TAXABLE YEAR **2023**

California Exempt Organization Annual Information Return 328941 12-26-23 FORM

199

CALIFORNIA BARBQUE ASSOCIATION, INC. 2640910 Additional information does retractore. Fall 1911 HUNTINGTON DR NO. 362	Calendar Year	2023 or fiscal year beginning (mm/dd/yyyy)	, and ending ((mm/dd/yyy	y)			
PART Complete Part I unless not required to file this form. See General Information 8 and C. 1 Eross dues or receipts from members and affiliates and Revenues 1 Eross dues or receipts from members and affiliates 2 Eross dues due to file file in the regardation for more? 2 Eross dues due to file file in the form form form form form form form form				Cali	fornia corpo	ration number		
PART Complete Part I unless not required to file this form. See General Information 8 and C. 1 Eross dues or receipts from members and affiliates and Revenues 1 Eross dues or receipts from members and affiliates 2 Eross dues due to file file in the regardation for more? 2 Eross dues due to file file in the form form form form form form form form								
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Power Powe	Additional inform	nation. See instructions.		'-				
Total constitutions by the parents name? State S						L29980		
State 27 20 20 20 20 20 20 20					PMB no.			
A First return A First return		UNTINGTON DR, NO. 362		State	7ID code			
Foreign provincions and final factors and the first return	-					7-2400		
A First return		name Foreign province/state	/county	CA				
B Amended return Ves No No No No No No No N	r or orgin ocuminy		, oounly		. orongri po	51a. 55 a5		
B Amended return Ves No No Or RC Section 4947(a)(1) trust Yes No No Or RC Section 4947(a)(1) trust Yes No No Or Federal return filted? (1) Section 497(a)(1) trust Yes No No Or Federal return filed? (1) Section 497(a)(1)	A First retu	rn Yes X No	I Did the organization hav	e any chand	nes to its o	uidelines		
C IRC Section 4947(a)(1) trust			•				• Yes X	l No
Definition formation return? Dissolved Survendered (Wimdrawn) Merged-Reorganized Mer								
Dosobled Surrendered (Withshawn) Merged Reorganized (If Yes, "enter the gross receipts from nomember sources \$ Yes No If Yes," enter the gross receipts from nomember sources \$ If Yes," enter the gross receipts from nomember sources \$ Yes No Moderal return (filed? (1) *] No
E Check accounting method: (1)	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized						No
F Federal return filed? (1)			If "Yes," enter the gross	receipts fro	m nonmer	nber sources		
Complete Part Complete Part unless not required to file this form. See General Information B and C. Part Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless seed seems of the seem of this file of this form the seem of this file of this form the seem of this file of this form the seem of this file of this fil	E Check ac	counting method: (1) X Cash (2) Accrual (3) Other	L Is the organization a lim	ited liability	company	?	• Yes X	No
G is this a group filing? See instructions								
H Is this organization in a group exemption			report taxable income?				• Yes X	No
Part I Complete Part I unless not required to file this form. See General Information B and C. 1								1
Part								
Part I Complete Part I unless not required to file this form. See General Information B and C.	If "Yes," \	vhat is the parent's name?					Yes X] No
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 47, 862 00			Date filed with IRS					
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 47, 862 00	Part I	complete Part Lupless not required to file this form. See General Info	ormation B and C					
Receipts and Revenues Receipts and Revenues and Revenues Receipts over expenses and session as \$2.00.00	1 4111				•	1	47.862	2 00
Receipts and Revenues A Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B								
Receipts and Revenues 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information 8								
This line must be completed. If the result is less than \$50,000, see General Information B							·	
Cost of goods sold STMT	-				• [4	61,865	5 00
Firm's name Coryours, MUNSON, EISENMAN & GIANGRANDE, LLP Check if signature or of officer Coryours, Co								
Expenses 8 Total gross income. Subtract line 7 from line 4 9 8 60 , 897 00	Revenues				00			
Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 0 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury. I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Preparer's signature CHARLES A. MUNSON, CPA Preparer's signature CHARLES A. MUNSON, CPA Preparer's signature CHARLES A. MUNSON, EISENMAN & GIANGRANDE, LLP Firm's name (or yours, if self- employed) and address MUNSON, EISENMAN & GIANGRANDE, LLP 1501 E. ORANGETHORPE AVE., STE. 205 Full LERTON, CA 92831		7 Total costs. Add line 5 and line 6				7		
