

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

October 3, 2023

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 2022, or tax year beginning _____, and ending _____

26-0391615

MONTEREY ZOOLOGICAL SOCIETY, INC.

Net Asset / Fund Balance at Beginning of Year 3,357,417

Revenue

Contributions	<u>1,180,753</u>	
Program service revenue		
Investment income	<u>1,276</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>309,851</u>	
Direct expenses	<u>45,196</u>	
Net income	<u>264,655</u>	
Other income	<u>5,434</u>	
Total revenue		<u>1,452,118</u>

Expenses

Program services	<u>1,543,780</u>	
Management and general	<u>201,655</u>	
Fundraising		
Total expenses		<u>1,745,435</u>
Excess / (deficit)		<u>-293,317</u>

Changes _____

Net Asset / Fund Balance at End of Year 3,064,100

Reconciliation of Revenue

Total revenue per financial statements	<u>1,452,118</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>1,452,118</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,745,435</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>1,745,435</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,548,448</u>	<u>3,282,210</u>	
Liabilities	<u>191,031</u>	<u>218,110</u>	
Net assets	<u>3,357,417</u>	<u>3,064,100</u>	<u>-293,317</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/23
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

26-0391615

MONTEREY ZOOLOGICAL SOCIETY, INC.

Income & Losses (Form 990-T, Sch A)	# of Schedules <u>1</u>		
Income from all activities	<u>5,434</u>		
Losses from all activities	_____		
Unrelated business taxable income from all trades		<u>5,434</u>	
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits	_____		
Charitable contributions	_____		
Net operating loss (prior to 2018)	_____		
Specific deduction	<u>1,000</u>		
Section 199A Deduction (Trusts Only)	_____		
Total adjustments		<u>(1,000)</u>	
Unrelated business taxable income			<u><u>4,434</u></u>
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax	<u>931</u>		
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities	_____		
Tax Due		<u>931</u>	
Foreign tax credit and other credits	_____		
General business credits	_____		
Prior year minimum tax credit	_____		
Total nonrefundable credits		_____	
Other taxes	_____		
Total tax			<u><u>931</u></u>
Payments & Penalties			
Estimated tax payments and Tax withheld	_____		
Paid with extension	_____		
Refundable credits and other payments	_____		
Payments		_____	
Net tax due			<u><u>931</u></u>
Estimated tax penalty	<u>45</u>		
Interest on late payments	_____		
Failure to file penalty	_____		
Failure to pay penalty	_____		
Penalties		<u>45</u>	
Balance due			<u><u>976</u></u>
Total overpayment	_____		
Overpayment applied to next year's tax	_____		
Refund			_____

Next Year's Estimates

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

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/23

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

October 3, 2023

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 12/31/22 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 12/31/22 shows a balance due of \$976, which you have authorized the United States Treasury to debit your Pinnacle Bank checking account for the full amount on March 5, 2024. 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 2023 Form 990-T estimated tax payments are as follows:

Due Date	Remittance
4/18/23	\$0
6/15/23	\$0
9/15/23	\$0
12/15/23	\$1,000

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 12/31/22 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 12/31/22 shows a balance due of \$275. 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 15, 2023. 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 15, 2023 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 2023 estimated tax payments are as follows:

Due Date	Remittance
4/17/23	\$0
6/15/23	\$0
9/15/23	\$0
12/15/23	\$300

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 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 12/31/22 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 12/31/22" on the check. Mail the return by November 15, 2023 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 2022, or fiscal year beginning, 2022, and ending, 20

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

2022

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 <u>1,452,118</u>
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 V, 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 2022 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 93924 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 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 03/05/24

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.

77381593924

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 03/05/24

**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 2022, or fiscal year beginning 2022, and ending 20

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

2022

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 V, 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	931
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 2022 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 **93924** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 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 **03/05/24**

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.

77381593924

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 **03/05/24**

**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)

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning , and ending

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	C Name of organization <p style="text-align: center;">MONTEREY ZOOLOGICAL SOCIETY, INC.</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;">400 RIVER ROAD</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">SALINAS CA 93908</p>	D Employer identification number <p style="text-align: center;">26-0391615</p> E Telephone number <p style="text-align: center;">831-455-1901</p> G Gross receipts \$ 1,580,960
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F Name and address of principal officer: <p style="text-align: center;">CHARLIE SAMMUT 400 RIVER ROAD SALINAS CA 93908</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.MONTEREYZOO.ORG
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2007	M State of legal domicile: CA
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	25	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,434	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	4,434	
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	2,007,008	1,180,753	
	9 Program service revenue (Part VIII, line 2g)		0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,156	1,276	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	256,786	270,089	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,264,950	1,452,118	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	446,961	639,633	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25)	0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,098,144	1,105,802	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,545,105	1,745,435	
	19 Revenue less expenses. Subtract line 18 from line 12	719,845	-293,317	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	3,548,448	3,282,210	
	21 Total liabilities (Part X, line 26)	191,031	218,110	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,357,417	3,064,100	

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.

