

**CAL Accounting**  
**26335 Carmel Rancho Blvd., Suite 9**  
**Carmel, CA 93923**  
**831-275-0084**

November 15, 2022

**CONFIDENTIAL**

MONTEREY ZOOLOGICAL SOCIETY, INC.  
400 River Road  
SALINAS, CA 93908

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

CAL Accounting

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

26-0391615

### MONTEREY ZOOLOGICAL SOCIETY, INC.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>2,582,572</u>
<b>Revenue</b>		
Contributions	<u>2,007,008</u>	
Program service revenue	<u>                    </u>	
Investment income	<u>1,156</u>	
Capital gain / loss	<u>                    </u>	
Fundraising / Gaming:		
Gross revenue	<u>198,010</u>	
Direct expenses	<u>43,035</u>	
Net income	<u>154,975</u>	
Other income	<u>101,811</u>	
<b>Total revenue</b>		<u>2,264,950</u>
<b>Expenses</b>		
Program services	<u>1,273,521</u>	
Management and general	<u>271,584</u>	
Fundraising	<u>                    </u>	
<b>Total expenses</b>		<u>1,545,105</u>
<b>Excess / (deficit)</b>		<u>719,845</u>
Changes		<u>55,000</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>3,357,417</u>

# Client Copy

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,264,950</u>
Less:	
Unrealized gains	<u>                    </u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total revenue per return</b>	<u>2,264,950</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,545,105</u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total expenses per return</b>	<u>1,545,105</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,783,609</u>	<u>3,548,448</u>	
Liabilities	<u>201,037</u>	<u>191,031</u>	
Net assets	<u>2,582,572</u>	<u>3,357,417</u>	<u>774,845</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22  
 Failure to file penalty \_\_\_\_\_

## Form 990-T Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

26-0391615

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

<b>Income &amp; Losses (Form 990-T, Sch A)</b>	# of Schedules <u>1</u>		
Income from all activities	<u>26,796</u>		
Losses from all activities	_____		
<b>Unrelated business taxable income from all trades</b>		<u>26,796</u>	
<b>Income Adjustments (Form 990-T, Part I)</b>			
Disallowed fringe benefits	_____		
Charitable contributions	_____		
Net operating loss (prior to 2018)	_____		
Specific deduction	<u>1,000</u>		
Section 199A Deduction (Trusts Only)	_____		
<b>Total adjustments</b>		<u>(1,000)</u>	
<b>Unrelated business taxable income</b>			<u>25,796</u>
<b>Taxes &amp; Credits (Form 990-T, Part II and III)</b>			
Regular tax	<u>5,417</u>		
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities	_____		
<b>Tax Due</b>		<u>5,417</u>	
Foreign tax credit and other credits	_____		
General business credits	_____		
Prior year minimum tax credit	_____		
<b>Total nonrefundable credits</b>			
Other taxes	_____		
<b>Total tax</b>			<u>5,417</u>
<b>Payments &amp; Penalties</b>			
Estimated tax payments and Tax withheld	_____		
Paid with extension	_____		
Refundable credits and other payments	_____		
<b>Payments</b>			
<b>Net tax due</b>			<u>5,417</u>
Estimated tax penalty	<u>133</u>		
Interest on late payments	<u>138</u>		
Failure to file penalty	_____		
Failure to pay penalty	<u>162</u>		
<b>Penalties</b>		<u>433</u>	
<b>Balance due</b>			<u>5,850</u>
Total overpayment	_____		
Overpayment applied to next year's tax	_____		
<b>Refund</b>			_____

Client Copy

**Next Year's Estimates**

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	<u>6,000</u>
<b>Total</b>	<u>6,000</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 05/16/22

**CAL Accounting**  
**26335 Carmel Rancho Blvd., Suite 9**  
**Carmel, CA 93923**  
**831-275-0084**

November 15, 2022

**CONFIDENTIAL**

MONTEREY ZOOLOGICAL SOCIETY, INC.  
400 River Road  
SALINAS, CA 93908

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
Exempt Organization Business Income Tax Return (Form 990-T)  
Annual Registration Renewal Fee Report (Form RRF-1)  
California Exempt Organization Annual Information Return (Form 199)  
California Exempt Organization Business Income Tax Return (Form 109)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 12/31/21 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

CAL Accounting  
26335 Carmel Rancho Blvd., Suite 9  
Carmel, CA 93923

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Your Form 990-T for the tax year ended 12/31/21 shows a balance due of \$5,850, which you have authorized the United States Treasury to debit your Pinnacle Bank checking account for the full amount on November 15, 2022. Please keep this filing instruction as a reminder of the amount to be withdrawn from your account.

Your Form 990-T is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return.

Your electronically filed 990-T is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

CAL Accounting  
26335 Carmel Rancho Blvd., Suite 9  
Carmel, CA 93923

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE for Form 990-T has been received by this office.**

Your required 2022 Form 990-T estimated tax payments are as follows:

<b>Due Date</b>	<b>Remittance</b>
4/18/22	\$0
6/15/22	\$0
9/15/22	\$0
12/15/22	\$6,000

Authorization for the U.S. Treasury to debit your Pinnacle Bank checking account for 990-T estimate payments has been designated in the electronic return. To cancel a scheduled electronic withdrawal, you must call the U.S. Treasury Financial Agent at (888) 353-4537 at least two working days prior to the date of withdrawal.

Reminders for estimated federal tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

### **California Form 199 Filing Instructions**

Your Form 199 for the tax year ended 12/31/21 shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 199 to the California Franchise Tax Board it will delay processing of your return. Initial and date the copy, and retain it for your records.

Your electronically filed return is not complete without your signature. Form 8453-EO, California e-file Return Authorization for Exempt Organizations, should be signed and dated by an authorized officer of the corporation and returned to CAL Accounting before the electronic file is transmitted to the California Franchise Tax Board.

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

### **California Form 109 Filing Instructions**

Your Form 109 for the tax year ended 12/31/21 shows a balance due of \$2,227. No remittance is to be filed with Form 109, but a payment should be made by a method of Electronic Funds Transfer (EFT) on or before May 16, 2022. Refer to your Form 109 EFT instructions for the proper method of payment. The return should be signed and dated on Page 2 by an officer representing the organization. Mail the return by May 16, 2022 to:

Franchise Tax Board  
P.O. Box 942857  
Sacramento, CA 94257-0501

If a private delivery service is used, mail to:  
Franchise Tax Board  
Sacramento, CA 95827

Your required 2022 estimated tax payments are as follows:

<b>Due Date</b>	<b>Remittance</b>
4/15/22	\$0
6/15/22	\$0
9/15/22	\$0
12/15/22	\$2,200

Each payment should be made by a method of Electronic Funds Transfer (EFT) or Web Pay. Refer to your Form 100-ES EFT or Web Pay instructions at [www.ftb.ca.gov](http://www.ftb.ca.gov) for the proper method of payment.

Reminders for estimated tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

#### **California Form RRF-1 Filing Instructions**

Your Form RRF-1 for the tax year ended 12/31/21 shows a balance due of \$200. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Department of Justice in the amount of \$200. Write "E.I.N. 26-0391615, RRF-1 Balance Due for the year ended 12/31/21" on the check. Mail the return by November 15, 2022 to:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

A copy of the federal return should be attached and sent with the registration renewal.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

CAL Accounting

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning . . . . . 2021, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

EIN or SSN

**26-0391615**

Name and title of officer or person subject to tax **CHARLIE SAMMUT  
PRESIDENT**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>2,264,950</b>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **CAL ACCOUNTING** to enter my PIN **93923** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **11/15/22**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**77381593923**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date **11/15/22**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**



**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning . . . . . 2021, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

