

California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name
CALIFORNIA BARBEQUE ASSOCIATION, INC.

California corporation number
2640910

Additional information. See instructions.

FEIN
41-2129980

Street address (suite or room)
1191 HUNTINGTON DR, 362

PMB no.

City
DUARTE

State
CA

ZIP code
91010-2400

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return Yes No
- B** Amended return Yes No
- C** IRC Section 4947(a)(1) trust Yes No
- D** Final information return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date: (mm/dd/yyyy) _____
- E** Check accounting method: (1) Cash (2) Accrual (3) Other
- F** Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
- G** Is this a group filing? See instructions Yes No
- H** Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____
- L** Is the organization a limited liability company? Yes No
- M** Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- O** Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

| | | | | | |
|------------------------------|----|--|----|--------|----|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 28,297 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 12,378 | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received | 3 | 675 | 00 |
| | 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 B | 4 | 41,350 | 00 |
| | 5 | Cost of goods sold STMT 1 | 5 | 518 | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 518 | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 40,832 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 37,244 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 3,588 | 00 |
| Payments | 11 | Total payments | 11 | | 00 |
| | 12 | Use tax. See General Information K | 12 | | 00 |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | | 00 |
| | 15 | Penalties and interest. See General Information J | 15 | | 00 |
| | 16 | Balance due. Add line 12 and line 15. Then subtract line 11 from the result | 16 | | 00 |

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.

Sign Here
Signature of officer **TREASURER** Title Date _____ ● Telephone _____

Paid Preparer's Use Only
Preparer's signature **CHARLES A. MUNSON, CPA** Date **03/06/25** Check if self-employed ● PTIN **P00228733**

Firm's name (or yours, if self-employed) and address **MUNSON EISENMAN GROUP, LLP, CPAS
1501 E. ORANGETHORPE AVE., STE. 210
FULLERTON, CA 92831** ● Firm's FEIN **33-0611128**
● Telephone **714-449-9909**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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.

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| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|--------|--------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 3,346 | 00 | |
| | 2 | Interest | • | 2 | 5 | 00 | |
| | 3 | Dividends | • | 3 | | 00 | |
| | 4 | Gross rents | • | 4 | | 00 | |
| | 5 | Gross royalties | • | 5 | | 00 | |
| | 6 | Gross amount received from sale of assets (See instructions) | • | 6 | | 00 | |
| | 7 | Other income. Attach schedule | • | 7 | 24,946 | 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 28,297 | 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | • | 9 | 1,500 | 00 | |
| | 10 | Disbursements to or for members. | • | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule | • | 11 | 0 | 00 | |
| | 12 | Other salaries and wages | • | 12 | | 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | | 00 |
| | | 14 | Taxes | • | 14 | | 00 |
| | | 15 | Rents | • | 15 | | 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | | 00 |
| | | 17 | Other expenses and disbursements. Attach schedule | • | 17 | 35,744 | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 37,244 | 00 |

| Schedule L Balance Sheet | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|--------|---------------------|--------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 41,166 | • | 60,907 |
| 2 Net accounts receivable | | | • | |
| 3 Net notes receivable | | | • | |
| 4 Inventories | | | • | |
| 5 Federal and state government obligations | | | • | |
| 6 Investments in other bonds | | | • | |
| 7 Investments in stock | | | • | |
| 8 Mortgage loans | | | • | |
| 9 Other investments. Attach schedule | | | • | |
| 10 a Depreciable assets | | | | |
| b Less accumulated depreciation | | | | |
| 11 Land | | | • | |
| 12 Other assets. Attach schedule STMT 6 | | 1,411 | • | 3,358 |
| 13 Total assets | | 42,577 | | 64,265 |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | | • | |
| 15 Contributions, gifts, or grants payable | | | • | |
| 16 Bonds and notes payable | | | • | |
| 17 Mortgages payable | | | • | |
| 18 Other liabilities. Attach schedule STMT 7 | | | | 18,100 |
| 19 Capital stock or principal fund | | | • | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | • | |
| 21 Retained earnings or income fund | | 42,577 | • | 46,165 |
| 22 Total liabilities and net worth | | 42,577 | | 64,265 |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

| | | | | | |
|---|---|-------|--|---|-------|
| 1 Net income per books | • | 3,588 | 7 Income recorded on books this year not included in this return. Attach schedule | • | |
| 2 Federal income tax | • | | 8 Deductions in this return not charged against book income this year. Attach schedule | • | |
| 3 Excess of capital losses over capital gains | • | | 9 Total. Add line 7 and line 8 | | |
| 4 Income not recorded on books this year. Attach schedule | • | | 10 Net income per return. Subtract line 9 from line 6 | | 3,588 |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule | • | | | | |
| 6 Total. Add line 1 through line 5 | | 3,588 | | | |

| Form 199 | Cost of Goods Sold Included on Part I, Line 5 | Statement 1 |
|--|--|-------------|
| Cost of Goods Sold | | |
| 1. Inventory at beginning of year | | |
| 2. Merchandise purchased. | 518 | |
| 3. Cost of labor. | | |
| 4. Materials and supplies | | |
| 5. Other costs. | | |
| 6. Add lines 1 through 5 | | 518 |
| 7. Inventory at end of year | | |
| 8. Cost of goods sold (line 6 less line 7) . . | | 518 |

| CA 199 | Other Income | Statement 2 |
|------------------------------------|--------------|-------------|
| Description | | Amount |
| Program service revenue | | 24,946. |
| Total to Form 199, Part II, line 7 | | 24,946. |

CA 199 Compensation of Officers, Directors and Trustees Statement 4

| <u>Name and Address</u> | <u>Title and Average Hrs Worked/Wk</u> | <u>Compensation</u> |
|-------------------------------------|--|---------------------|
| Brett McKinney | President 3.00 | 0. |
| Dave Mara | Vice president 3.00 | 0. |
| Jason Springer | Secretary 3.00 | 0. |
| Jim Kirchner | Treasury 3.00 | 0. |
| Paul Robles | Director 3.00 | 0. |
| Gabe Trevino | Director 3.00 | 0. |
| Melanie Price | Director 3.00 | 0. |
| Derrick Watz | Director 3.00 | 0. |
| Barnaby Antunez | Director 3.00 | 0. |
| Total to Form 199, Part II, line 11 | | <u>0.</u> |

| CA 199 | Other Expenses | Statement 5 |
|---|----------------|-------------|
| Description | | Amount |
| Computer services | | 5,481. |
| Insurance | | 1,561. |
| Election costs | | 29. |
| License & other fees | | 100. |
| Marketing materials | | 243. |
| Newsletter cost | | 3,505. |
| Stripe fees | | 1,629. |
| Trophie & awards | | 337. |
| Indio expenses | | 3,100. |
| GS Battle expenses | | 16,902. |
| Membership card expenses | | 166. |
| Class expenses | | 337. |
| Professional fees and other payments to independent contractors | | 2,050. |
| Printing, publications, postage and shipping | | 304. |
| Total to Form 199, Part II, line 17 | | 35,744. |

| CA 199 | Other Assets | Statement 6 |
|--|--------------|-------------|
| Description | Beg. of Year | End of Year |
| Audio Visual Equipment | 1,411. | 1,699. |
| Prepaid Expenses | 0. | 1,659. |
| Total to Form 199, Schedule L, line 12 | 1,411. | 3,358. |

| CA 199 | Other Liabilities | Statement 7 |
|--|-------------------|-------------|
| Description | Beg. of Year | End of Year |
| BBQ Class Prepayments | 0. | 18,100. |
| Total to Form 199, Schedule L, line 18 | 0. | 18,100. |