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 8 , 678 00						8		
Payments Payments It Use tax. See General Information K 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Preparer's Signature CHARLES A. MUNSON, CPA Preparer's Signature of O2/22/24 Preparer	Evnancac	9 Total expenses and disbursements. From Side 2, Part II, line 18			•	9	52,219) 00
Payments Paymen						10	8,678	<u>} 00</u>
Payments 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 Oo 17 Onder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 18 Oo 19 Oo 19 Oo 10 Oo 10 Oo 11 Onder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 10 Date 11								-
Payments 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 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 prepare (other than taxpayer) is based on all information of which preparer has any knowledge. Fire parer's signature of officer Preparer's signature of officer CHARLES A. MUNSON, CPA Preparer's signature of officer Preparer's life self-employed officer of self-employed officer officer of self-employed officer officer of self-employed officer offic		12 Use tax. See General Information K			•			$\overline{}$
15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result □ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Date Title TREASURER					. Г			$\overline{}$
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Signature of officer Preparer's signature of CHARLES A. MUNSON, CPA Preparer's signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Preparer's signature of O2/22/24 self-employed print Pri	Payments	45 Parallian and interest One Organish Information 1			г			$\overline{}$
Here Signature of officer Signature of officer Preparer's signature Preparer's signature Preparer's signature Firm's name (or yours, if self-employed) And address Use Only MUNSON, EISENMAN & GIANGRANDE, LLP 1501 E. ORANGETHORPE AVE., STE. 205 FULLERTON, CA 92831 Title TREASURER Pate Oate OATE Check if self-employed PO0 228733 P10 28733 P11 28 Telephone Total Autority Telephone Telephone Telephone Total Autority Telephone Telephone Telephone								\neg
Here Signature of officer Signature of officer Preparer's signature Preparer's signature Preparer's signature Firm's name (or yours, if self-employed) And address Use Only MUNSON, EISENMAN & GIANGRANDE, LLP 1501 E. ORANGETHORPE AVE., STE. 205 FULLERTON, CA 92831 Title TREASURER Pate Oate OATE Check if self-employed PO0 228733 P10 28733 P11 28 Telephone Total Autority Telephone Telephone Telephone Total Autority Telephone Telephone Telephone		Under penalties of perjury, I declare that I have examined this return, including accurate the statement of the stateme	ompanying schedules and stateme	nts, and to the	e best of my	knowledge and	belief,	100
Signature of officer Preparer's signature CHARLES A. MUNSON, CPA Date Check if self-employed P1N P00228733	Sign	It is true, correct, and complete. Declaration of preparer (other than taxpayer) is bas			knowleage.			
Preparer's signature CHARLES A. MUNSON, CPA Preparer's signature CHARLES A. MUNSON, CPA Preparer's Signature CHARLES A. MUNSON, CPA Preparer's Signature Check if Self-employed P00228733 Firm's name (or yours, if self-employed) And address PULLERTON, CA 92831 Paid Firm's name (or yours, if self-employed) And address PULLERTON, CA 92831 Paid Firm's name (or yours, if self-employed) And Address PULLERTON, CA 92831 Paid Firm's name (or yours, if self-employed) And Address PULLERTON, CA 92831	Here	Signature		Date		• Telep	priorie	
Paid Preparer's signature CHARLES A. MUNSON, CPA Paid Preparer's Use Only Preparer's MUNSON, EISENMAN & GIANGRANDE, LLP 1501 E. ORANGETHORPE AVE., STE. 205 FULLERTON, CA 92831 P14-449-9909		of officer		Check	if	• PTIN	1	
Paid Preparer's Use Only Pirm's name (or yours, if self-employed) and address Firm's name (or yours, if self-employed) And address MUNSON, EISENMAN & GIANGRANDE, LLP 1501 E. ORANGETHORPE AVE., STE. 205 FULLERTON, CA 92831 • Telephone 714-449-9909		Preparer's ► CHARLES A. MUNSON, CPA	02/22/2			□ ₽ 00:	228733	
Preparer's Use Only Unson, EISENMAN & GIANGRANDE, LLP 33-0611128 Self-mployed and address and address Total Composition	Paid		<u> </u>					
Use Only Use Only = mployed and address = Tollier ORANGETHORPE AVE., STE. 205 = Telephone	Preparer's	(or yours, MIINSON ETSENMAN & CTANCE	ANDE, LLP			33-	0611128	
and address FULLERTON, CA 92831 714-449-9909	Use Only	employed) 1501 E. ORANGETHORPE AVE.				● Tele	phone	
May the FTB discuss this return with the preparer shown above? See instructions		and address FULLERTON, CA 92831				714	-449-9909)
		May the FTB discuss this return with the preparer shown above? See	instructions		• X	Yes	No	