EIN or SSN

**26-0391615**

Name and title of officer or person subject to tax **CHARLIE SAMMUT  
PRESIDENT**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	<b>5,417</b>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **CAL ACCOUNTING** to enter my PIN **93923** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **11/15/22**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**77381593923**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature \_\_\_\_\_ Date **11/15/22**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>400 RIVER ROAD</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>SALINAS CA 93908</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>26-0391615</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>831-455-1901</b></p> <b>G</b> Gross receipts \$ <b>2,391,570</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>CHARLIE SAMMUT</b>  <b>400 RIVER ROAD</b>  <b>SALINAS CA 93908</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.MONTEREYZOO.ORG** **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2007** **M** State of legal domicile: **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>SEE SCHEDULE O</b></p>																		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) <b>6</b> Total number of volunteers (estimate if necessary) <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 2 <b>7b</b> Net unrelated business taxable income from Form 990-E, Part 1, line 11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> <tr><td style="text-align: center;"><b>3</b></td><td style="text-align: center;"><b>5</b></td></tr> <tr><td style="text-align: center;"><b>4</b></td><td style="text-align: center;"><b>5</b></td></tr> <tr><td style="text-align: center;"><b>5</b></td><td style="text-align: center;"><b>24</b></td></tr> <tr><td style="text-align: center;"><b>6</b></td><td style="text-align: center;"><b>0</b></td></tr> <tr><td style="text-align: center;"><b>7a</b></td><td style="text-align: center;"><b>101,811</b></td></tr> <tr><td style="text-align: center;"><b>7b</b></td><td style="text-align: center;"><b>25,796</b></td></tr> </table>			<b>3</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>24</b>	<b>6</b>	<b>0</b>	<b>7a</b>	<b>101,811</b>	<b>7b</b>	<b>25,796</b>			
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<b>7b</b>	<b>25,796</b>																		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:50%;">Prior Year</th><th style="width:50%;">Current Year</th></tr> <tr><td style="text-align: right;"><b>1,221,702</b></td><td style="text-align: right;"><b>2,007,008</b></td></tr> <tr><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td style="text-align: right;"><b>859</b></td><td style="text-align: right;"><b>1,156</b></td></tr> <tr><td style="text-align: right;"><b>3,745</b></td><td style="text-align: right;"><b>256,786</b></td></tr> <tr><td style="text-align: right;"><b>1,226,306</b></td><td style="text-align: right;"><b>2,264,950</b></td></tr> </table>	Prior Year	Current Year	<b>1,221,702</b>	<b>2,007,008</b>	<b>0</b>	<b>0</b>	<b>859</b>	<b>1,156</b>	<b>3,745</b>	<b>256,786</b>	<b>1,226,306</b>	<b>2,264,950</b>					
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td style="text-align: right;"><b>442,624</b></td><td style="text-align: right;"><b>446,961</b></td></tr> <tr><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td style="text-align: right;"><b>1,066,330</b></td><td style="text-align: right;"><b>1,098,144</b></td></tr> <tr><td style="text-align: right;"><b>1,508,954</b></td><td style="text-align: right;"><b>1,545,105</b></td></tr> <tr><td style="text-align: right;"><b>-282,648</b></td><td style="text-align: right;"><b>719,845</b></td></tr> </table>	<b>0</b>	<b>0</b>	<b>442,624</b>	<b>446,961</b>	<b>0</b>	<b>0</b>	<b>1,066,330</b>	<b>1,098,144</b>	<b>1,508,954</b>	<b>1,545,105</b>	<b>-282,648</b>	<b>719,845</b>					
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:50%;">Beginning of Current Year</th><th style="width:50%;">End of Year</th></tr> <tr><td style="text-align: right;"><b>2,783,609</b></td><td style="text-align: right;"><b>3,548,448</b></td></tr> <tr><td style="text-align: right;"><b>201,037</b></td><td style="text-align: right;"><b>191,031</b></td></tr> <tr><td style="text-align: right;"><b>2,582,572</b></td><td style="text-align: right;"><b>3,357,417</b></td></tr> </table>	Beginning of Current Year	End of Year	<b>2,783,609</b>	<b>3,548,448</b>	<b>201,037</b>	<b>191,031</b>	<b>2,582,572</b>	<b>3,357,417</b>									
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**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>CHARLIE SAMMUT</b></p> Type or print name and title <p style="text-align: center;"><b>PRESIDENT</b></p>	Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p style="text-align: center;"><b>CHRISTOPHER LOCKE</b></p>	Preparer's signature <p style="text-align: center;"><b>CHRISTOPHER LOCKE</b></p>	Date <p style="text-align: center;"><b>11/15/22</b></p>	Check <input type="checkbox"/> if self-employed PTIN <p style="text-align: center;"><b>P01541040</b></p>	Firm's name ▶ <b>CAL ACCOUNTING</b> <b>26335 CARMEL RANCHO BLVD., SUITE 9</b> Firm's address ▶ <b>CARMEL, CA 93923</b>	Firm's EIN ▶ <b>37-1852224</b> Phone no. <b>831-275-0084</b>
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May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **1,273,521** including grants of \$ ) (Revenue \$ )

**SEE SCHEDULE O**

**Client Copy**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **1,273,521**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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**Part IV Checklist of Required Schedules** (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	1
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>24</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		<b>X</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	Other officers or key employees of the organization		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

**VICKEY OVERSTREET**  
**SALINAS**

**400 RIVER ROAD**

**CA 93908**

**831-455-1901**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>ROBERT DICELY</b> ..... DIRECTOR	0.00 0.00	X						0	0	
(2) <b>SUSAN GREENBERG</b> ..... SECRETARY	0.00 0.00	X						0	0	
(3) <b>VICKEY OVERSTREET</b> ..... CFO	0.00 0.00	X						0	0	
(4) <b>ANTHONEY SAMMUT</b> ..... DIRECTOR	0.00 0.00	X						0	0	
(5) <b>CHARLIE SAMMUT</b> ..... PRESIDENT	0.00 0.00	X		X				0	0	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	25,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,982,008			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total.</b> Add lines 1a-1f		<b>2,007,008</b>			
<b>Program Service Revenue</b>	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		1,156	1,156		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	198,010			
	b Less: direct expenses	8b	43,035			
c Net income or (loss) from fundraising events		154,975				
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a	185,396				
b Less: cost of goods sold	10b	83,585				
c Net income or (loss) from sales of inventory		101,811		101,811		
<b>Miscellaneous Revenue</b>	11a	Business Code				
	b					
	c					
	d All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions		<b>2,264,950</b>	<b>1,156</b>	<b>101,811</b>	<b>0</b>	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	413,004	350,004	63,000	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	33,957	33,957		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	65,724		65,724	
<b>c</b> Accounting	20,340		20,340	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	9,416	9,416		
<b>13</b> Office expenses	18,549	210	18,339	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	240,000	240,000		
<b>17</b> Travel	5,516	5,516		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	1,353		1,353	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	101,483	101,483		
<b>23</b> Insurance	67,174		67,174	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>ANIMAL FEED &amp; HUSBANDRY</b>	238,114	238,114		
<b>b</b> <b>MAINTENANCE</b>	130,283	130,283		
<b>c</b> <b>OPERATIONS</b>	66,545	66,545		
<b>d</b> <b>BANK CHARGES</b>	34,235		34,235	
<b>e</b> All other expenses	99,412	97,993	1,419	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,545,105	1,273,521	271,584	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	170,330	1	986,810
	2	Savings and temporary cash investments	7,812	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	98,198	4	70,174
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,952,124		
	10b	Less: accumulated depreciation	461,018	10c	2,491,106
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,159	15	358
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,783,609	16	3,548,448	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	10,235	17	3
	18	Grants payable		18	
	19	Deferred revenue	28,252	19	31,270
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	159,900	24	159,900
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,650	25	-142
	26	<b>Total liabilities.</b> Add lines 17 through 25	201,037	26	191,031
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	2,582,572	27	3,357,417
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	2,582,572	32	3,357,417	
33	<b>Total liabilities and net assets/fund balances</b>	2,783,609	33	3,548,448	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,264,950</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,545,105</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>719,845</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,582,572</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>55,000</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>3,357,417</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

Employer identification number

**26-0391615**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

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12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1,615,614	1,221,702	2,007,008	4,844,324
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			135,314	21,601	199,166	356,081
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5			1,750,928	1,243,303	2,206,174	5,200,405
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						5,200,405

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6			1,750,928	1,243,303	2,206,174	5,200,405
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			1,660		37,811	39,471
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)			1,752,588	1,243,303	2,243,985	5,239,876
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.25 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	99.94 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
<b>2</b> Activities Test. <i>Answer lines 2a and 2b below.</i>			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (or greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

MONTEREY ZOOLOGICAL SOCIETY, INC.

26-0391615

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
  - b Permanent endowment %
  - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,764,183	153,429	1,610,754
c Leasehold improvements		191,076	106,965	84,111
d Equipment		690,741	160,417	530,324
e Other		306,124	40,207	265,917
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,491,106</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PAYROLL LIABILITIES</b>	<b>229</b>
(3) <b>SALES TAX PAYABLE</b>	<b>- 371</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>-142</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII





**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

Employer identification number

**26-0391615**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....					▶		

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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>ANNUAL GALA</u> <small>(event type)</small>	(b) Event #2 _____ <small>(event type)</small>	(c) Other events <u>NONE</u> <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	198,010		198,010
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2)	198,010		198,010
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	43,035		43,035
	10 Direct expense summary. Add lines 4 through 9 in column (d)			43,035
11 Net income summary. Subtract line 10 from line 3, column (d)			154,975	

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**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer
- Employee
- Independent contractor

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17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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.....  
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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

Employer identification number

**26-0391615**

**FORM 990 - ORGANIZATION'S MISSION**

OUR GOAL IS TO EDUCATE VISITORS ABOUT THE CHALLENGES FACING BOTH CAPTIVE AND WILD ANIMALS TO INCREASE UNDERSTANDING AND SUPPORT WHILE PROMOTING CONSERVATION. MONTEREY ZOOLOGICAL SOCIETY STRIVES TO MAINTAIN A DIVERSE GROUP OF WILDLIFE SPECIES AS WE BELIEVE THAT A SUSTAINABLE CAPTIVE ANIMAL POPULATION IS IMPERATIVE TO ENSURING THE SURVIVAL OF ALL SPECIES.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

THE ZOO PROVIDES EDUCATIONAL PROGRAMS INSTRUCTING VISITORS ON THE HISTORY, RESEARCH, AND CONSERVATION OF THE ANIMALS EXHIBITED. THIS SERVICE IS PROVIDED AT A LOW COST FOR GROUPS OF SCHOOL CHILDREN, SENIORS, AND SPECIAL NEEDS GROUPS IN ORDER TO INSURE ALL CITIZENS HAVE ACCESS. THE EDUCATIONAL DEPARTMENT ALSO HOSTS PRIVATE TOURS OF THE EXHIBITS, WEEKEND CLASSES, SUMMER CAMPS, DAILY PROGRAMS, OVERNIGHT PROGRAMS, AND SPECIAL EVENTS. FOR GROUPS THAT ARE UNABLE TO REACH THE ZOO, THE EDUCATION DEPARTMENT OFFERS OUTREACH PROGRAMS AT THEIR LOCATION. WE OFFER A VARIETY OF PROGRAMS TO DIFFERENT GROUPS OF PEOPLE TO PROMOTE MULTIPLE VISITS AND ACCESS TO THOSE WHO MAY NOT BE ABLE TO VISIT BECAUSE OF FINANCIAL RESTRICTIONS OR THOSE WHO CAN ONLY GET TRANSPORTATION TO THE ZOO AS PART OF A GROUP. OFFERING GROUP ACTIVITIES ALLOWS OUR EDUCATION DEPARTMENT A BETTER OPPORTUNITY TO HAVE MORE INTERACTION AND TIME WITH SMALLER GROUPS OF PEOPLE. BECAUSE OF THIS WE ARE ABLE TO FOCUS ON FOSTERING A BETTER UNDERSTANDING OF THE ANIMALS WE CARE FOR.

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

Name of the organization

Employer identification number

MONTEREY ZOOLOGICAL SOCIETY, INC.

