TAXABLE YEAR

2018

California Exempt Organization Annual Information Return

FORM

199

	ar 2018 or fiscal year beginning (mm/dd/yyyy)		, and er	nding (mm/dd/y	ууу)							
Corporation/Organization name California corporation							n numbe	r				
Rucker Creek Refuge c 3							6 8	3 7				
Additional information. See instructions.												
				4	6 3	3 7	7 8	8	9	8		
Street addre	ss (suite or room)					РМЕ	no.					
1219 Ed	gewood Rd.											
City					State	Zip o	Zip code					
· · · · · · · · · · · · · · · · · ·							94062					
								Foreign postal code				
						Ì						
A First Retu	ım	_Yes ☑No	J If exempt under R&T	C Section 237	701d. ha	s the	organiz	ation				
B Amended Return												
C IRC Section 4947(a)(1) trust							ction 23701g? ● 🏻 Yes 🗹 No					
D Final Information Return?												
	ssolved 🔲 Surrendered (Withdrawn) 🔲 Merged/Re	organized	If organization is a person of the section 23701d and	UDIIC Charity e meets the filir	xempt i	ınder Koenti	ider R&IC cention					
	e: (mm/dd/yyyy) • / /		check box. No filing t	fee is required	l	• 🗆						
	counting method: (1) 🖵 Cash (2) 🗹 Accrual (3) [		M Is the organization a	Limited Liabil	ity Com	pany?	?	<b>•</b>	Ye	s <b>√</b>	ZΝο	
F Federal return filed? (1) ● □ 990T (2) ● ☑ 990PF (3) ● □ Sch H (990) N Did the organization file Form 100 or Form taxable income?							to repor	t	— ·· □Ye			
G Is this a group filing? See instructions.    Yes Vivo Is the organization under audit by the IRS or has the IRS							-	7				
H Is this organization in a group exemption							• • • • • •		Ye 	SL⊻	∐No Zl	
IT "Yes,"	what is the parent's name?		Date filed with IRS C	/1024 pendini	g? 112		• • • • • •	• • • • •	∟ Ye	s L⊻	ONL	
Did the o	rganization have any changes to its guidelines		Date filed with IRS C	10120120	13							
not repor	ted to the FTB? See instructions	□Yes ☑No										
	mplete Part I unless not required to file this form. So											
-aiti ou											1	
	<ul><li>1 Gross sales or receipts from other sources. From S</li><li>2 Gross dues and assessments from members and a</li></ul>	side 2, Part II, II	ne 8	• • • • • • • • • • • •	• • • • • •	<b>9</b> H	,				00	
	3 Gross contributions, gifts, grants, and similar amounts						3		4	,113		
Receipts	4 Total gross receipts for filing requirement test. Add									2 1. 1		
and	This line must be completed. If the result is less t	han \$50,000, s	ee General Infor <u>mation I</u>	B			1		4	,113	00	
Revenues	<ul><li>5 Cost of goods sold</li></ul>				0	00					£	
	6 Cost or other basis, and sales expenses of assets s	old			0							
	7 Total costs. Add line 5 and line 6.	• • • • • • • • • • • • • • • • • • • •	••••••		• • • • • •	<u>.                                    </u>	<u> </u>				00	
	8 Total gross income. Subtract line 7 from line 4					• <u>8</u>			4	113	00	
Expenses	9 Total expenses and disbursements. From Side 2, Pa 10 Excess of receipts over expenses and disbursemen	art II, line 18 to Subtract lin	O from line 0		• • • • • •	_ 1			5	,118 ,005	100	
	11 Total payments					• 10 • 11			-5.	005	00	
-	12 Use tax. See General Information K	•••••	•••••		• • • • • •						00	
-	13 Payments balance. If line 11 is more than line 12, s	ubtract line 12	from line 11			■ 13					00	
Filing Fee	14 Use tax balance. If line 12 is more than line 11, sub	tract line 11 fro	om line 12			<ul><li>14</li></ul>					00	
ľ	15 Filing fee \$10 or \$25. See General Information F					. 15				10		
	Penalties and Interest. See General Information J		44.6			_ 16					00	
- I	7 Balance due. Add line 12, line 15, and line 16. The	n subtract line	11 from the result	od statemente a	(	17 boot o	7	uladaa		10	00	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle							wieage	and be	ier, n	S	
Here	Signature Title Date					Telephone						
	of officer susafron	President		05/15/2				64 - 4	568			
	Preparer's		Date	Check if self-	_ 1	● PTI	N					
Paid	signature ▶   employed ▶ □					Firm's FEIN						
Preparer's	Firm's name (or yours,				ľ	→ FIII	nsreiN •••					
Use Only	if self-employed) and address					Tolo	enhone				L	
						Telephone						
May the FTB discuss this return with the preparer shown above? See instructions							Voc CI No					
	ins and the discussions return with the preparer	OHOWII ADOVE!	Oce manucholis	• • • • • • • • • • • • • • • • • • • •	· · · · · · · ·		168	NU				