CALIFORNIA BARBEQUE ASSOCIATION, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328051	12-26-2

		1	Gross sales or receipts from all but	siness activitie	s. See instru	ctions		•	1		3,791 00
		2	Interest						2		53 00
		3	Dividends						3		00
Rec	eipts	4	Gross rents					_	4		00
fror	· I	5	Gross royalties						5		00
Oth		6	Gross amount received from sale of	of assets (See i	nstructions)			•	6		00
	rces	7	Other income	(,		SEE STA	TEMENT 2 •	7		44,018 00
		8	Total gross sales or receipts from	other sources.	Add line 1 th	rouah lin	e 7. Enter here and o	n Side 1. Part I. line 1	8		47,862 00
		9	Contributions, gifts, grants, and sir						9		5,000 00
		10	Disbursements to or for members					•	10		00
		11	Compensation of officers, directors	s. and trustees			SEE STA	TEMENT 4 •	11		0 00
		12	Other salaries and wages						12		00
Exp	enses	13	Interest						13		00
and	1	14	Taxes						14		00
	burse-	15	Rents						15		00
mei	1	16	Depreciation and depletion (See in:	structions)				•	16		00
		17	Other expenses and disbursements	sa aoaono,			SEE STA	TEMENT 5 •	17		47,219 00
			Total expenses and disbursements	Add line 9 th	rough line 17	7 Enter he	ere and on Side 1 Pa	rt I line 9	18		52,219 00
Sc	hedul		Balance Sheet		Beginning of					xable ye	
Ass	ets			(a)		<u> </u>	(b)	(c)			(d)
1	Cash						36,863			•	41,166
2			receivable							•	
			ceivable							•	
										•	
			state government obligations							•	
6	Investn	nents	in other bonds							•	
			in stock							•	
	Mortga									•	
9	Other in	nvestr								•	
10	a Depr	eciab	le assets								
	b Less	accu	mulated depreciation								
11	Land									•	
12	Other a	ssets	STMT 6				1,811			•	1,411
							38,674				42,577
	bilities a										
14	Accoun	its pay	yable							•	
			s, gifts, or grants payable							•	
			otes payable							•	
17	Mortga	ges p	ayable							•	
18	Other li	abiliti	ayable es STMT 7				4,775				
19	Capital	stock	or principal fund							•	
			al surplus. Attach reconciliation							•	
			nings or income fund				33,899			•	42,577
			ies and net worth				38,674				42,577
Sc	hedul	le M	Reconciliation of income pe Do not complete this schedul				12 column (d) is los	c than \$50,000			
_	Not inc	.m.				<u></u>					
			per books		υ,	0 / 0	7 Income recorded	on books this year is return. Attach schedul	lo.		
2	Fyees	of co	me tax						ie		
			pital losses over capital gains				8 Deductions in this	_			
4			ecorded on books this year.	•			against book inco	•			
F			lule					and line 0			
Э			corded on books this year not	•			9 Total. Add line 7				
c			this return. Attach schedule		Ω	678	Net income per re Subtract line 0 free				8,678
	rotal. A	auu III	ne 1 through line 5		<u> </u>	070	Subtract line 9 fro	om line 6			0,070