26-0391615

CHARLIE SAMMUT

TONY SAMMUT

DIRECTOR

BOARD MEMBER

FATHER

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
 THE FORM 990 IS MAILED OR EMAILED TO THE GOVERNING BODY OF THE ORGANIZATION  
 PRIOR TO THE FILING SO THAT THE OFFICERS AND/OR DIRECTORS MAY ASK QUESTIONS  
 AND REVIEW THE FORM PRIOR TO THE FILING OF THE FORM. THE GOVERNING BODY IS  
 ALLOTTED A SPECIFIC AMOUNT OF TIME TO ASK QUESTIONS BEFORE THE FORM IS  
 SUBMITTED TO ASSURE A TIMELY PROCESS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
 ANY TIME THE ORGANIZATION WILL BE SPENDING A SUM OF MONEY THAT IS OUTSIDE  
 WHAT THE NORMAL EXPENDITURES ARE AT ANY TIME, THE GOVERNING ODY IS NOTIFIE  
 D AND MAY VOTE ON THE MATTER AT WHICH TIME ANY CONFLICTS OF INTEREST WILL  
 BE DISCUSSED WHEN TAKING THE VOTE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 INFORMATION IS AVAILABLE UPON REQUEST AT OUR OFFICE BY PHONE, FAX OR EMAIL

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  
 PPP LOAN FORGIVENESS \$ 55,000

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>	<b>D Employer identification number</b> <b>26-0391615</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>400 RIVER ROAD</b>	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>SALINAS CA 93908</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ▶ <b>3,548,448</b>	

**G** Check organization type ▶  501(c) corporation     501(c) trust     401(a) trust     Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941     Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

**J** Enter the number of attached Schedules A (Form 990-T) ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of ▶ **VICKEY OVERSTREET** Telephone number ▶ **831-455-1901**

**Part I Total Unrelated Business Taxable income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	26,796
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	26,796
4 Charitable contributions (see instructions for limitation rules) .....	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	26,796
6 Deduction for net operating loss. See instructions .....	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	26,796
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	25,796

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	5,417
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	0
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	5,417

For Paperwork Reduction Act Notice, see instructions.



**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b> Other credits (see instructions)	<b>1b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>	<b>5,417</b>
<b>3</b> Other amounts due. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	<b>5,417</b>
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	
<b>6a</b> Payments: A 2020 overpayment credited to 2021	<b>6a</b>	
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b> Tax deposited with Form 8868	<b>6c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b> Backup withholding (see instructions)	<b>6e</b>	
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7 Total payments.</b> Add lines 6a through 6g	<b>7</b>	
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	<b>8</b>	<b>133</b>
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	<b>5,550</b>
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>	<b>11</b>	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2021 calendar year, did the organization have an interest in, or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		<input checked="" type="checkbox"/>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		<input checked="" type="checkbox"/>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code <b>453220</b>		
Available post-2017 NOL carryover <b>12,015</b>		
<b>6a</b> Did the organization change its method of accounting? (see instructions)		<input checked="" type="checkbox"/>
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

**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: **CHRISTOPHER LOCKE** Date: \_\_\_\_\_ Title: **PRESIDENT**

Print/Type preparer's name: **CHRISTOPHER LOCKE** Preparer's signature: \_\_\_\_\_ Date: **11/15/22** Check  if self-employed PTIN: \_\_\_\_\_

Firm's name: **CAL ACCOUNTING** Firm's EIN: **37-1852224**

Firm's address: **26335 CARMEL RANCHO BLVD., SUITE 9 CARMEL, CA 93923** Phone no.: **831-275-0084**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection for  
501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> Name of the organization <b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>	<b>B</b> Employer identification number <b>26-0391615</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>453220</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <u>185,396</u>			
<b>b</b> Less returns and allowances <u>                    </u> <b>c</b> Balance ▶	<b>1c</b> 185,396		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b> 83,585		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 101,811		<b>101,811</b>
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 101,811		<b>101,811</b>

Client Copy

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		<b>63,000</b>
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>0</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement)	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		<b>63,000</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		<b>38,811</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>		<b>12,015</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		<b>26,796</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ► COST METHOD

Table with 8 rows for Cost of Goods Sold. Line 2: Purchases 83,585. Line 6: Total 83,585. Line 8: Cost of goods sold 83,585. Line 9: Do the rules of section 263A apply? Yes No [X]

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income with 4 columns (A, B, C, D) and 5 rows. Row 2: Rent received or accrued. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

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Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income with 4 columns (A, B, C, D) and 11 rows. Row 2: Gross income from or allocable to debt-financed property. Row 3: Deductions directly connected with or allocable to debt-financed property. Row 4: Amount of average acquisition debt. Row 5: Average adjusted basis. Row 6: Divide line 4 by line 5. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals .....

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals .....

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5 Gross income from activity that is not unrelated business income .....	5
6 Expenses attributable to income entered on line 5 .....	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7



**Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts**

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
UNRELATED BUSINESS ACTIVITY	453220	\$ 12,015
TOTAL		\$ <u>12,015</u>

# Client Copy

Name

**Underpayment of Estimated Tax by Corporations**

**2021**

▶ **Attach to the corporation's tax return.**

▶ **Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.**

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

Employer identification number  
**26-0391615**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

<b>1</b> Total tax (see instructions) .....	<b>1</b>	<b>5,417</b>
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	<b>2a</b>	
<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>	
<b>c</b> Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
<b>d Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	<b>3</b>	<b>5,417</b>
<b>4</b> Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	<b>4</b>	<b>0</b>
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	<b>5,417</b>

**Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.**

- 6** The corporation is using the adjusted seasonal installment method.
- 7** The corporation is using the annualized income installment method.
- 8** The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
<b>9</b> <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. ....	<b>9</b>	<b>04/15/21</b>	<b>06/15/21</b>	<b>09/15/21</b>	<b>12/15/21</b>
<b>10</b> <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	<b>1,354</b>	<b>1,354</b>	<b>1,354</b>	<b>1,355</b>
<b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>				
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
<b>12</b> Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
<b>13</b> Add lines 11 and 12 .....	<b>13</b>				
<b>14</b> Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		<b>1,354</b>	<b>2,708</b>	<b>4,062</b>
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>1,354</b>	<b>2,708</b>	
<b>17</b> <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	<b>1,354</b>	<b>1,354</b>	<b>1,354</b>	<b>1,355</b>
<b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions .....	<b>19</b>	<b>SEE WORKSHEET</b>		
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021	<b>21</b>			
<b>22</b> Underpayment on line 17 x <u>Number of days on line 21</u> 365 x 3% (0.03)	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021	<b>23</b>			
<b>24</b> Underpayment on line 17 x <u>Number of days on line 23</u> 365 x 3% (0.03)	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022	<b>25</b>			
<b>26</b> Underpayment on line 17 x <u>Number of days on line 25</u> 365 x 3% (0.03)	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022	<b>27</b>			
<b>28</b> Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 3% (0.03)	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022	<b>29</b>			
<b>30</b> Underpayment on line 17 x <u>Number of days on line 29</u> 365 x 3% (0.03)	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022	<b>31</b>			
<b>32</b> Underpayment on line 17 x <u>Number of days on line 31</u> 365 x **%	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023	<b>33</b>			
<b>34</b> Underpayment on line 17 x <u>Number of days on line 33</u> 365 x **%	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023	<b>35</b>			
<b>36</b> Underpayment on line 17 x <u>Number of days on line 35</u> 365 x **%	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b>	\$	\$	\$

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**38 Penalty.** Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns ..... **38** \$ **133**

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



Name <b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>	Employer Identification Number <b>26-0391615</b>
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	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/21</u>	<u>06/15/21</u>	<u>09/15/21</u>	<u>12/15/21</u>
Amount of underpayment	<u>1,354</u>	<u>1,354</u>	<u>1,354</u>	<u>1,355</u>

Prior year overpayment applied \_\_\_\_\_

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/21	3/31/22	1,354	350	3.00	39
1	3/31/22	5/16/22	1,354	46	4.00	7
2	6/15/21	3/31/22	1,354	289	3.00	32
2	3/31/22	5/16/22	1,354	46	4.00	7
3	9/15/21	3/31/22	1,354	197	3.00	22
3	3/31/22	5/16/22	1,354	46	4.00	7
4	12/15/21	3/31/22	1,355	106	3.00	12
4	3/31/22	5/16/22	1,355	46	4.00	7
TOTAL PENALTY						133

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**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

Identifying number

**26-0391615**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	<b>7,500</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>44,013</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>48,665</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	<b>06/30/21</b>	<b>93,979</b>	39 yrs.	MM	S/L	<b>1,305</b>
				MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>101,483</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>7-year GDS Property:</b>									
18	Rydables	6/30/21	7,500		X	0	7 HY 200DB	0	7,500
			<u>7,500</u>			<u>0</u>		<u>0</u>	<u>7,500</u>
<b>Non-Residential Real Property:</b>									
19	2021 Construction Improvements	6/30/21	93,979			93,979	39 MMS/L	0	1,305
			<u>93,979</u>			<u>93,979</u>		<u>0</u>	<u>1,305</u>
<b>Prior MACRS:</b>									
13	2018 Improvements	6/30/18	1,094,188			1,094,188	39 MMS/L	71,332	28,056
14	2019 Improvements	6/30/19	623,741			623,741	39 MMS/L	24,656	15,994
15	2020 Improvements	7/01/20	179,973			179,973	39 MMS/L	2,115	4,615
16	Rydables	7/01/20	20,000		X	0	5 HY 200DB	20,000	0
17	Furniture	7/01/20	4,672		X	0	7 HY 200DB	4,672	0
			<u>1,922,574</u>			<u>1,897,902</u>		<u>122,775</u>	<u>48,665</u>
<b>Other Depreciation:</b>									
1	BACKHOE	11/29/15	20,000			20,000	12 MO 200DB	11,176	1,412
2	SKIDSTEER	1/30/15	28,620			28,620	12 MO 200DB	17,184	1,829
3	TRAILER	4/04/14	5,800			5,800	12 MO 200DB	3,937	324
4	DUMP TRAILER	4/28/16	8,891			8,891	12 MO 200DB	4,818	652
5	RADIOS	5/02/16	1,892			1,892	12 MO 200DB	1,026	138
6	TRANSPORT CAGE	12/27/16	6,000			6,000	12 MO 200DB	3,252	439
7	TRANSIT EQUIPMENT	6/30/16	1,500			1,500	12 MO 200DB	813	110
8	ANIMAL ENCLOSURES	6/30/16	618,058			618,058	30 MO S/L	92,706	20,601
9	BUILDING IMPROVEMENTS	6/30/16	3,059			3,059	12 MO 200DB	1,658	224
10	PATHWAYS AND FENCING	6/30/16	46,540			46,540	12 MO 200DB	25,221	3,411
11	2017 ENCLOSURES	6/30/17	43,195			43,195	30 MO 200DB	9,246	2,263
12	2017 ENTRANCE	6/30/17	144,536			144,536	12 MO 200DB	65,723	12,610
	<b>Total Other Depreciation</b>		<u>928,071</u>			<u>928,071</u>		<u>236,760</u>	<u>44,013</u>
	<b>Total ACRS and Other Depreciation</b>		<u>928,071</u>			<u>928,071</u>		<u>236,760</u>	<u>44,013</u>
	<b>Grand Totals</b>		2,952,124			2,919,952		359,535	101,483
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,952,124</u>			<u>2,919,952</u>		<u>359,535</u>	<u>101,483</u>

