.03
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	35759.72	518.52

c Employer's name, address and ZIP code

Los Angeles Community College District
770 Wilshire Blvd
Los Angeles CA 90017

7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a Code E 500.00
12b Code	12c Code	12d Code

b Employer identification number (EIN)	a Employee's social security number
95-2587353	099-64-1457

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code

Kindah A Brennan
1675 Capewood Lane
Simi Valley CA 93065

2018	15 State	Employer's state ID No.	16 State wages, tips, etc.
	CA	800-9624-1	33829.33

Form W-2 Wage and Tax Statement	17 State income tax	18 Local wages, tips, etc.
Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.	231.17	
	19 Local income tax	20 Locality name

Department of the Treasury—Internal Revenue Service

FROM:

Los Angeles Community College District
770 Wilshire Blvd
Los Angeles CA 90017

U.S. POSTAGE PITNEY BO
ZIP 90017 $ 000.5
02 4W
0000347055 JAN. 29. 2

Important Tax Document Enclosed

First-Class Mail

Kindah A Brennan
1675 Capewood Lane
Simi Valley CA 93065

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2018 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

CU1143867-111585721O6-1

Box 1. Name	Box 2. Beneficiary's Social Security Number
JOSEPH G BRENNAN	560-13-0160

Box 3. Benefits Paid in 2018	Box 4. Benefits Repaid to SSA in 2018	Box 5. Net Benefits for 2018 *(Box 3 minus Box 4)*
$13,860.00	NONE	$13,860.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$12,288.00
Medicare Part B premiums deducted from your benefits	$1,572.00
Total Additions	$13,860.00
Benefits for 2018	$13,860.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

JOSEPH G BRENNAN
1675 CAPEWOOD LANE
SIMI VALLEY CA 93065-3096

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

560-13-0160A

CU1143867-111585721O6-1

Form **SSA-1099-SM** (1-2019) **DO NOT RETURN THIS FORM TO SSA OR IRS**

IMPORTANT: TAX INFORMATION ENCLOSED

KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

VISIT OUR WEBSITE WWW.SOCIALSECURITY.GOV

Printed on recycled paper

GPO U.S. GOVERNMENT PUBLISHING OFFICE: 2019-407-199/60008

Form SSA-1099-SM (1-2019)

Securing today and tomorrow

SIMI VALLEY CA 93065-3096

THE MONEY SOURCE INC.
500 SOUTH BROAD STREET
SUITE 100A
MERIDEN, CT 06450

IMPORTANT TAX RETURN INFORMATION BELOW

3-813-07717-0006699-002-1-000-000-000-000

KINDAH BRENNAN
JOSEPH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

Account Number: 0030481642
FOR INFORMATION CALL: (866) 867-0330

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

ANNUAL TAX AND INTEREST STATEMENT

KINDAH BRENNAN
JOSEPH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

THE MONEY SOURCE INC.
500 SOUTH BROAD STREET
SUITE 100A
MERIDEN, CT 06450
(866) 867-0330

TIN# 11-3412303

YEAR: 2018
ACCT#: 0030481642
SSN: *****1457

DISBURSEMENTS FROM ESCROW

TAXES PAID	2,880.63
HAZARD INS PAID	583.00
MORTGAGE INS PAID	3,044.78
ASSESSMENTS PAID	0.00

PRINCIPAL RECONCILIATION

BEG BAL	425,783.31
APPLIED PRIN	425,783.31
ENDING BAL	0.00

ESCROW RECONCILIATION

BEG BAL	2,322.16
DEPOSITS	8,102.70
DISBURSEMENTS	10,424.86
ENDING BAL	0.00

INTEREST RECONCILIATION

INTEREST PAID FROM PAYER(S)/BORROWER(S) $15,102.58

If the Tax ID Number shown above is incorrect or if the space is blank, please complete the Tax Identification Certification on the reverse side of this statement and return to us at our return address above.

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

THE MONEY SOURCE INC.
500 SOUTH BROAD STREET
SUITE 100A
MERIDEN, CT 06450

(866) 867-0330

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

KINDAH BRENNAN
JOSEPH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-0901

2018

Form 1098

Mortgage Interest Statement

1 Mortgage interest received from payer(s)/borrower(s)* $ 15,269.68

2 Outstanding mortgage principal as of 1/1/2018 $ 425,783.31

3 Mortgage origination date 05/27/2016

4 Refund of overpaid interest $ 0.00

5 Mortgage insurance premiums $ 3,044.78 *

6 Points paid on purchase of principal residence $ 0.00

7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. ☐

8 Address or description of property securing mortgage (see instructions)
1675 CAPEWOOD LN
SIMI VALLEY CA 93065

9 Number of properties securing the mortgage 1

10 Other

Account number (see instructions) 0030481642

RECIPIENT'S/LENDER'S TIN 11-3412303

PAYER'S/BORROWER'S TIN ***-**-1457

Copy B For Payer/ Borrower

The information in boxes 1 through 9 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

Form 1098 (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

* Please consult your tax advisor to determine if this amount is deductible.