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

		regardless of amount of gross receipts — comp	iele Fait II di Iuliliali aut	Stitute illivillation.					
		1 Gross sales or receipts from all business act	ivities. See instructions			00			
Receipts from		2 Interest				00			
	inte	<b>3</b> Dividends			● 3	00			
	•	<b>4</b> Gross rents				00			
Other Sources		<b>5</b> Gross royalties				00			
		6 Gross amount received from sale of assets (	00						
			6 Gross amount received from sale of assets (See Instructions)						
		8 Total gross sales or receipts from other source	00						
		<b>9</b> Contributions, gifts, grants, and similar amou	00						
Expenses		<b>10</b> Disbursements to or for members				00			
		11 Compensation of officers, directors, and trus	00						
		<b>12</b> Other salaries and wages	00						
	nses	<b>13</b> Interest			● 13	00			
and		<b>14</b> Taxes	00						
Disb	urse-	<b>15</b> Rents				00			
men	ts	<b>16</b> Depreciation and depletion (See instructions)				00			
		17 Other Expenses and Disbursements. Attach s				00			
		18 Total expenses and disbursements. Add line	9 through line 17. Enter h	nere and on Side 1. Part I	, line 9 18	00			
Scł	nedu	le L Balance Sheet	Beginning of			xable year			
Asse	ts		(a)	(b)	(c)	(d)			
1 (	?ach		, ,	. ,	` '				
-		counts receivable							
		tes receivable				•			
		ories							
		I and state government obligations							
		ments in other bonds				•			
		ments in stock				•			
	-	age loans				•			
9	Other i	nvestments. Attach schedule				•			
10	<b>a</b> Depi	reciable assets							
	<b>b</b> Less	s accumulated depreciation	(		(	)			
<b>11</b>	_and					•			
12	Other a	assets. Attach schedule				•			
13	Total a	issets							
Liab	ilities	and net worth							
14	Accour	nts payable				•			
		butions, gifts, or grants payable				•			
		and notes payable				•			
		ages payable				•			
		iabilities. Attach schedule							
		stock or principal fund				•			
						•			
		n or capital surplus. Attach reconciliation							
		ed earnings or income fund				•			
		iabilities and net worthle M-1 Reconciliation of income per books w	ith income ner return						
<b>3</b> CI	eaui	Do not complete this schedule if the an		13, column (d), is less t	han \$50,000				
1	Net inc	come per books	•	7 Income recorded on	· ·				
2	edera	I income tax	•	not included in this return. Attach schedule •					
3	Excess	of capital losses over capital gains	•	8 Deductions in this return not charged					
		e not recorded on books this year.		against book income this year.					
		schedule	Attach schedule						
		ses recorded on books this year not		9 Total. Add line 7 and line 8					
		-							
			•	10 Net income per retur					
0	ıvıdı. <i>F</i>	Add line 1 through line 5		Subtract lille 9 IfOM	line 6				