# CA Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
<b>7-year GDS Property:</b>								
18	Rydables	6/30/21	7,500	7,500	0	1,071	7,500	6,429
			<u>7,500</u>	<u>7,500</u>	<u>0</u>	<u>1,071</u>	<u>7,500</u>	<u>6,429</u>
<b>Non-Residential Real Property:</b>								
19	2021 Construction Improvements	6/30/21	93,979	93,979	0	1,305	1,305	0
			<u>93,979</u>	<u>93,979</u>	<u>0</u>	<u>1,305</u>	<u>1,305</u>	<u>0</u>
<b>Prior MACRS:</b>								
13	2018 Improvements	6/30/18	1,094,188	1,094,188	71,332	28,056	28,056	0
14	2019 Improvements	6/30/19	623,741	623,741	24,656	15,994	15,994	0
15	2020 Improvements	7/01/20	179,973	179,973	2,115	4,615	4,615	0
16	Rydables	7/01/20	20,000	20,000	4,000	6,400	0	-6,400
17	Furniture	7/01/20	4,672	4,672	667	1,145	0	-1,145
			<u>1,922,574</u>	<u>1,922,574</u>	<u>102,770</u>	<u>56,210</u>	<u>48,665</u>	<u>-7,545</u>
<b>Other Depreciation:</b>								
1	BACKHOE	11/29/15	20,000	20,000	11,176	1,412	1,412	0
2	SKIDSTEER	1/30/15	28,620	28,620	17,184	1,829	1,829	0
3	TRAILER	4/04/14	5,800	5,800	3,937	324	324	0
4	DUMP TRAILER	4/28/16	8,891	8,891	4,818	652	652	0
5	RADIOS	5/02/16	1,892	1,892	1,026	138	138	0
6	TRANSPORT CAGE	12/27/16	6,000	6,000	3,252	439	439	0
7	TRANSIT EQUIPMENT	6/30/16	1,500	1,500	813	110	110	0
8	ANIMAL ENCLOSURES	6/30/16	618,038	618,038	2,106	20,601	20,601	0
9	BUILDING IMPROVEMENTS	6/30/17	3,059	3,059	1,658	224	224	0
10	PATHWAYS AND FENCING	6/30/16	46,540	46,540	25,121	3,411	3,411	0
11	2017 ENCLOSURES	6/30/17	43,195	43,195	9,247	2,263	2,263	0
12	2017 ENTRANCE	6/30/17	144,536	144,536	65,722	12,610	12,610	0
	<b>Total Other Depreciation</b>		<u>928,071</u>	<u>928,071</u>	<u>236,760</u>	<u>44,013</u>	<u>44,013</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>928,071</u>	<u>928,071</u>	<u>236,760</u>	<u>44,013</u>	<u>44,013</u>	<u>0</u>
	<b>Grand Totals</b>		2,952,124	2,952,124	339,530	102,599	101,483	-1,116
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>2,952,124</u>	<u>2,952,124</u>	<u>339,530</u>	<u>102,599</u>	<u>101,483</u>	<u>-1,116</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>7-year GDS Property:</b>									
18	Rydables	6/30/21	7,500		X	0	7 HY 200DB	0	7,500
			<u>7,500</u>			<u>0</u>		<u>0</u>	<u>7,500</u>
<b>Non-Residential Real Property:</b>									
19	2021 Construction Improvements	6/30/21	93,979			93,979	39 MMS/L	0	1,305
			<u>93,979</u>			<u>93,979</u>		<u>0</u>	<u>1,305</u>
<b>Prior MACRS:</b>									
13	2018 Improvements	6/30/18	1,094,188			1,094,188	39 MMS/L	71,309	28,056
14	2019 Improvements	6/30/19	623,741			623,741	39 MMS/L	24,656	15,994
15	2020 Improvements	7/01/20	179,973			179,973	39 MMS/L	2,115	4,615
16	Rydables	7/01/20	20,000		X	0	5 HY 200DB	20,000	0
17	Furniture	7/01/20	4,672		X	0	7 HY 200DB	4,672	0
			<u>1,922,574</u>			<u>1,897,902</u>		<u>122,752</u>	<u>48,665</u>
<b>Other Depreciation:</b>									
1	BACKHOE	11/29/15	0			0	0 HY	0	0
2	SKIDSTEER	1/30/15	0			0	0 HY	0	0
3	TRAILER	4/04/14	0			0	0 HY	0	0
4	DUMP TRAILER	4/28/16	0			0	0 HY	0	0
5	RADIOS	5/02/16	0			0	0 HY	0	0
6	TRANSPORT CAGE	12/27/16	0			0	0 HY	0	0
7	TRANSIT EQUIPMENT	6/30/16	0			0	0 HY	0	0
8	ANIMAL ENCLOSURES	6/30/16	0			0	0 HY	0	0
9	BUILDING IMPROVEMENTS	6/30/16	0			0	0 HY	0	0
10	PATHWAYS AND FENCING	6/30/16	0			0	0 HY	0	0
11	2017 ENCLOSURES	6/30/17	0			0	0 HY	0	0
12	2017 ENTRANCE	6/30/17	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		2,024,053			1,991,881		122,752	57,470
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>2,024,053</u>			<u>1,991,881</u>		<u>122,752</u>	<u>57,470</u>

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## Bonus Depreciation Report

### Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
16	Rydables	7/01/20	20,000		0	0	20,000	0
17	Furniture	7/01/20	4,672		0	0	4,672	0
18	Rydables	6/30/21	7,500		0	7,500	0	0
<b>Grand Total</b>			<u>32,172</u>		<u>0</u>	<u>7,500</u>	<u>24,672</u>	<u>0</u>

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## Depreciation Adjustment Report

### All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	13	2018 Improvements	28,056	28,056	0
Page 1	1	14	2019 Improvements	15,994	15,994	0
Page 1	1	15	2020 Improvements	4,615	4,615	0
Page 1	1	16	Rydables	0	0	0
Page 1	1	17	Furniture	0	0	0
Page 1	1	18	Rydables	7,500	7,500	0
Page 1	1	19	2021 Construction Improvements	1,305	1,305	0
				<u>57,470</u>	<u>57,470</u>	<u>0</u>

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Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
13	2018 Improvements	6/30/18	1,094,188	28,056	28,056
14	2019 Improvements	6/30/19	623,741	15,993	15,993
15	2020 Improvements	7/01/20	179,973	4,614	4,614
16	Rydables	7/01/20	20,000	0	0
17	Furniture	7/01/20	4,672	0	0
18	Rydables	6/30/21	7,500	0	0
19	2021 Construction Improvements	6/30/21	93,979	2,410	2,410
			<u>2,024,053</u>	<u>51,073</u>	<u>51,073</u>
<b>Other Depreciation:</b>					
1	BACKHOE	11/29/15	20,000	1,186	0
2	SKIDSTEER	1/30/15	28,620	1,721	0
3	TRAILER	4/04/14	5,800	324	0
4	DUMP TRAILER	4/28/16	8,891	547	0
5	RADIOS	5/02/16	1,892	117	0
6	TRANSPORT CAGE	12/27/16	6,000	370	0
7	TRANSIT EQUIPMENT	6/13/16	1,500	92	0
8	ANIMAL ENCLOSURES	6/30/16	618,038	20,601	0
9	BUILDING IMPROVEMENTS	6/30/16	3,059	188	0
10	PATHWAYS AND FENCING	6/30/16	46,540	2,865	0
11	2017 ENCLOSURES	6/30/17	43,195	2,113	0
12	2017 ENTRANCE	6/30/17	144,536	10,592	0
	<b>Total Other Depreciation</b>		<u>928,071</u>	<u>40,716</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>928,071</u>	<u>40,716</u>	<u>0</u>
	<b>Grand Totals</b>		<u>2,952,124</u>	<u>91,789</u>	<u>51,073</u>

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**CA Future Depreciation Report    FYE: 12/31/22**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	CA
<b>Prior MACRS:</b>				
13	2018 Improvements	6/30/18	1,094,188	28,056
14	2019 Improvements	6/30/19	623,741	15,993
15	2020 Improvements	7/01/20	179,973	4,614
16	Rydables	7/01/20	20,000	3,840
17	Furniture	7/01/20	4,672	817
18	Rydables	6/30/21	7,500	1,837
19	2021 Construction Improvements	6/30/21	93,979	2,410
			<u>2,024,053</u>	<u>57,567</u>
<b>Other Depreciation:</b>				
1	BACKHOE	11/29/15	20,000	1,186
2	SKIDSTEER	1/30/15	28,620	1,721
3	TRAILER	4/04/14	5,800	324
4	DUMP TRAILER	4/28/16	8,891	547
5	RADIOS	5/02/16	1,892	117
6	TRANSPORT CAGE	12/27/16	6,000	370
7	TRANSIT EQUIPMENT	6/13/16	1,500	92
8	ANIMAL ENCLOSURES	6/30/16	618,038	20,601
9	BUILDING IMPROVEMENTS	6/30/16	3,059	188
10	PATHWAYS AND FENCING	6/30/16	46,540	2,865
11	2017 ENCLOSURES	6/30/17	43,195	2,112
12	2017 ENTRANCE	6/30/17	144,536	10,593
	<b>Total Other Depreciation</b>		<u>928,071</u>	<u>40,716</u>
	<b>Total ACRS and Other Depreciation</b>		<u>928,071</u>	<u>40,716</u>
	<b>Grand Totals</b>		<u>2,952,124</u>	<u>98,283</u>

