

California Exempt Organization Annual Information Return

2025

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 STEAMPUNK FARMS RESCUE BARN INC California corporation number 4135282

Additional information. See instructions. FEIN 82-4897930

Street address (suite or room) 36013 OLD WILSON RD PMB no.

City RANCHITA State CA ZIP code 92066-9600

Foreign country name Foreign province/state/county Foreign postal code

- A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... E Check accounting method... F Federal return filed?... G Is this a group filing?... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g... L Is the organization a limited liability company... M Did the organization file Form 100 or Form 109... N Is the organization under audit by the IRS... O Is federal Form 1023/1024 pending?

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

Table with 16 rows for Receipts and Revenues, Expenses, and Payments. Includes line numbers, descriptions, and dollar amounts.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Frederick Tronboll, Title: President, Date: 05/14/2026, Telephone: (619) 944-6448

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	\$18,774	00
	16	Depreciation and depletion (See instructions)	●	16	\$0	00
	17	Other expenses and disbursements. Attach schedule	●	17	\$103,786	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	\$122,560	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		\$0	●	\$0
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	\$0		\$0	
	b Less accumulated depreciation	\$0	\$0	\$0	\$0
11	Land		\$0	●	\$0
12	Other assets. Attach schedule		\$0	●	\$0
13	Total assets		\$0		\$0
Liabilities and net worth					
14	Accounts payable		\$0	●	\$0
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		\$1,988
19	Capital stock or principal fund		\$0	●	\$0
20	Paid-in or capital surplus. Attach reconciliation		\$0	●	\$0
21	Retained earnings or income fund		\$0	●	\$0
22	Total liabilities and net worth		\$0		\$1,988

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
STEAMPUNK FARMS RESCUE BARN INC

EIN
82-4897930

Part and Line Number: **Part II line 7 - Other income**

1. Explanation: Investment income
Amount: \$0

2. Explanation: Gaming and fundraising Income
Amount: \$0

Part and Line Number: **Part II Line 17 - Other expenses and disbursements**

1. Explanation: Printing & Publication expenses
Amount: \$932

2. Explanation: Feed & Supplies
Amount: \$92,346

3. Explanation: Veterinary
Amount: \$7,508

4. Explanation: Bank Fees
Amount: \$15

5. Explanation: Government Fees
Amount: \$306

6. Explanation: Admin Services
Amount: \$154

7. Explanation: Fundraising Services
Amount: \$2,525

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

1. Explanation: Accounts payable animal feed (hay) delivered in 2025, invoice unpaid at year-end. Paid in full January 2026.
BOY Amount: \$0
EOY Amount: \$1,988

TAXABLE YEAR

2025

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name	Identifying number
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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 to 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 **Frederick Tronboll** _____

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 <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	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 <input type="checkbox"/>	Paid preparer's PTIN _____
Firm's name (or yours if self-employed) and address _____	Firm's FEIN _____		ZIP code _____