KINDAH BRENNAN
JOSEPH BRENNAN
1675 CAPEWOOD LN
SIMI VALLEY CA 93065-3096

CUSTOMER ACCOUNT ACTIVITY STATEMENT 2018

PROCESS DATE	TRANSACTION DESCRIPTION	TOTAL AMOUNT RECEIVED	PRINCIPAL PAID	INTEREST PAID	ESCROW PAID	OPTIONAL INSURANCE	LATE CHARGES	OTHER
01/04/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-279.23	0.00	0.00	0.00
01/12/18	PAYMENT	2,915.12	669.53	1,419.28	826.31	0.00	0.00	0.00
01/12/18	PRINCIPAL PAYMENT	4.88	4.88	0.00	0.00	0.00	0.00	0.00
02/02/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-279.23	0.00	0.00	0.00
02/13/18	PAYMENT	2,915.12	671.78	1,417.03	826.31	0.00	0.00	0.00
02/28/18	INTEREST ON ESCROW D	9.08	0.00	0.00	9.08	0.00	0.00	0.00
03/02/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-279.23	0.00	0.00	0.00
03/07/18	COUNTY TAX DISBURSEM	0.00	0.00	0.00	-2,880.63	0.00	0.00	0.00
03/15/18	PAYMENT	2,895.23	674.02	1,414.79	806.42	0.00	0.00	0.00
03/15/18	PRINCIPAL PAYMENT	4.77	4.77	0.00	0.00	0.00	0.00	0.00
03/30/18	INTEREST ON ESCROW D	2.24	0.00	0.00	2.24	0.00	0.00	0.00
04/04/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-279.23	0.00	0.00	0.00
04/16/18	PAYMENT	2,895.23	676.28	1,412.53	806.42	0.00	0.00	0.00
04/16/18	PRINCIPAL PAYMENT	4.77	4.77	0.00	0.00	0.00	0.00	0.00
04/30/18	INTEREST ON ESCROW D	2.04	0.00	0.00	2.04	0.00	0.00	0.00
05/04/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-279.23	0.00	0.00	0.00
05/07/18	ADDITIONAL INSURANCE	0.00	0.00	0.00	-583.00	0.00	0.00	0.00
05/15/18	PAYMENT	2,895.23	678.55	1,410.26	806.42	0.00	0.00	0.00
05/15/18	PRINCIPAL PAYMENT	4.77	4.77	0.00	0.00	0.00	0.00	0.00
05/31/18	INTEREST ON ESCROW D	2.25	0.00	0.00	2.25	0.00	0.00	0.00
06/04/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-279.23	0.00	0.00	0.00
06/13/18	PAYMENT	2,895.23	680.83	1,407.98	806.42	0.00	0.00	0.00
06/13/18	PRINCIPAL PAYMENT	4.77	4.77	0.00	0.00	0.00	0.00	0.00
06/29/18	INTEREST ON ESCROW D	2.79	0.00	0.00	2.79	0.00	0.00	0.00
07/05/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-273.88	0.00	0.00	0.00
07/16/18	PAYMENT	2,895.23	683.12	1,405.69	806.42	0.00	0.00	0.00
07/16/18	PRINCIPAL PAYMENT	4.77	4.77	0.00	0.00	0.00	0.00	0.00
07/31/18	INTEREST ON ESCROW D	3.92	0.00	0.00	3.92	0.00	0.00	0.00
08/03/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-273.88	0.00	0.00	0.00
08/06/18	PAYMENT	2,895.23	685.41	1,403.40	806.42	0.00	0.00	0.00
08/06/18	PRINCIPAL PAYMENT	4.77	4.77	0.00	0.00	0.00	0.00	0.00
08/31/18	INTEREST ON ESCROW D	5.13	0.00	0.00	5.13	0.00	0.00	0.00
09/04/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-273.88	0.00	0.00	0.00
09/17/18	LATE CHARGE ASSESSME	0.00	0.00	0.00	0.00	0.00	-83.55	0.00
09/27/18	PAYMENT	2,895.23	687.71	1,401.10	806.42	0.00	0.00	0.00
09/27/18	PRINCIPAL PAYMENT	4.77	4.77	0.00	0.00	0.00	0.00	0.00
09/28/18	INTEREST ON ESCROW D	4.52	0.00	0.00	4.52	0.00	0.00	0.00
10/04/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-273.88	0.00	0.00	0.00
10/16/18	LATE CHARGE ASSESSME	0.00	0.00	0.00	0.00	0.00	-83.55	0.00
10/23/18	PAYMENT	99.00	0.00	0.00	0.00	0.00	0.00	99.00
10/23/18	PAYMENT	167.10	0.00	0.00	0.00	0.00	167.10	0.00
10/23/18	PAYMENT	422,813.37	0.00	0.00	0.00	0.00	0.00	422,813.37
10/23/18	LOAN PAID IN FULL	0.00	419,637.81	2,410.52	765.04	0.00	0.00	-422,813.37
10/23/18	MSB POOL SETTLEMENT	384.76	0.00	384.76	0.00	0.00	0.00	0.00
10/31/18	INTEREST ON ESCROW D	6.60	0.00	0.00	6.60	0.00	0.00	0.00
11/02/18	FHA/PMI INSURANCE DI	0.00	0.00	0.00	-273.88	0.00	0.00	0.00
11/07/18	ESCROW REFUND	0.00	0.00	0.00	-3,914.92	0.00	0.00	0.00
11/07/18	INTEREST ON ESCROW D	1.53	0.00	0.00	1.53	0.00	0.00	0.00
11/07/18	ESCROW REFUND	0.00	0.00	0.00	-1.53	0.00	0.00	0.00

