## California Exempt Organization Annual Information Return

199

202	2 Annual Information Retu	urn					199	
	ar 2022 or fiscal year beginning (mm/dd/yyyy) 01/01/2022		, and endi	ng (mm/dd/yyy	<sub>/)12/31</sub>	/2022	2	
Corporation	/Organization name				a corpora	ation n	umber	
CAMP LO	CKETT EVENT AND EQUESTRIAN FACILITY			C3088	254			
Additional in	formation. See instructions.			FEIN				
Otro et e deler	(2)			26-138	39117	DMD		
PO BOX 4	ess (suite or room)					PMB	no.	
City					State	Zip co		
CAMPO						•	6-0453	
Foreign cou	ntry name Foreign r	province/state/co	ountv		<i>Ο</i> , τ		gn postal code	
. 0.0.g., 00a	To of graph	p. 6 v 16 6/ 6/44/6/ 6/	,,			. 0.0.9	, postar oodo	
	urn		d the organization h	nave any chan	ges to its	guid	elines ● □yes   ☑No	
	d return●□Yes		exempt under R&T(	D? See IIISIIU C Coction 227	Clions Add bac	tho o	raprization	
C IRC Sec	tion 4947(a)(1) trust	s 🖾 No en	gaged in political a	ctivities? See	nstructio	ons	Yes ⊠No	
	ormation return?	<b>K</b> le :					13701g? <b>●</b> Yes No	
	issolved Surrendered (Withdrawn) Merged/Reorgani	ized If '	'Yes," enter the gro	ss receipts fro	om nonn	nembe	er sources \$	
	te: (mm/dd/yyyy) • / /	L Is	the organization a l	imited liability	compar	ıy?	● Yes No	
	counting method: (1) \( \sum \) Cash (2) \( \sum \) Accrual (3) \( \sum \) Oth	IIMI   )   (	d the organization f				report $\square$	
	eturn filed? (1) ● □ 990T (2) ● □ 990PF (3) ● □Sch ther 990 series	, ,	able income?				· · · - · · ·	
` '		N IS	the organization un	ider audit by t r2	ne IRS o	r has	the IRS ●□Yes ☑No	
G IS this a	group filing? See instructions							
If "Yes."	what is the parent's name?	Da	te filed with IRS	1024 policing				
Part I C	omplete Part I unless not required to file this form. See Ge	neral Informat	ion R and C					
raiti 0						1	\$124,640 00	
	1 Gross sales or receipts from other sources. From Side 2, 2 Gross dues and assessments from members and affiliate						00	
	<b>3</b> Gross contributions, gifts, grants, and similar amounts re						\$49,798 00	
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.							
and	This line must be completed. If the result is less than \$8			3		4	\$174,438 00	
Revenues	<b>5</b> Cost of goods sold		● 5		0	_		
	6 Cost or other basis, and sales expenses of assets sold .		● 6		0		\$0 00	
	7 Total costs. Add line 5 and line 6.						\$0 00 \$174,438 00	
	<ul><li>8 Total gross income. Subtract line 7 from line 4</li><li>9 Total expenses and disbursements. From Side 2, Part II,</li></ul>						\$147,249 00	
Expenses	10 Excess of receipts over expenses and disbursements. Su						\$27,189 00	
	11 Total payments					11	00	
	<b>12</b> Use tax. See General Information K					12	00	
	13 Payments balance. If line 11 is more than line 12, subtract						00	
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12						00	
						15	00	
	<b>16 Balance due.</b> Add line 12 and line 15. Then subtract line Under penalties of perjury, I declare that I have examined this return,						my knowledge and belief, it is	
Sign	true, correct, and complete. Declaration of preparer (other than taxpa	ayer) is based on	all information of whic	h preparer has a	ny knowle	edge.		
Here	Signature Carol Spyder					Telep		
	of officer Carol Snyder	Treasurer		05/12/2023		` ,	345-1123	
	Preparer's Nicole Farnese Date Check if self-				PTIN			
Doid	signature ► INICOIE Fairiese employed ► □				-	P00739136		
Paid Preparer's	Firm's name (or yours, Nikki's Tax Service					● Firm's FEIN		
Use Only	if self-employed) and address					88-3647296		
	10354 S Avenida Compadres, Yuma, AZ 85365				- 1	● Telephone (619) 249-2874		
						<u> </u>		
	May the FTB discuss this return with the preparer show	m above? See	instructions		<u> •</u>	<u>Ш</u> Ү	'esNo	