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Form **990-W**

(Worksheet)

Department of the Treasury  
Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations)

▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

**2022**

1	Unrelated business taxable income expected in the tax year	1	25,796
2	Tax on the amount on line 1. See instructions for tax computation	2	5,417
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	5,417
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	5,417
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	5,417
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	5,417
b	Enter the tax shown on the 2021 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	5,417
c	<b>2022 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	5,417

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		(a)	(b)	(c)	(d)	
11	<b>Installment due dates.</b> See instructions	11	04/18/22	06/15/22	09/15/22	12/15/22
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12				6,000
13	<b>2021 Overpayment.</b> See instructions	13				
14	<b>Payment due</b> (Subtract line 13 from line 12)	14				6,000

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Name  
**MONTEREY ZOOLOGICAL SOCIETY, INC.**

Taxpayer Identification Number  
**26-0391615**

**Business Activity Income (and allocation of Prior-2018 NOL)**

- A. Total Pre-2018 Net Operating Losses Carried Forward ..... **N/A** A. \_\_\_\_\_
- B. Total Pre-2018 Net Operating Loss allocated to Sch A activities ..... B. \_\_\_\_\_
- C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 ..... C. \_\_\_\_\_
- D. Pre-2018 Applied (Sum of B and C) ..... D. \_\_\_\_\_
- E. Pre-2018 Remaining (Line A minus Line D) ..... E. \_\_\_\_\_
- F. Pre-2018 Net Operating Losses Expiring this Year ..... F. \_\_\_\_\_
- G. Pre-2018 Net Operating Losses Carried Forward ..... G. \_\_\_\_\_

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. <b>UNRELATED BUSINESS ACTIVITY</b>	<b>453220</b>	1. <b>26,796</b>	
2. _____		2. _____	
3. _____		3. _____	
4. _____		4. _____	
5. _____		5. _____	
6. _____		6. _____	
7. _____		7. _____	
8. _____		8. _____	
9. _____		9. _____	
10. _____		10. _____	
11. _____		11. _____	
12. _____		12. _____	
13. _____		13. _____	
14. _____		14. _____	
15. All other revenue _____		15. _____	
16. Total taxable income		16. <b>26,796</b>	

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**Business Activity Losses**

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities _____		5. _____
6. Totals		6. _____

Form **990-T****Schedule A Loss Carryover Calculation****2021**Description **UNRELATED BUSINESS ACTIVITY**

Name

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

Taxpayer Identification Number

**26-0391615**

Unincorporated Business Income Tax Code:

**453220**

Activity:

**GIFT, NOVELTY, AND SOUVENIR STOR**

Each activity may carryforward losses after 2018

1	Activity income .....	1	<b>101,811</b>
2	Activity deductions .....	2	<b>63,000</b>
3	Activities income or loss, after deductions .....	3	<b>38,811</b>
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	4	<b>12,015</b>
5	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. ....	5	<b>38,811</b>
6	Take the lesser of Line 4 or Line 5. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> .....	6	<b>12,015</b>
7	Remaining losses to be carried forward to 2022 (Subtract Line 6 from line 4) .....	7	
8	If line 3 is less than zero, enter that amount here as a positive number .....	8	<b>0</b>
9	Total loss carried forward to 2022 (Add lines 7 and 8) .....	9	<b>0</b>

Electronic Filing includes the report of additional amounts for this activity

<b>E1</b>	Post-2017 loss amounts from 2020, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	<b>E1</b>	<b>12,015</b>
<b>E2</b>	Prior year activity losses included on Schedule A, Line 17 .....	<b>E2</b>	<b>12,015</b>

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**Electronic Funds Withdrawal**

Form **990-T**

**2021**

For calendar year 2021 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name <b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>	Employer Identification Number <b>26-0391615</b>
--	---

**Form Payment Record**

This record is included with the IRS electronic file for taxpayers who elect to pay their tax balances by electronic funds withdrawal

Routing Transit Number .....	<u>121144340</u>
Bank Account Number .....	<u>203006697</u>
Type of Account .....	<u>CHECKING</u>
Taxpayer Phone Number .....	<u>831-455-1901</u>
Requested Payment Date .....	<u>11/15/22</u>
Amount of Tax Payment .....	<u>5,850</u>

**DO NOT SUBMIT THIS DOCUMENT TO THE IRS**

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**Electronic Funds Withdrawal - Estimates**

Form **990-T**

**2022**

For calendar year 2022 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name <b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>	Employer Identification Number <b>26-0391615</b>
--	---

**Form Payment Record**

This record is included with the IRS electronic file for taxpayers who elect to pay their estimated taxes by electronic funds withdrawal

Quarter .....	<u>4</u>
Routing Transit Number .....	<u>121144340</u>
Bank Account Number .....	<u>203006697</u>
Type of Account .....	<u>CHECKING</u>
Taxpayer Phone Number .....	<u>831-455-1901</u>
Requested Payment Date .....	<u>12/15/22</u>
Amount of Estimated Tax Payment .....	<u>6,000</u>

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Form **990****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning

, ending

Name

Taxpayer Identification Number

**MONTEREY ZOOLOGICAL SOCIETY, INC.****26-0391615**

		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,161,702	1,982,008	820,306
	2. Membership dues and assessments			
	3. Government contributions and grants	60,000	25,000	-35,000
	4. Program service revenue			
	5. Investment income	859	1,156	297
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	15,760	154,975	139,215
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	-12,015	101,811	113,826
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,226,306</b>	<b>2,264,950</b>	<b>1,038,644</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	442,624	446,961	4,337
	17. Professional fundraising fees			
	18. Other professional fees	99,769	86,064	-13,705
	19. Occupancy, rent, utilities, and maintenance	240,000	240,000	
	20. Depreciation and Depletion	119,014	101,483	-17,531
	21. Other expenses	607,547	670,597	63,050
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,508,954</b>	<b>1,545,105</b>	<b>36,151</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>282,648</b>	<b>719,845</b>	<b>1,002,493</b>
<b>Other Information</b>	24. Total exempt revenue	1,226,306	2,264,950	1,038,644
	25. Total unrelated revenue	-12,015	101,811	113,826
	26. Total excludable revenue	859	1,156	297
	27. Total assets	2,783,609	3,548,448	764,839
	28. Total liabilities	201,037	191,031	-10,006
	29. Retained earnings	2,582,572	3,357,417	774,845
	30. Number of voting members of governing body	5	5	
	31. Number of independent voting members of governing body	5	5	
	32. Number of employees	15	24	
	33. Number of volunteers			



Form **990T****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning , ending

Name

Taxpayer Identification Number

**MONTEREY ZOOLOGICAL SOCIETY, INC.****26-0391615**

		2020	2021	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades		26,796	26,796
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. <b>Taxable income before NOL loss</b>		26,796	26,796
	6. Net operating loss (pre-2018)			
	7. Specific deduction		1,000	1,000
	8. <b>Unrelated business taxable income.</b>		25,796	25,796
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)		5,417	5,417
	10. Proxy tax			
	11. Other taxes			
	12. <b>Total taxes</b>		5,417	5,417
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. <b>Total credits</b>			
	17. <b>Net tax after credits</b>		5,417	5,417
18. Recapture taxes and 965 tax				
19. <b>Total Taxes</b>		5,417	5,417	
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension	350		-350
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. <b>Total payments</b>	350		-350
	25. <b>Balance due/(Overpayment)</b>	-350	5,417	5,767
	26. Overpayment applied to next year			
	27. Penalties		433	433
	28. <b>Total due/(Refund)</b>	-350	5,850	6,200
29. Activity Losses NOL (Post-2017)			12,015	
		-12,015		12,015

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For calendar year 2021, or tax year beginning , ending

Organization Name

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

Taxpayer Identification Number

**26-0391615**Activity: **UNRELATED BUSINESS ACTIVITY**Unincorporated Business Income Tax Code: **453220**

		2020	2021	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1. <b>-12,015</b>	<b>101,811</b>	<b>113,826</b>	
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>-12,015</b>	<b>101,811</b>	<b>113,826</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	<b>63,000</b>	<b>63,000</b>	
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	<b>22. Total deductions.</b> Add lines 12 through 21	<b>22.</b>		<b>63,000</b>	<b>63,000</b>
	<b>23. Taxable income before deductions.</b> Subtract line 22 from 11	<b>23.</b>	<b>-12,015</b>	<b>38,811</b>	<b>50,826</b>
	24. Deductible losses	24.		<b>12,015</b>	<b>12,015</b>
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>-12,015</b>	<b>26,796</b>	<b>38,811</b>

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Form **990**

## Tax Return History

**2021**

Name

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

Employer Identification Number

**26-0391615**

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....			1,615,614	1,221,702	2,007,008	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....			258	859	1,156	
Fundraising revenue (income/loss) .....			88,627	15,760	154,975	
Gaming revenue (income/loss) .....						
Other revenue .....			2,660	-12,015	101,811	
<b>Total revenue</b> .....			1,707,159	1,226,306	2,264,950	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....			309,008	442,624	446,961	
Professional fees .....			32,450	99,769	86,064	
Occupancy costs .....			240,000	240,000	240,000	
Depreciation and depletion .....			89,857	119,014	101,483	
Other expenses .....			522,600	607,547	670,597	
<b>Total expenses</b> .....			1,193,915	1,508,954	1,545,105	
<b>Excess or (Deficit)</b> .....			513,244	-282,648	719,845	
Total exempt revenue .....			1,707,159	1,226,306	2,264,950	
Total unrelated revenue .....			2,660	-12,015	101,811	
Total excludable revenue .....			258	859	1,156	
Total Assets .....			2,917,485	2,783,609	3,548,448	
Total Liabilities .....			52,265	201,037	191,031	
Net Fund Balances .....			2,865,220	2,582,572	3,357,417	

Name <b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>	Employer Identification Number <b>26-0391615</b>
--	---

\* Income shown net of expenses

	2017	2018	2019	2020	2021	2022
Business activity profit/loss .....			2,660			
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....			2,660		26,796	
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

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Name <b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>	Employer Identification Number <b>26-0391615</b>
--	---

