

TAXABLE YEAR

# California Exempt Organization Annual Information Return

FORM

**2021**

**199**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **RUCKER CREEK REGUGE** California corporation number: **C3596687**

Additional information. See instructions. FEIN: **46-378898**

Street address (suite or room): **1219 Edgewood Rd.** PMB no. \_\_\_\_\_

City: **Redwood City** State: **CA** Zip code: **94062-2728**

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 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  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. If "Yes," what is the parent's name?  Yes  No

**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? If "Yes," enter the gross receipts from nonmember sources. \$ \_\_\_\_\_  Yes  No

**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? Date filed with IRS \_\_\_\_\_  Yes  No

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

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8. <input type="checkbox"/>	<b>1</b>	50	00
	<b>2</b> Gross dues and assessments from members and affiliates. <input type="checkbox"/>	<b>2</b>	0	00
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. <input type="checkbox"/>	<b>3</b>	1,115	00
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B. <input type="checkbox"/>	<b>4</b>	1,165	00
	<b>5</b> Cost of goods sold. <input type="checkbox"/>	<b>5</b>	0	00
	<b>6</b> Cost or other basis, and sales expenses of assets sold. <input type="checkbox"/>	<b>6</b>	0	00
	<b>7</b> Total costs. Add line 5 and line 6. <input type="checkbox"/>	<b>7</b>	0	00
	<b>8</b> Total gross income. Subtract line 7 from line 4. <input type="checkbox"/>	<b>8</b>	1,165	00
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18. <input type="checkbox"/>	<b>9</b>	6,149	00
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. <input type="checkbox"/>	<b>10</b>	-4,984	00
<b>Filing Fee</b>	<b>11</b> Total payments. <input type="checkbox"/>	<b>11</b>	0	00
	<b>12</b> Use tax. See General Information K. <input type="checkbox"/>	<b>12</b>	0	00
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. <input type="checkbox"/>	<b>13</b>	0	00
	<b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. <input type="checkbox"/>	<b>14</b>	0	00
	<b>15</b> Penalties and interest. See General Information J. <input type="checkbox"/>	<b>15</b>	0	00
	<b>16</b> Balance due. Add line 12 and line 15. Then subtract line 11 from the result. <input checked="" type="checkbox"/>	<b>16</b>	0	00

**Sign Here** 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: *G. Gustafson* Title: **president** Date: **05/11/2022** Telephone: **(650) 704-8268**

**Paid Preparer's Use Only** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  PTIN: \_\_\_\_\_ Firm's FEIN: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

## RUCKER CREEK REFUGE

1219 EDGEWOOD ROAD  
 REDWOOD CITY, CA 94062  
 russgustafson@gmail.com  
 6507048268

Charity Registration		Continue	
Registration Number:	CT0207721	Registration Status:	Current
Date Issued:	6/3/2014	Renewal Due Date:	5/15/2022

## Annual Registration Renewal Data

Gross Annual Revenue
1165

DBA

## Question Response Summary

For your most recent full accounting period beginning (MM/DD/YYYY)	01/01/2021
And ending (MM/DD/YYYY)	12/31/2021
Noncash Contributions (whole dollars - do not round)	0
Total Assets (whole dollars - do not round)	530216
Program Expenses (whole dollars - do not round)	1258
Total Expenses (whole dollars - do not round)	6149
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?	N
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	N
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	N
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	N
5. During this reporting period, did the organization receive any governmental funding?	N
6. During this reporting period, did the organization hold a raffle for charitable purposes?	N
7. Does the organization conduct a vehicle donation program?	N
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	N
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	N
Electronic Signature of Authorized Agent (name of person completing this report)	russell f gustafson
Title of Authorized Agent	President

## Renew Registration – Attach Documents

Document Name	View	Delete	Document Type
RUCKER CREEK REFUGE_Form990-PF.pdf	<a href="#">View</a>	<a href="#">Delete</a>	-Please Select A Document Type-
OnlineFiling_CT0207721.pdf	<a href="#">View</a>	<a href="#">Delete</a>	Online Renewal Submission

Having typed my name as shown above in the **Electronic Signature of Authorized Agent** field and by submitting this report electronically, I certify under penalty of perjury to the following: (a) I have examined this report including accompanying attached documents listed above, and to the best of my knowledge the content thereof is true, correct, and complete; (b) I am authorized to sign and submit this report and all accompanying attached documents on behalf of the registrant; (c) I understand an electronic signature has the same legal effect as a hand-written signature; and (d) I understand that submitting this report through the Registry's Online Renewal System (eGov) is optional and that I have the alternative option of signing and submitting this report and all attachments through a non-electronic method.