TAXABLE YEAR **2025**

# California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) 01/01/2025, and ending (mm/dd/yyyy) 12/31/2025.

| Corporation/Organization name | California corporation number |
|---|---|
| RUCKER CREEK REFUGE | 3596687 |
| Additional information. See instructions. | FEIN 46-3788986 |
| Street address (suite or room) | PMB no. |
| 1219 EDGEWOOD RD | |
| City / State | ZIP code |
| REDWOOD CITY / CA | 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● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized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 . . . ☐ 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 | $0 00 |
| | 2 Gross dues and assessments from members and affiliates | | | 2 | $0 00 |
| | 3 Gross contributions, gifts, grants, and similar amounts received | | | 3 | $44,010 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 | $44,010 00 |
| | 5 Cost of goods sold | 5 | $0 00 | | |
| | 6 Cost or other basis, and sales expenses of assets sold | 6 | $0 00 | | |
| | 7 Total costs. Add line 5 and line 6. | | | 7 | $0 00 |
| | 8 Total gross income. Subtract line 7 from line 4. | | | 8 | $44,010 00 |
| **Expenses** | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | | | 9 | $40,142 00 |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | | | 10 | $3,868 00 |
| **Payments** | 11 Total payments | | | 11 | $0 00 |
| | 12 Use tax. See General Information K | | | 12 | $0 00 |
| | 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | | | 13 | $0 00 |
| | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | | | 14 | $0 00 |
| | 15 Penalties and interest. See General Information J. | | | 15 | $0 00 |
| | 16 **Balance due.** Add line 12 and line 15. Then subtract line 11 from the result | | | 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 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 ▶ | Title | Date | ● Telephone |
|---|---|---|---|
| russell gustafson | president | 05/02/2026 | (650) 704-8268 |

**Paid Preparer's Use Only**

| Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | ● PTIN |
|---|---|---|---|
| Firm's name (or yours, if self-employed) and address ▶ | | | ● Firm's FEIN |
| | | | ● Telephone |

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.**

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

**Schedule L** **Balance Sheet**

| **Assets** | **Beginning of taxable year** (a) | **Beginning of taxable year** (b) | **End of taxable year** (c) | **End of taxable year** (d) |
|---|---|---|---|---|
| **1** Cash | | $449 | | $10,517 |
| **2** Net accounts receivable | | $0 | | $0 |
| **3** Net notes receivable | | $0 | | $0 |
| **4** Inventories | | $0 | | $0 |
| **5** Federal and state government obligations | | $0 | | $0 |
| **6** Investments in other bonds | | $0 | | $0 |
| **7** Investments in stock | | $0 | | $0 |
| **8** Mortgage loans | | $0 | | $0 |
| **9** Other investments. Attach schedule | | $0 | | $0 |
| **10** **a** Depreciable assets | $516,873 | | $552,289 | |
| **b** Less accumulated depreciation | $0 | $516,873 | $39,844 | $512,445 |
| **11** Land | | $0 | | $0 |
| **12** Other assets. Attach schedule | | $0 | | $0 |
| **13** **Total assets** | | $517,322 | | $522,962 |
| **Liabilities and net worth** | | | | |
| **14** Accounts payable | | $820 | | $2,592 |
| **15** Contributions, gifts, or grants payable | | $0 | | $0 |
| **16** Bonds and notes payable | | $0 | | $0 |
| **17** Mortgages payable | | $0 | | $0 |
| **18** Other liabilities. Attach schedule | | $0 | | $0 |
| **19** Capital stock or principal fund | | $449 | | $10,517 |
| **20** Paid-in or capital surplus. Attach reconciliation | | $516,873 | | $512,445 |
| **21** Retained earnings or income fund | | $(820) | | $(2,592) |
| **22** **Total liabilities and net worth** | | $517,322 | | $522,962 |

**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 | | **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 | |
| **5** Expenses recorded on books this year not deducted in this return. Attach schedule | | | |
| **6** Total. Add line 1 through line 5 | | | |

## Supplemental Information:

| Name of the Organization | EIN |
|---|---|
| RUCKER CREEK REFUGE | 46-3788986 |

Part and Line Number: **Schedule L, line 12- Other assets**

| | |
|---|---|
| 1. Explanation: | Savings and temporary cash investments |
| BOY Amount: | $0 |
| EOY Amount: | $0 |

| | |
|---|---|
| 2. Explanation: | Prepaid expenses and deferred charges |
| BOY Amount: | $0 |
| EOY Amount: | $0 |

Part and Line Number: **Schedule L, line 18- Other liabilities**

| | |
|---|---|
| 1. Explanation: | Deferred revenue |
| BOY Amount: | $0 |
| EOY Amount: | $0 |

| | |
|---|---|
| 2. Explanation: | Loans from officers, directors, trustees, and other disqualified persons |
| BOY Amount: | $0 |
| EOY Amount: | $0 |

Part and Line Number: **Schedule L, line 20- Paid-in or capital surplus**

| | |
|---|---|
| 1. Explanation: | Paid-in or capital surplus, or land, bldg., and equipment fund |
| BOY Amount: | $516,873 |
| EOY Amount: | $512,445 |

Date Accepted _____ **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2025**

# California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

| Exempt Organization name | Identifying number |
|---|---|
| | |

**Part I Electronic Return Information** (whole dollars only)

**1** Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) . . . . . **1**_____

**2** Total gross income or total tax (Form 199, line 8 or Form 109, line 14) . . . . . **2**_____

**3** Refund (Form 109, line 27) . . . . . **3**_____

**4** Balance due or Total amount due (Form 199, line 16 or Form 109, line 30) . . . . . **4**_____

**Part II Settle Your Account Electronically for Taxable Year 2025**

**5** ☐ Direct deposit of refund (Form 109 only.)

**6** ☐ Electronic funds withdrawal **6a** Amount _____ **6b** Withdrawal date (mm/dd/yyyy) _____

**Part III Schedule of Estimated Tax Payments for Taxable Year 2026** (These are **not** installment payments for the current amount the exempt organization owes.)

| | First Payment | Second Payment | Third Payment | Fourth Payment |
|---|---|---|---|---|
| **7** Amount | | | | |
| **8** Withdrawal Date | | | | |

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

**9** Routing number_____

**10** Account number_____ **11** Type of account: ☐ Checking ☐ Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2025 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here** ▶ russell gustafson

Signature of officer | Date | ▶ Title

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO Must Sign**

ERO's signature ▶ | Date | Check if also paid preparer ☐ | Check if self-employed ☐ | ERO's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer Must Sign**

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code