	2017	2018	2019	2020	2021	2022
Other deductions .....						
Net income (first activity, year 2019 & prior)			2,660		26,796	
UBTI from all trades .....	0	0	2,660	0	26,796	
Charitable contributions .....						
Net operating loss deduction .....						
Specific deduction .....			1,000		1,000	
Section 199A deduction (trusts) .....						
Income after deductions .....			1,660		25,796	
Income tax (corporate or trust) .....			349		5,417	
Other taxes .....						
<b>Total taxes</b> .....			349		5,417	
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....			349		5,417	
Estimated tax payments .....						
Other payments .....			349	700		
<b>Balance due/Overpayment</b> .....				-700	5,417	

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## Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
AUTO EXPENSES	\$ 32,583	\$ 32,583	\$	\$
DONATIONS	18,295	18,295		
TRAVEL	17,556	17,556		
UTILITIES	13,070	13,070		
MEMBERSHIPS	4,970	4,970		
PERMITS	4,867	4,867		
TOUR FEES	4,278	4,278		
UNIFORMS	1,793	1,793		
PRINTING	1,419		1,419	
TOUR MEALS	272	272		
MISC.	160	160		
BUSINESS FEES	149	149		
TOTAL	\$ <u>99,412</u>	\$ <u>97,993</u>	\$ <u>1,419</u>	\$ <u>0</u>

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## Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 25,000
DIRECT PUBLIC SUPPORT	794,789
PROGRAM INCOME	<u>1,187,219</u>
TOTAL	<u>\$ 2,007,008</u>

Schedule A, Part III, Line 2(e)

Description	Amount
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 1,156
ANNUAL GALA	<u>198,010</u>
TOTAL	<u>\$ 199,166</u>

Schedule A, Part III, Line 11

Description	Amount
GIFT SHOP	\$ 38,811
LESS: DEDUCTIONS	<u>-1,000</u>
TOTAL	<u>\$ 37,811</u>

# Form 199 Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

26-0391615

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

Gross sales / receipts	<u>384,562</u>	
Dues from members	_____	
Contributions / grants	<u>2,007,008</u>	
Total costs	<u>83,585</u>	
Expenses	<u>1,589,256</u>	
<b>Excess / (deficit)</b>		<u><u>718,729</u></u>

Total payments	_____
Penalties and interest	_____
Use tax	_____

<b>Balance due</b>	_____
<b>Refund</b>	<u>_____</u>

## Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,783,609</u>	<u>3,548,448</u>	
Liabilities	<u>201,037</u>	<u>191,040</u>	
Net assets	<u>2,582,572</u>	<u>3,357,408</u>	<u>774,836</u>

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## Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/15/22



# Form 109 Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

26-0391615

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

## Income

Gross profit	<u>101,811</u>	
Capital gain / loss	_____	
All other income	_____	
<b>Total income</b>		<u>101,811</u>

Officer compensation	_____	
Salaries	<u>63,000</u>	
All other deductions	_____	
Excess ad costs	_____	
Specific deduction	<u>1,000</u>	
<b>Total deductions</b>		<u>64,000</u>

<b>Unrelated business taxable income</b>		<u>37,811</u>
Apportionment percentage		<u>64.9255 %</u>
Apportioned UBTI		<u>24,549</u>
Enterprise zone and net operating loss deduction		_____
<b>Net UBTI</b>		<u>24,549</u>

## Taxes / Credits / Payments / Penalties

Tax on net UBTI	<u>2,170</u>	
Credits	_____	
Alternative minimum tax	_____	
Other tax	_____	
<b>Total tax</b>		<u>2,170</u>

Prior year overpayment	_____	
Tax payments	_____	
Paid with extension	_____	
<b>Total payments</b>		_____

<b>Net tax</b>		<u>2,170</u>
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## Adjustments

Applied to next year's tax	_____	
Use tax	_____	
Estimated tax penalty	_____	<u>57</u>
Interest on late payments	_____	<u>33</u>
Failure to pay penalty	_____	_____
<b>Total adjustments</b>		<u>90</u>

<b>Balance due</b>		<u>2,227</u>
<b>Refund</b>		_____

## Next Year's Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	<u>2,200</u>
<b>Total</b>	<u>2,200</u>

## Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 05/16/22

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470

STREET ADDRESS:  
 1300 I Street  
 Sacramento, CA 95814  
 (916) 210-6400

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p><b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>                  Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used  <b>400 RIVER ROAD</b></p> <hr/> <p>Address (Number and Street)  <b>SALINAS CA 93908</b></p> <hr/> <p>City or Town, State, and ZIP Code  <b>831-455-1901</b></p> <hr/> <p>Telephone Number  <b>CHARLIE@MONTEREYZOO.ORG</b></p> <hr/> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>183253</u></p> <hr/> <p>Corporation or Organization No. <u>2995723</u></p> <hr/> <p>Federal Employer ID No. <u>26-0391615</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/21 ending 12/31/21) list:

**Total Revenue \$** 2,264,950 Noncash Contributions \$ 0 Total Assets \$ 3,548,448  
 (including noncash contributions)

Program Expenses \$ 1,273,521 Total Expenses \$ 1,545,105

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
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? <span style="float: right;"><b>STMT 1</b></span>	<b>X</b>	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<b>X</b>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		<b>X</b>
5. During this reporting period, did the organization receive any governmental funding?		<b>X</b>
6. During this reporting period, did the organization hold a raffle for charitable purposes?		<b>X</b>
7. Does the organization conduct a vehicle donation program?		<b>X</b>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<b>X</b>

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

**CHARLIE SAMMUT**  **PRESIDENT**

Signature of Authorized Agent      Printed Name      Title      Date

**Statement 1 - Form RRF-1, Part B, Line 1 - Financial Transactions**

Description

---

THE ORGANIZATION LEASES LAND FROM DIRECTOR, CHARLIE SAMMUT

**Client Copy**

Form at bottom of page.



**Installment 4 –** File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.  
**If no payment is due, do not mail this form.**

**WHERE TO FILE:** Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:  
**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**  
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

Client Copy

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---

**Caution:** The corporation may be required to pay electronically. See instructions.

Installment 4  
CALIFORNIA FORM

TAXABLE YEAR

**100-ES**

**2022 Corporation Estimated Tax**

2995723 MONT 26-0391615 000000000000 22 FORM 2  
TYB 01-01-2022 TYE 12-31-2022  
MONTEREY ZOOLOGICAL SOCIETY INC

400 RIVER ROAD  
SALINAS CA 93908 (831) 455-1901

Est Tax Amt 2200. QSub Tax Amt .  
Total Payment Amt 2200.

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2021

# California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

MONTEREY ZOOLOGICAL SOCIETY, INC.

Identifying number

26-0391615

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

1	Total gross receipts (Form 199, line 4)	1	2,391,570
2	Total gross income (Form 199, line 8)	2	2,307,985
3	Total expenses and disbursements (Form 199, line 9)	3	1,589,256

### Part II Settle Your Account Electronically for Taxable Year 2021

4  Electronic funds withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

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

5 Routing number 121144340

6 Account number 203006697      7 Type of account:  Checking     Savings

### Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

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 2021 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 fee liability, the exempt organization will remain liable for the fee 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.**

# Client Copy

Sign Here

Signature of officer

11/15/22  
Date

PRESIDENT  
Title

### Part V 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, 2021 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.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P01541040</b>
	Firm's name (or yours if self-employed) and address	<b>CAL ACCOUNTING 26335 CARMEL RANCHO BLVD., SUITE 9 CARMEL CA</b>			Firm's FEIN <b>37-1852224</b>
					ZIP code <b>93923</b>

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.

<b>Paid Preparer Must Sign</b>	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

**California Exempt Organization  
Annual Information Return**

**2021**

**199**

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

Corporation/Organization name <b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>		California corporation number <b>2995723</b>
Additional information. See instructions.		FEIN <b>26-0391615</b>
Street address (suite or room) <b>400 RIVER ROAD</b>		PMB no.
City <b>SALINAS</b>	State <b>CA</b>	Zip code <b>93908</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy) ● _____</p> <p><b>E</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) ● <input checked="" type="checkbox"/> 990T (2) ● <input type="checkbox"/> 990PF (3) ● <input type="checkbox"/> Sch H (990)                  (4) <input type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," what is the parent's name? _____</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <b>N/A</b> ● <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> Is the organization a limited liability company? ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	● 1	384,562	00
	2 Gross dues and assessments from members and affiliates	● 2		00
	3 Gross contributions, gifts, grants, and similar amounts received	● 3	2,007,008	00
	4 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	● 4	2,391,570	00
	5 Cost of goods sold	● 5	83,585	00
	6 Cost or other basis, and sales expenses of assets sold	● 6		00
	7 Total costs. Add line 5 and line 6	● 7	83,585	00
	8 Total gross income. Subtract line 7 from line 4	● 8	2,307,985	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	● 9	1,589,256	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	718,729	00
<b>Filing Fee</b>	11 Total payments	● 11		00
	12 Use tax. See General Information K	● 12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	● 13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	● 14		00
	15 Penalties and interest. See General Information J	● 15		00
	<b>16 Balance due.</b> Add line 12, and line 15. Then subtract line 11 from the result	● 16		00
<b>Sign Here</b>	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.			
<b>Paid Preparer's Use Only</b>	Signature of officer	Title <b>PRESIDENT</b>	Date	● Telephone <b>831-455-1901</b>
	Preparer's signature	Date <b>11/15/2022</b>	Check if self-employed <input type="checkbox"/>	● PTIN <b>P01541040</b>
	Firm's name (or yours, if self-employed) and address <b>CAL ACCOUNTING 26335 CARMEL RANCHO BLVD., SUITE 9 CARMEL, CA 93923</b>			● Firm's FEIN <b>37-1852224</b> ● Telephone <b>831-275-0084</b>
May the FTB discuss this return with the preparer shown above? See instructions ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**MONTEREY ZOOLOGICAL SOCIETY, INC.**  
**26-0391615**