Account Information Is Just a Click Away

franklintempleton.com

- Access account values and transaction history
- Purchase, sell and exchange shares
- View historical statements and tax documents
- Get fund prices and performance

Contact Us: For our Automated Telephone Service available anytime, call toll free: (800) 632-2301

QUESTIONS ABOUT YOUR ACCOUNT? Please contact your financial advisor. The expertise of a financial advisor can prove invaluable in helping you define your needs. Your financial advisor can also recommend investments suitable to your unique financial objectives.

Important Information

Cost Basis: For accounts that are subject to cost basis reporting, Franklin Templeton offers Average Cost Method (ACM) or Specific Share Identification (SSI) for determining the basis of covered shares. If no method is selected by the time of the first sale or exchange of covered shares, the transaction will be processed using Franklin Templeton's default method of ACM, with First In, First Out (FIFO) as the lot relief order. If you would like to change the cost basis method to SSI from ACM, please contact Shareholder Services. Cost basis reporting is not required for certain types of accounts including retirement and 529 College Savings Plan accounts. For additional information on cost basis, please visit franklintempleton.com/costbasis.

Distributions: If a distribution has been made, the source of the distribution will be shown on this account statement. Determination of the actual source of the fund's distribution can only be made at the fund's fiscal year-end. The actual source amounts will be included in the fund's annual or semi-annual reports. The tax treatment of these distributions may differ from the accounting treatment used to calculate the source of the distributions. Your 1099-DIV tax form will provide the characterization of all distributions and should be used for income tax reporting purposes. Please consult your tax advisor regarding the appropriate treatment of fund distributions.

Securities Investor Protection Corporation (SIPC): Shareholders may obtain information about SIPC, including the SIPC brochure, at sipc.org or by calling (202) 371-8300.

It's important to keep your contact information current: We may be required to transfer your property to your last known state of residence if no activity/communication occurs on your account within the time period specified by applicable state law. Accordingly, please inform us of any changes to your contact information and respond to any communication from us regarding the status of your account.

Please review this account statement carefully and report any discrepancies to us immediately so we may correct them. If you delay in reporting an error, we may be unable to adjust your account.

Franklin Templeton Distributors, Inc.

Glossary

Additions: Include exchanges in, transfers in and new share purchases, and exclude shares purchased (reinvested) with dividends and capital gains. These are reported in the 'Reinvested Dividends and Capital Gains' column.

Capital Gain Distribution: Is paid out to mutual fund shareholders from net gains (gains minus losses) realized when portfolio securities are sold.

Change in Account Value: Displays any year-to-date change in the net asset value per share.

Cost Basis Method: Franklin Templeton offers two methods for calculating the cost basis of covered shares. 1) **Average Cost** – The average cost for all shares in an account at the time of the transaction. 2) **Specific Share Identification** – The adjusted basis of the specific shares selected for the transaction.

Covered Shares: Generally shares acquired on or after January 1, 2012.

Dividend: An income distribution to mutual fund shareholders that generally comes from the fund's net investment income.

Lot (tax lot): A grouping of shares in the same tax account that were purchased at the same time and at the same price.

Noncovered Shares: Generally shares acquired prior to January 1, 2012.

Relief Order: The order in which shares from an account will be sold or exchanged for cost basis purposes. The relief orders available are: **First In, First Out (FIFO):** The first shares acquired are generally the first shares sold or exchanged. **Last In, First Out (LIFO):** The last shares acquired are generally the first shares sold or exchanged. **Highest In, First Out (HIFO):** Shares with the highest basis are the first shares sold or exchanged. **Lowest In, First Out (LOFO):** Shares with the lowest basis are the first shares sold or exchanged. **Specific Lot Identification (SLI):** When specific shares are selected to be sold or exchanged. **Standing Lot Relief Order (SLRO):** When a shareholder provides instructions to Franklin Templeton to automatically apply a specific lot relief order to all future sales and exchanges.

Withdrawals: Include exchanges, transfers, and sales of shares.

CHANGE OF ADDRESS REQUEST

his address change will be pplied to all accounts under ne asset summary number listed n the front of this statement. If ou need to change the address or only this account, please visit **ranklintempleton.com** or call hareholder Services.

Name (as it appears on the account)

Mailing Address

City | State | Zip

Primary phone number | Alternate phone number

Email

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least $600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances. **Caution:** *If you prepaid interest in 2018 that accrued in full by January 15, 2019, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2018 even though it may be included in box 1.* If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.

Box 2. Shows the outstanding mortgage principal on the mortgage as of January 1, 2018.

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your 2018 Form 1040. No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and Itemized Deduction Recoveries in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the 2018 Schedule A (Form 1040) instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. This is the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1098.*