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. Part II

1 Gross sales or receipts from all business activities. See instructions.....

		I Gloss sales of receipts from all business at			_	00	
		<b>2</b> Interest				00	
	eipts	<b>3</b> Dividends				00	
from		4 Gross rents				00	
Othe		<b>5</b> Gross royalties				00	
Sou	rces	<b>6</b> Gross amount received from sale of assets	(See instructions)			00	
		7 Other income. Attach schedule			<u>7</u>	\$124,640 <sub>00</sub>	
		8 Total gross sales or receipts from other source	ces. Add line 1 through line	7. Enter here and on Side	1, Part I, line 1 <b>8</b>	\$124,640 00	
		9 Contributions, gifts, grants, and similar amo	ounts paid. Attach schedul	e		\$4,000 00	
		<b>10</b> Disbursements to or for members				00	
		11 Compensation of officers, directors, and tru				00	
		<b>12</b> Other salaries and wages				00	
Fyne	enses	<b>13</b> Interest				00	
and		<b>14</b> Taxes				00	
Disburse- 15 Rents						\$69,991 00	
men	ts	<b>16</b> Depreciation and depletion (See instruction				00	
		<b>17</b> Other expenses and disbursements. Attach				\$73,258 00	
		<b>18 Total</b> expenses and disbursements. Add line	a Othrough line 17 Enter h	hara and an Sida 1 Dart I	line 0 18	\$147,249 00	
Sch	edul		Beginning of	taxahle vear	Fnd of ta	xable year	
Asse		S E Bululloo Olloot					
			(a)	(b)	(c)	(d)	
				\$31,964		\$41,201	
		counts receivable				•	
3	Net no	tes receivable				•	
4	Invent	ories				•	
5	Federa	I and state government obligations				•	
6	Investi	ments in other bonds					
7	Investi	nents in stock					
8	Mortga	age loans				•	
	-	nvestments. Attach schedule				•	
		reciable assets	\$221,194		\$228,450		
		accumulated depreciation		\$221,194		\$228,450	
				\$230,280		\$230,280	
		assets. Attach schedule		\$11,800		\$11,800	
		ssets		\$495,238		\$511,731	
		and net worth		<b>\$100,200</b>		<b>,</b>	
		****					
		nts payable					
		outions, gifts, or grants payable					
		and notes payable				•	
	-	iges payable				•	
		iabilities. Attach schedule		<b>*</b>			
19	Capital	stock or principal fund		\$495,238		\$499,942	
		or capital surplus. Attach reconciliation				•	
21	Retain	ed earnings or income fund				•	
22	Total I	abilities and net worth		\$495,238		\$499,942	
Sch	edule		with income per return				
		Do not complete this schedule if the a	imount on Schedule L, line	e 13, column (a), is less tr	1an \$50,000.		
1	Net inc	ome per books	• 4,704	7 Income recorded on	books this year		
2	Federa	I income tax	•	not included in this re	eturn. Attach schedule		
3	Excess	of capital losses over capital gains	•	8 Deductions in this ref	turn not charged		
		e not recorded on books this year.	against book income this year.				
		ch schedule					
				1	line 8		
		ses recorded on books this year not					
		ed in this return. Attach schedule	4,704	10 Net income per retur		4,704	
0	ioiai. <i>I</i>	Add line 1 through line 5	4,704	Subtract line 9 from I	ine 6	4,704	

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Name of the organization

CAMP LOCKETT EVENT AND EQUESTRIAN FACILITY

Employer identification number
26-1389117

LineReferenceDesc: Part II, line 7

1. Explanation:

Income from special Events

Amount: \$36269.00

2. Explanation:

Program Service Revenue

Amount: \$88371.00

Name of the organization

CAMP LOCKETT EVENT AND EQUESTRIAN FACILITY

Employer identification number
26-1389117

LineReferenceDesc: Line 9

1. Class Of Activity:

High School Group Grant

Contribution Type: CASH

Amount Paid: \$4000.00

Donee Name: Mt Empire High School

Address:

3305 Buckman Springs Road, Pine Valley, CA 91962

Distribution to Donee: \$4000.00

Name of the organization

CAMP LOCKETT EVENT AND EQUESTRIAN FACILITY

Employer identification number 26-1389117

LineReferenceDesc: Part II, line 17

1. Explanation:

Accounting Fees
Amount: \$3392.00

2. Explanation:

Legal Fees

Amount: \$617.00

3. Explanation:

Advertising & Promotion

Amount: \$2560.00

4. Explanation:

Equipment

Amount: \$12268.00

5. Explanation:

Information Technology

Amount: \$493.00

6. Explanation:

Insurance

Amount: \$10232.00

7. Explanation:

Postage & Printing

Amount: \$294.00

8. Explanation:

Special Event Expenses

Amount: \$33347.00

Name of the organization	Employer identification number	
CAMP LOCKETT EVENT AND EQUESTRIAN FACILITY	26-1389117	

9. Explanation:

Supplies

Amount: \$10055.00

Name of the organization
CAMP LOCKETT EVENT AND EQUESTRIAN FACILITY

Employer identification number
26-1389117

LineReferenceDesc: Schedule L, line 12

1. Explanation:

Equipment

BOY Amount: \$11800.00
EOY Amount: \$11800.00