

STATE OF CALIFORNIA  
RRF-1  
(Rev. 02/2021)

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE  
RECEIVED  
(For Registry Use Only)  
1 of 5  
Attorney General's Office

AUG 02 2023

Registry of Charitable Trusts

**CALIFORNIA BARBEQUE ASSOCIATION, INC.**

Name of Organization

List all DBAs and names the organization uses or has used

**1191 HUNTINGTON DR, NO. 362**

Address (Number and Street)

**DUARTE, CA 91010-2400**

City or Town, State, and ZIP Code

**626-824-6391**

**TREASURER@CBBQA.ORG**

Telephone Number

E-mail Address

Check if:

Change of address  
 Amended report

State Charity Registration Number **CT133993**

Corporation or Organization No. **2640910**

Federal Employer ID No. **41-2129980**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning **01/01/2022** ending **12/31/2022** ) list:

Total Revenue (including noncash contributions) \$ **38,657** Noncash Contributions \$ **0** Total Assets \$ **38,674**  
Program Expenses \$ **33,521** Total Expenses \$ **41,592**

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

Yes No

1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?

2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?

3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?

4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?

5. During this reporting period, did the organization receive any governmental funding?

6. During this reporting period, did the organization hold a raffle for charitable purposes? **SEE STATEMENT 7**

7. Does the organization conduct a vehicle donation program?

8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?

9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.



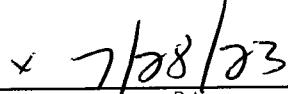
**JIM KIRCHNER**

Signature of Authorized Agent

Printed Name

**TREASURER**

Title

  
**7/28/23**

Date

228291  
04-01-22

**\$15 957858**

California Barbeque Association, Inc.

41-2129980

CA RRF-1

Explanation of Charitable Raffles  
Part B, Line 6

Statement 7

#C2640910  
Raffle held January 24, 2022 ~~#~~2,050

08240211 788539 2877

8 Statement(s) 7  
2022.02050 CALIFORNIA BARBEQUE ASSOC 2877 1

Form 990-EZ

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**A For the 2022 calendar year, or tax year beginning**

, 2022, and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	California Barbeque Association, Inc.	41-2129980
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	<b>E</b> Telephone number
<input type="checkbox"/> Initial return	1191 Huntington Dr	626-824-6391
<input type="checkbox"/> Final return/terminated	Room/suite	
<input type="checkbox"/> Amended return	362	
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Group Exemption Number
	Duarte, CA 91010-2400	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).	
<b>I</b> Website: <a href="http://WWW.CBBQA.ORG">WWW.CBBQA.ORG</a>		
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$ 39,771.	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1 549.
	2 Program service revenue including government fees and contracts	2 29,166.
	3 Membership dues and assessments	3 6,566.
	4 Investment income	4 9.
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
	6 Gaming and fundraising events:	<b>See Schedule O</b>
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 2,050.	
c Less: direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 2,050.	
7a Gross sales of inventory, less returns and allowances	7a 1,431.	
b Less: cost of goods sold	7b 1,114.	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 38,657.	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 1,828.
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 2.
	16 Other expenses (describe in Schedule O)	16 39,762.
	17 <b>Total expenses.</b> Add lines 10 through 16	17 41,592.
<b>Net Assets</b>	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -2,935.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 36,834.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 33,899.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2022)

232171 12-16-22

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1  
2022.02050 CALIFORNIA BARBEQUE ASSOC 2877 1

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments .....	48,903.	22 36,863.
23	Land and buildings .....		23
24	Other assets (describe in Schedule O) .....	6,996.	24 1,811.
25	<b>Total assets</b> .....	55,899.	25 38,674.
26	<b>Total liabilities</b> (describe in Schedule O) .....	19,065.	26 4,775.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	36,834.	27 33,899.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **See Schedule O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

**28 See Schedule O**(Grants \$ ) If this amount includes foreign grants, check here  28a 33,521.

29

(Grants \$ ) If this amount includes foreign grants, check here  29a

30

(Grants \$ ) If this amount includes foreign grants, check here  30a**31 Other program services (describe in Schedule O) .....**(Grants \$ ) If this amount includes foreign grants, check here  31a**32 Total program service expenses** (add lines 28a through 31a) **32** 33,521.**Part IV List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Craig Yeszin</u> President	3.00	0.	0.	0.
<u>Brett McKinney</u> Vice president	3.00	0.	0.	0.
<u>Melanie Price</u> Secretary	3.00	0.	0.	0.
<u>Jim Kirchner</u> Treasury	3.00	0.	0.	0.
<u>Matt Bergen</u> Director	3.00	0.	0.	0.
<u>Stephen Biggs</u> Director	3.00	0.	0.	0.
<u>Thomas Gearhart</u> Director	3.00	0.	0.	0.
<u>Jason Springer</u> Director	3.00	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V 

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O .....

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions .....

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? .....

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O .....

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III .....

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N .....

37a Enter amount of political expenditures, direct or indirect, as described in the instructions .....

b Did the organization file Form 1120-POL for this year? .....

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .....

b If "Yes," complete Schedule L, Part II, and enter the total amount involved .....

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 .....

b Gross receipts, included on line 9, for public use of club facilities .....

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 0. ; section 4912 0. ; section 4955 0. ....

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization .....

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T .....

	Yes	No
33	X	
34	X	
35a	X	
35b	N/A	
35c	X	
36	X	
37a	0.	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40b	X	
40e	X	

41 List the states with which a copy of this return is filed CA

42a The organization's books are in care of Treasurer Telephone no. (626) 824-6391  
Located at 1191 Huntington Dr #362, Duarte, CA ZIP + 4 91010-2400

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....

If "Yes," enter the name of the foreign country .....

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? .....

If "Yes," enter the name of the foreign country .....

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  and enter the amount of tax-exempt interest received or accrued during the tax year .....

43 N/A

	Yes	No
42b	X	
42c	X	

	Yes	No
44a	X	
44b	X	
44c	X	
44d		
45a	X	
45b		

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?

If "Yes," complete Sch. C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes  No

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Jim Kirchner, Treasurer

Type or print name and title

Date

7/28/23

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Charles Munson, CPA	Charles Munson, CPA			P00228733
	Firm's name	Munson, Eisenman & Giangrande, LLP		Firm's EIN	33-0611128
	Firm's address	1501 E. Orangethorpe Ave., Ste. 205 Fullerton, CA 92831		Phone no.	714-449-9909

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

Form 990-EZ (2022)