**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.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	185,396	00	
	2	Interest	•	2	1,156	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income. Attach schedule <b>SEE STATEMENT 1</b>	•	7	198,010	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	384,562	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 2</b>	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>	•	11		00	
	12	Other salaries and wages	•	12	413,004	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	1,353	00
		14	Taxes	•	14		00
		15	Rents	•	15	240,000	00
		16	Depreciation and depletion (See instructions)	•	16	102,599	00
		17	Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 4</b>	•	17	832,300	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,589,256	00

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		178,142		986,810
2 Net accounts receivable		98,198		70,174
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	2,850,645		2,952,124	
b Less accumulated depreciation	359,535	2,491,110	461,018	2,491,106
11 Land				
12 Other assets. Attach schedule <b>STMT 5</b>		16,159		358
13 <b>Total assets</b>		2,783,609		3,548,448
<b>Liabilities and net worth</b>				
14 Accounts payable		10,235		3
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule <b>STMT 6</b>		190,802		191,028
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,582,572		3,357,417
22 <b>Total liabilities and net worth</b>		2,783,609		3,548,448

**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	•	718,729	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		718,729
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6 Total. Add line 1 through line 5		718,729				

**Statement 1 - Form 199, Part II, Line 7 - Other Income**

Description	Amount
ANNUAL GALA	\$ 198,010
TOTAL	\$ <u>198,010</u>

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# California Statements

## Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
		ELEPHANTS OF AFRICA RESCUE SO	400 RIVER ROAD	SALINAS	CA	93940		

## Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
CHARLIE SAMMUT	400 RIVER ROAD	SALINAS	CA	93908	PRESIDENT		
VICKEY OVERSTREET	400 RIVER ROAD	SALINAS	CA	93908	CFO		
SUSAN GREENBERG	400 RIVER ROAD	SALINAS	CA	93908	SECRETARY		
ROBERT DICELY	400 RIVER ROAD	SALINAS	CA	93908	DIRECTOR		
ANTHONEY SAMMUT	400 RIVER ROAD	SALINAS	CA	93908	DIRECTOR		
TOTAL							0

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**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
	\$
ANNUAL GALA	
EVENT SUPPLIES	43,035
	33,957
	20,340
	65,724
UBIT	
	210
	5,516
AUTO EXPENSES	32,583
DONATIONS	18,295
MAINTENANCE	130,283
BANK CHARGES	34,235
BUSINESS FEES	149
MEMBERSHIPS	4,970
ANIMAL FEED & HUSBANDRY	238,114
TOUR FEES	4,278
UNIFORMS	1,793
UTILITIES	13,070
MISC.	160
PERMITS	4,867
TOUR MEALS	272
	9,416
	18,339
OPERATIONS	67,174
PRINTING	66,545
TRAVEL	1,419
	17,556
TOTAL	\$ 832,300

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**Statement 5 - Form 199, Schedule L, Line 12 - Other Assets**

Description	Beginning of Year	End of Year
UNDEPOSITED FUNDS	\$ 16,159	\$ 358
TOTAL	\$ 16,159	\$ 358

**Statement 6 - Form 199, Schedule L, Line 18 - Other Liabilities**

Description	Beginning of Year	End of Year
PAYROLL LIABILITIES	\$ 300	\$ 229
SALES TAX PAYABLE	2,350	-371
DEFERRED REVENUE	28,252	31,270
UNSECURED NOTES AND LOANS PAYABLE	159,900	159,900
TOTAL	\$ 190,802	\$ 191,028

California Exempt Organization Business Income Tax Return

2021

109

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

Corporation/Organization name: MONTEREY ZOOLOGICAL SOCIETY, INC. California corporation number: 2995723. FEIN: 26-0391615. Street address: 400 RIVER ROAD. City: SALINAS, State: CA, ZIP code: 93908.

A First return filed? B Is this an education IRA... C Is the organization under audit... D Final return? E Amended return? F Accounting method used: (1) X Cash (2) Accrual (3) Other. H Is the organization a non-exempt charitable trust... I Is this organization claiming any former... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) code: 453220. L Is this a hospital?

Table with 5 columns: Description, Line Number, Amount, and Balance. Rows include Unrelated business taxable income (37,811.00), Taxable Corporation (24,549.00), Taxable Trust (24,549.00), Tax Computation (2,170.00), Total Tax (2,170.00), Payments (0.00), and Use Tax/ Tax Due/ Overpayment (2,170.00).

INT

33

**MONTEREY ZOOLOGICAL SOCIETY, INC.**  
**26-0391615**

Refund or Amount Due	<b>26</b> Refund. If line 25 is less than line 24, then subtract line 25 from line 24	<b>26</b>	00
	<b>a</b> Fill in the account information to have the refund directly deposited. Routing number	<b>26a</b>	
	<b>b</b> Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <b>c</b> Account Number	<b>26c</b>	
	<b>27</b> Penalties and interest. See General Information M	<b>27</b>	57 00
	<b>28</b> <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806		
<b>29</b> Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	<b>29</b>	2,227 00	

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

<b>1 a</b> Gross receipts or gross sales <u>185,396</u>	<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>	185,396 00
<b>2</b> Cost of goods sold and/or operations (Schedule A, line 7)			<b>2</b>	83,585 00
<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b>	101,811 00
<b>4 a</b> Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)			<b>4a</b>	00
<b>b</b> Net gain (loss) from Part II, Schedule D-1			<b>4b</b>	00
<b>c</b> Capital loss deduction for trusts			<b>4c</b>	00
<b>5</b> Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			<b>5</b>	00
<b>6</b> Rental income (Schedule C)			<b>6</b>	0 00
<b>7</b> Unrelated debt-financed income (Schedule D)			<b>7</b>	00
<b>8</b> Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			<b>8</b>	00
<b>9</b> Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			<b>9</b>	00
<b>10</b> Exploited exempt activity income (Schedule G)			<b>10</b>	00
<b>11</b> Advertising income (Schedule H, Part III, Column A)			<b>11</b>	00
<b>12</b> Other income. Attach schedule			<b>12</b>	00
<b>13</b> Total unrelated trade or business income. Add line 3 through line 12			<b>13</b>	101,811 00

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees from Schedule	<b>14</b>	00
<b>15</b> Salaries and wages	<b>15</b>	63,000 00
<b>16</b> Repairs	<b>16</b>	00
<b>17</b> Bad debts	<b>17</b>	00
<b>18</b> Interest. Attach schedule	<b>18</b>	00
<b>19</b> Taxes. Attach schedule	<b>19</b>	00
<b>20</b> Contributions. See instructions and attach schedule	<b>20</b>	00
<b>21 a</b> Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	<b>21a</b>	00
<b>b</b> Less: depreciation claimed on Schedule A. See instructions	<b>21b</b>	00
<b>22</b> Depletion. Attach schedule	<b>22</b>	00
<b>23 a</b> Contributions to deferred compensation plans	<b>23a</b>	00
<b>b</b> Employee benefit programs. See instructions	<b>23b</b>	00
<b>24</b> Other deductions. Attach schedule	<b>24</b>	00
<b>25</b> Total deductions. Add line 14 through line 24	<b>25</b>	63,000 00
<b>26</b> Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	<b>26</b>	38,811 00
<b>27</b> Excess advertising costs (Schedule H, Part III, Column B)	<b>27</b>	00
<b>28</b> Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	<b>28</b>	38,811 00
<b>29</b> Specific deduction. See instructions	<b>29</b>	1,000 00
<b>30</b> Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	<b>30</b>	37,811 00

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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 <b>PRESIDENT</b>	Date	Telephone <b>831-455-1901</b>
Preparer's signature	Date <b>11/15/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01541040</b>
Firm's name (or yours, if self-employed) and address <b>CAL ACCOUNTING 26335 CARMEL RANCHO BLVD., SUITE 9 CARMEL, CA 93923</b>			Firm's FEIN <b>37-1852224</b> Telephone <b>831-275-0084</b>

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



**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify) COST METHOD

1	Inventory at beginning of year	1		00
2	Purchases	2	83,585	00
3	Cost of labor	3		00
4	a Additional IRC Section 263A costs. Attach schedule	4a		00
	b Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5	83,585	00
6	Inventory at end of year	6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	83,585	00
Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Schedule B Tax Credits.**

1	Enter credit name	code	1	00
2	Enter credit name	code	2	00
3	Enter credit name	code	3	00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11		4	00

**Schedule K Add-On Taxes or Recapture of Tax.** See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	00

**Schedule R Apportionment Formula Worksheet.** Use only for unrelated trade or business amounts.

**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions	2,646,000	1,717,929	64.926
2 Payroll factor: Wages and other compensation of employees	0	0	
3 Sales factor: Gross sales and/or receipts less returns and allowances	0	0	
4 Total percentage: Add the percentages in column (c)			64.926
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			64.926

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n and organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
N/A		%
		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (attach schedule)	(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 **0**



**Schedule D Unrelated Debt-Financed Income**

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property		3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)
N/A					
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

**Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization**

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
N/A					
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

**Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations**

		Exempt Controlled Organizations			
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
N/A					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
N/A							
Total. Enter here and on Side 2, Part I, line 10							



**Schedule H Advertising Income and Excess Advertising Costs**

**Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
N/A						
Totals .....						

**Part II Income from Periodicals Reported on a Separate Basis**

N/A						

**Part III Column A – Net Advertising Income**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals

N/A

**Part III Column B – Excess Advertising Costs**

(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals

N/A

(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

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**Schedule I Compensation of Officers, Directors, and Trustees**

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
N/A			%		
			%		
			%		
			%		
			%		

Total. Enter here and on Side 2, Part II, line 14

**Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)**

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below) .....						0
2 Other depreciation:						
Buildings .....	N/A					0
Furniture and fixtures .....						
Transportation equipment .....						
Machinery and other equipment .....						
Other (specify) .....						
3 Other depreciation .....						0
4 Total .....						0
5 Amount of depreciation claimed elsewhere on return .....						0
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a .....						

2021

# Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>	California corporation number <b>2995723</b>
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**Part I Election To Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California .....	1	
2 Total cost of IRC Section 179 property placed in service .....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation .....	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
<b>(a) Description of property</b>		
<b>(b) Cost (business use only)</b>		
<b>(c) Elected cost</b>		
6		
7 Listed property (elected IRC Section 179 cost) .....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from prior taxable years .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 <b>SEE STATEMENT 1</b>						<b>102,599</b>	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....						15	<b>102,599</b>

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	<b>102,599</b>
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary) .....	18	

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g) .....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....						22



Underpayment of Estimated Tax by Corporations

2021

5806

For calendar year 2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation name MONTEREY ZOOLOGICAL SOCIETY, INC. California corporation number 2995723

Part I Figure the Underpayment

Table with 5 columns: Line number, (a), (b), (c), (d). Rows include current year's tax, installment due dates, percentage required, amount due, and underpayment.