For	m 199	Cost of Goods Sold Included on Part I, Line 5		Statement 1
Cos	t of Goods Sold			
1.	Inventory at beginning	of year		
3. 4. 5.	Merchandise purchased. Cost of labor Materials and supplies Other costs Add lines 1 through 5	· · · · · · · · · · · · · · · · · · ·	968	968
7.	Inventory at end of ye	ear		
8.	Cost of goods sold (li	ne 6 less line 7)		968

CA 199	Other Income	Statement 2
Description		Amount
Program service revenue		44,018.
Total to Form 199, Part II, lin	ne 7	44,018.

California Barbeque A	Association, Inc.		41-2129980
CA 199	Cash Contributions, Gifts, and Similar Amounts Pai	Grants S	Statement 3
Activity Classificati	on:		
Donees Name	Donees Address	Relationship	Amount
Kops N Kids	PO Box 1284 - Sacramento, CA 95814	Non profit organization	1,000
	Total for this Activity		1,000
Activity Classificati	on:		
Donees Name	Donees Address	Relationship	Amount
City of Truth Family Life Center	2003 Esmond Ave - Richmond, CA 94801	Non profit organization	1,000
	Total for this Activity		1,000
Activity Classificati	on:		
Donees Name	Donees Address	Relationship	Amount
Pine Grove PTA	1050 East Rice Ranch Rd - Santa Maria, CA 93455	Non profit organization	1,000
	Total for this Activity		1,000

California	Barbeque	Association,	Inc.
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41-2129980

Activity Classification:

Donees Name	Donees Address	Relationship	Amount
Oakhurst Lutheran Church Outreach Commit	39255 Black Road - Oakhurst, CA 93644	Non profit organization	1,000.
	Total for this Activity		1,000.
Activity Classificat:	ion:		
Donees Name	Donees Address	Relationship	Amount
Crossgrain Ministries dba What Wood Jesu	38725 Rancho Los Coyotes Rd - Indio, CA 92203	Non profit organization	1,000.

Total for this Activity 1,000.

Total included on Form 199, Part II, line 9 5,000.

CA 199 C	Compensation of O	fficers, Directors and Trustees	Statement 4
Name and Addre	ess	Title and Average Hrs Worked/Wk	Compensation
Brett McKinney	7	President 3.00	0.
Jason Springer	<u>c</u>	Vice president 3.00	0.
Melanie Price		Secretary 3.00	0.
Jim Kirchner		Treasury 3.00	0.
Paul Robles		Director 3.00	0.
Stephen Biggs		Director 3.00	0.
Dara Mara		Director 3.00	0.
Derrick Watz		Director 3.00	0.
Glenn Thomas		Director 3.00	0.
Total to Form	199, Part II, li	ne 11	0.

CA 199	Other Expenses	S 	Statement 5
Description			Amount
Computer services			3,777.
Insurance			760
Election costs			29
License & other fees			55
Marketing materials			557
Newsletter cost			6,568
Stripe fees			1,580
Trophie & awards			2,493
Indio expenses			12,754.
GS Battle expenses			16,004.
Membership card expenses			461.
Professional fees and other	payments to independ	ndent	
contractors			2,095
Printing, publications, post	tage and shipping		86.
Total to Form 199, Part II,	line 17		47,219
CA 199	Other Assets		Statement 6
Description		Beg. of Year	End of Year
PA System		1,411.	1,411.
Prepaid expenses and deferre	ed charges	400.	0.
Total to Form 199, Schedule	L, line 12	1,811.	1,411.
	Other Liabilit	ies	Statement 7
CA 199	Other Liabilit:	ies	Statement 7
CA 199 Description	Other Liabilit:	ies Beg. of Year	Statement 7 End of Year
	Other Liabilit:		