California Exempt Organization Annual Information Return

199

201	5 Annual Information	Retu	rn					199	
	ar 2015 or fiscal year beginning (mm/dd/yyyy)			, and er	nding (mm/dd/yyy	y)			
							orporation number		
California Great Outdoors 10612						<u> </u>			
Additional information. See instructions.									
Street address (suite or room)							PMB no.		
5603 Tull St									
Ventura							Zip code 93003		
		Foreign pr	oreign province/state/county				Foreign postal code		
A First Dat	urn	□ Voc	No.	If exempt under R&T	C Cootion 2270	1d boo	the or	annization	
			☑ No	engaged in political a	activities? See ir	ru, nas Istructio	ons	Yes No	
					organization exempt under R&TC Section 23701g? ◆□ Yes ☑No				
It "Yes," enter the gross receipts from						m nonn	nembe	r sources \$	
 ▶ Final Information Return? ▶ □ Dissolved □ Surrendered (Withdrawn) □ Merged/Reorganized ▶ If organization is exempt under R&TC smeets the filing fee exception, check be 						C Section box.	on 237		
	(mm/dd/yyyy) ●/ / No filing fee is required								
E Check accounting method: (1) ☑ Cash (2) ☐ Accrual (3) ☐ Other ■ Is the organization a Limited Liability Company?							any?.		
F Federal r (4) □ Ot	return filed? (1) ● □ 990T (2) ● □ 990PF (3) o ther 990 series	●∐Sch I	H (990) N	Did the organization taxable income?				report ●□Yes ☑No	
G Is this a	oup filing? See instructions					e IRS o	r has t	he IRS	
H Is this organization in a goup exemption Yes If "Yes," what is the parent's name?						Yes ☑No Υes ☑No			
		_		Date filed with IRS _					
Did the o	organization have any changes to its guidelines rted to the FTB? See instructions	●□Yes	₩No						
Part I C	omplete Part I unless not required to file this form.	See Gen	oral Instru	ctions R and C					
	1 Gross sales or receipts from other sources. From	· · · · · · · · · · · · · · · · · · ·					1	27,424 00	
	2 Gross dues and assessments from members an							12,597 00	
Receipts and Revenues	3 Gross contributions, gifts, grants, and similar ar							40 00	
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.								
	This line must be completed. If the result is les				3		4	40,060 00	
	5 Cost of goods sold						00		
	6 Cost or other basis, and sales expenses of asset						00	<u> </u>	
	Total costs. Add line 5 and line 6							40,000	
	8 Total gross income. Subtract line 7 from line 4.							40,060 ₀₀ 42,326 ₀₀	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18							(2,265) 00	
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8						10		
Filing Fee	, ,						11 12	00	
	12 Use tax. See General Instruction K							00	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12							00	
	15 Filing fee \$10 or \$25. See General Instruction F							00	
	16 Penalties and Interest. See General Instruction J						16	00	
	17 Balance due. Add line 12, line 15, and line 16.							0 00	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known of the complete.						pest of		
	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer. Title					• .	Telephone Telephone		
	of officer >					()			
Paid Preparer's Use Only	Preparer's signature				Check if self- employed ▶ ☐		• PTIN		
	Firm's name (or yours,					1	● FEIN		
	if self-employed) and address					-	● Telephone		
						()	
	May the FTB discuss this return with the prepar	rer shown	above? S	ee instructions		(● □ Y	es 🗌 No	

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. 27,420 00 1 Gross sales or receipts from all business activities. See instructions..... 4 00 00 Receipts 00 4 Gross rents.... from Other 00 Sources 6 Gross amount received from sale of assets (See Instructions)..... 00 7 Other income. Attach schedule..... 00 27,424₀₀ 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 . . . 250 00 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule 33,880 00 **a** 11 00 00 12 00 ■ 13 Expenses 13 Interest 00 and 14 Taxes..... 14 1,529 00 Disburse-15 ments 00 6,667 00 17 Other Expenses and Disbursements. Attach schedule 17 42,326 00 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Schedule L. Balance Sheet Beginning of taxable year End of taxable year Assets (d) (a) (c) 1 Cash..... • Net notes receivable..... Federal and state government obligations Investments in stock Mortgage loans 9 Other investments. Attach schedule...... b Less accumulated depreciation Land...... 11 Liabilities and net worth 14 Accounts payable..... Contributions, gifts, or grants payable Mortgages payable..... 18 Other liabilities. Attach schedule Capital stock or principal fund..... Paid-in or capital surplus. Attach reconciliation 22 Total liabilities and net worth...... Reconciliation of income per books with income per return Schedule M-1 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. Net income per books 7 Income recorded on books this year Federal income tax..... not included in this return. Attach schedule... 3 Excess of capital losses over capital gains...... 8 Deductions in this return not charged 4 Income not recorded on books this year. against book income this year. 9 Total. Add line 7 and line 8..... 5 Expenses recorded on books this year not deducted in this return. Attach schedule 10 Net income per return. 6 Total. Add line 1 through line 5..... Subtract line 9 from line 6