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, do not attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

Table with 10 columns: Question, Yes, No, Yes, No, Yes, No, Yes, No. Rows include Exception A (Regular and Large Corporations) and Exception B and C.

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

Table with 5 columns: Line number, (a), (b), (c), (d). Rows include days from date shown on line 2 to date shown on line 11, and total estimated penalty due.

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**Part IV** Exceptions Worksheets. Even if line 7 shows an underpayment for any installment, the Franchise Tax Board will not assess a penalty if timely payments were made and they equal or exceed the amount determined under any of the three exceptions for the same installment period.

**Exception A — Prior Year's Tax — Regular Corporations**

23 Prior year's tax (the return must have been for a full 12 months)										<b>23</b>
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>					
		30%	70%	70%	100%					
24 Enter line 23 x the percentage shown		(not less than min.)								
25 Amount paid by the installment due date (cumulative)										
26 If line 25 is greater than line 24, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 8a. If line 24 is greater than line 25, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8a		Yes	No	Yes	No	Yes	No	Yes	No	

**Exception A — Prior Year's Tax — Large Corporations**

Use this exception only if prior year tax is less than current year tax.

27 Current year's tax. See instructions										<b>27</b>
				1st Installment		2nd Installment				
28 a Installment due. Enter line 23 x 30%										
b Installment due. Enter line 27 x 70%										
29 Amount paid by the installment due date (cumulative)										
30 If line 29 is greater than line 28 for both installments, the exception is met. Check "Yes" here for each installment and check the applicable "Yes" box in Part II, line 8b. The exception to the penalty applies only if line 29 is greater than line 28 for both installments. If line 28 is greater than line 29 for either installment, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8b		Yes	No	Yes	No	Yes	No	Yes	No	

See instructions regarding amounts to use for installment 3 and installment 4.

**Exception B — Tax on Annualized Current Year Income**

Enter number of months for each period. See instructions ▶

		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>					
31 Enter taxable income for each annualization period										
32 Annualization amounts. See instructions										
33 a Annualized taxable income. Multiply line 31 by line 32										
b R&TC Section 23802(e) deduction (S corporations only)										
c Net income. Subtract line 33b from line 33a										
34 Tax. Multiply line 33c by the current tax rate										
35 Tax credits for each payment period										
36 Subtract line 35 from line 34										
37 Other taxes*										
38 Total tax. Add line 36 and line 37										
39 Applicable percentage. For short period returns (taxable year of less than 12 months), see the instructions for Part I, line 3		30%	70%	70%	100%					
40 Installment due. Multiply line 38 by line 39		(not less than min.)								
41 Amount paid by the installment due date (cumulative)										
42 If line 41 is greater than line 40, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 9. If line 40 is greater than line 41, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 9.		Yes	No	Yes	No	Yes	No	Yes	No	

\*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, the QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

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**Part IV Exceptions Worksheets** (Continued)

<b>Exception C — Tax on Annualized Seasonal Income</b>		(a)	(b)	(c)	(d)				
<b>43</b> Enter taxable income for the following periods:		1st 3 months	1st 5 months	1st 8 months	1st 11 months				
<b>a</b> Taxable year beginning in 2018	<b>43a</b>								
<b>b</b> Taxable year beginning in 2019	<b>43b</b>								
<b>c</b> Taxable year beginning in 2020	<b>43c</b>								
<b>44</b> Enter taxable income for each period for the taxable year beginning in 2021	<b>44</b>								
<b>45</b> Enter taxable income for the following periods:		1st 4 months	1st 6 months	1st 9 months	Entire year				
<b>a</b> Taxable year beginning in 2018	<b>45a</b>								
<b>b</b> Taxable year beginning in 2019	<b>45b</b>								
<b>c</b> Taxable year beginning in 2020	<b>45c</b>								
<b>46</b> Divide the amount in each column on line 43a by the amount in column (d) on line 45a	<b>46</b>								
<b>47</b> Divide the amount in each column on line 43b by the amount in column (d) on line 45b	<b>47</b>								
<b>48</b> Divide the amount in each column on line 43c by the amount in column (d) on line 45c	<b>48</b>								
<b>49</b> Add line 46 through line 48	<b>49</b>								
<b>50</b> Divide line 49 by 3	<b>50</b>								
<b>51 a</b> Divide line 44 by line 50	<b>51a</b>	1st 4 months	1st 6 months	1st 9 months	Entire year				
<b>b</b> R&TC Section 23802(e) deduction. (S corporations only)	<b>51b</b>								
<b>c</b> Net income. Subtract line 51b from line 51a	<b>51c</b>								
<b>52</b> Tax. Multiply line 51c by the current tax rate	<b>52</b>								
<b>53</b> Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a	<b>53</b>								
<b>54</b> Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b	<b>54</b>								
<b>55</b> Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c	<b>55</b>								
<b>56</b> Add line 53 through line 55	<b>56</b>								
<b>57</b> Divide line 56 by 3	<b>57</b>								
<b>58</b> Multiply the amounts in column (a) through column (c) of line 52 by the amounts in the corresponding column of line 57. In column (d), enter the amount from line 52, column (d)	<b>58</b>								
<b>59</b> Tax credits for each payment period	<b>59</b>								
<b>60</b> Subtract line 59 from line 58	<b>60</b>								
<b>61</b> Other taxes*	<b>61</b>								
<b>62</b> Total tax. Add line 60 and line 61	<b>62</b>	(not less than min.)							
<b>63</b> Amount paid by the installment due date (cumulative)	<b>63</b>								
<b>64</b> If line 63 is greater than line 62, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 10. If line 62 is greater than line 63, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 10	<b>64</b>	Yes	No	Yes	No	Yes	No	Yes	No

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\*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

<b>Form 5806</b>	<b>California Underpayment of Estimated Tax Penalty Worksheet</b>	<b>2021</b>
For calendar year 2021, or tax year beginning _____, and ending _____		

Name <b>MONTEREY ZOOLOGICAL SOCIETY, INC.</b>	California Corporation Number <b>2995723</b>
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	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/21</u>	<u>06/15/21</u>	<u>09/15/21</u>	<u>12/15/21</u>
Amount of underpayment	<u>651</u>	<u>868</u>	<u>        </u>	<u>651</u>

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u>04/15/21</u>	<u>06/15/21</u>	<u>09/15/21</u>	<u>12/15/21</u>	<u>        </u>
Amount of payment	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/21	6/30/21	651	76	5.00	7
1	6/30/21	5/15/22	651	319	3.00	17
2	6/15/21	6/30/21	868	15	5.00	2
2	6/30/21	5/15/22	868	319	3.00	23
4	12/15/21	5/15/22	651	151	3.00	8
<b>TOTAL PENALTY</b>						<b>57</b>
						=====

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## California Statements

## Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date	Cost /	Accum	Method	Life /	Current	Add'l
	Acquired	Basis	Depr		Rate	Depr	1st Year
RYDABLES	6/30/21	\$ 7,500	\$	MACRS	7	\$ 1,071	\$
2021 CONSTRUCTION IMPROVEMENTS	6/30/21	93,979		MACRS	39	1,305	
BACKHOE	11/29/15	20,000	11,176	200DB	12.50	1,412	
SKIDSTEER	1/30/15	28,620	17,184	200DB	12.50	1,829	
TRAILER	4/04/14	5,800	3,937	200DB	12.50	324	
DUMP TRAILER	4/28/16	8,891	4,818	200DB	12.50	652	
RADIOS	5/02/16	1,852	1,025	200DB	12.50	138	
TRANSPORT CAGE	12/27/16	6,000	3,252	200DB	12.50	439	
TRANSIT EQUIPMENT	6/13/16	1,500	813	200DB	12.50	110	
ANIMAL ENCLOSURES	6/30/16	618,038	92,706	S/L	30.00	20,601	
BUILDING IMPROVEMENTS	6/30/16	3,059	1,658	200DB	12.50	224	
PATHWAYS AND FENCING	6/30/16	46,540	25,221	200DB	12.50	3,411	
2017 ENCLOSURES	6/30/17	43,195	9,247	200DB	30.00	2,263	
2017 ENTRANCE	6/30/17	144,536	65,722	200DB	12.50	12,610	
2018 IMPROVEMENTS	6/30/18	1,094,188	71,332	MACRS	39	28,056	
2019 IMPROVEMENTS	6/30/19	623,741	24,656	MACRS	39	15,994	
2020 IMPROVEMENTS	7/01/20	179,973	2,115	MACRS	39	4,615	
RYDABLES	7/01/20	20,000	4,000	MACRS	5	6,400	

## California Statements

## Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
FURNITURE	7/01/20	\$ 4,672	\$ 667	MACRS	7	\$ 1,145	\$
TOTAL		<u>\$ 2,952,124</u>	<u>\$ 339,530</u>			<u>\$ 102,599</u>	<u>\$ 0</u>

# Client Copy

**California Estimate Worksheet**

Form **109**

**2021**

For calendar year 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name

Employer Identification Number

**MONTEREY ZOOLOGICAL SOCIETY, INC.**

**26-0391615**

1. Taxable income .....	1. <u>24,549</u>
2. Tax .....	2. <u>2,170</u>
3. Tax increase / decrease .....	3. _____
4. Net tax .....	4. <u>2,170</u>
5. Credits .....	5. _____
6. Subtotal .....	6. <u>2,170</u>
7. Other taxes .....	7. _____
8. Total tax .....	8. <u>2,170</u>

	(1) 30%	(2) 70%	(3) 70%	(4) 100%
9. Multiply line 8 by the percentage .....				<b>2,170</b>
10. Rounding amount .....				<b>30</b>
11. Cumulative payments:				
a. Prior year overpayment .....				
b. Payments made .....				
12. Total estimated tax payments .....				<b>2,200</b>

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