Sign Here	Signature of officer <p style="text-align: center;">CHARLIE SAMMUT</p> Type or print name and title <p style="text-align: center;">PRESIDENT</p>	Date
Paid Preparer Use Only	Print/Type preparer's name <p>CHRISTOPHER LOCKE</p> Preparer's signature 	Date <p>03/04/24</p> Check <input type="checkbox"/> if self-employed PTIN <p>P01541040</p>
	Firm's name <p>CAL ACCOUNTING</p> Firm's address <p>26335 CARMEL RANCHO BLVD., SUITE 9 CARMEL, CA 93923</p>	Firm's EIN <p>37-1852224</p> Phone no. <p>831-275-0084</p>

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 \$ **1,543,780** including grants of \$) (Revenue \$)

SEE SCHEDULE O

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 **1,543,780**

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	Section 501(c)(3) organizations. 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 16? 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 16? 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 16? 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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: 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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	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	2a	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		X	
4a	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)?	4a			X
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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	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.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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
1a	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	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?	X	
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 400 RIVER ROAD CA 93908 831-455-1901
SALINAS

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, box 6 of 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) ROBERT DICELY DIRECTOR	0.00 0.00	X						0	0	0
(2) SUSAN GREENBERG SECRETARY	0.00 0.00	X						0	0	0
(3) VICKEY OVERSTREET CFO	0.00 0.00	X						0	0	0
(4) ANTHONEY SAMMUT DIRECTOR	0.00 0.00	X						0	0	0
(5) CHARLIE SAMMUT PRESIDENT	0.00 0.00	X		X				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,180,753				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		1,180,753				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,276	1,276			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	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	(i) Securities				
			(ii) Other				
	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		309,851				
		b Less: direct expenses	8b	45,196			
		c Net income or (loss) from fundraising events		264,655			
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		89,080				
		b Less: cost of goods sold	10b	83,646			
		c Net income or (loss) from sales of inventory		5,434		5,434	
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,452,118	1,276	5,434	0	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	592,038	592,038		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	47,595	47,595		
11 Fees for services (nonemployees):				
a Management				
b Legal	93,000		93,000	
c Accounting	15,037		15,037	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	25,669	25,669		
13 Office expenses	78,544	78,544		
14 Information technology				
15 Royalties				
16 Occupancy	160,000	160,000		
17 Travel	20,193	20,193		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,053		1,053	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,451	100,451		
23 Insurance	82,334	41,167	41,167	
24 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.)				
a ANIMAL FEED & HUSBANDRY	258,046	258,046		
b MAINTENANCE	117,030	117,030		
c OPERATIONS	34,004	34,004		
d AUTO EXPENSES	30,213	30,213		
e All other expenses	90,228	38,830	51,398	
25 Total functional expenses. Add lines 1 through 24e	1,745,435	1,543,780	201,655	0
26 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)				

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	
Assets	1	Cash—non-interest-bearing	986,810	1	421,296
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	70,174	4	14,742
	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	3,407,641		
	b	Less: accumulated depreciation	561,469	10c	2,846,172
	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	358	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,548,448	16	3,282,210	
Liabilities	17	Accounts payable and accrued expenses	3	17	
	18	Grants payable		18	
	19	Deferred revenue	31,270	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	165,131
	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	-142	25	21,709
	26	Total liabilities. Add lines 17 through 25	191,031	26	218,110
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	3,357,417	27	3,064,100
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	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	Total net assets or fund balances	3,357,417	32	3,064,100
33	Total liabilities and net assets/fund balances	3,548,448	33	3,282,210	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,452,118
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,745,435
3	Revenue less expenses. Subtract line 2 from line 1	3	-293,317
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,357,417
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,064,100

Part XII Financial Statements and Reporting

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

		Yes	No
1	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.		
2a	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"/>
2b	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"/>
2c	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.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
3b	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		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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)						
Total						

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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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.

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 2022 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1,615,614	1,221,702	2,007,008	1,180,753	6,025,077
2 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	311,127	667,208
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		1,750,928	1,243,303	2,206,174	1,491,880	6,692,285
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						6,692,285

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6		1,750,928	1,243,303	2,206,174	1,491,880	6,692,285
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		1,660		37,811	4,434	43,905
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		1,752,588	1,243,303	2,243,985	1,496,314	6,736,190
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.35 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.25 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** 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—2021.** 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

Part IV Supporting Organizations

(Complete only if you checked a box on 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
1		
2 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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
1		
2 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>		
2		
3 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>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a 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>		
2a		
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>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a 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>		
3a		
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>		
3b		

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.

Section A – Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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 (for 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			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	Distributable Amount. 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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

2022

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: \$. 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		2,301,970	209,814	2,092,156
c Leasehold improvements		191,076	120,422	70,654
d Equipment		729,950	215,217	514,733
e Other		184,645	16,016	168,629
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,846,172

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)		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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)	
Total. (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) CREDIT CARDS PAYABLE	21,072
(3) PAYROLL LIABILITIES	637
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,709

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

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

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							
Total							

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.

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.....

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	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL GALA</u>		<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	309,851		309,851
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	309,851		309,851
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	45,196		45,196
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				264,655

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: _____

SCHEDULE L

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number

26-0391615

MONTEREY ZOOLOGICAL SOCIETY, INC.

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the org.? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

**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 for the latest information.

OMB No. 1545-0047

2022

**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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

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 BODY IS NOTIFIED 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 \$ 0

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

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to 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).

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MONTEREY ZOOLOGICAL SOCIETY, INC.	D Employer identification number 26-0391615
B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <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	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 400 RIVER ROAD	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code SALINAS CA 93908	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 3,282,210	

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

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	5,434
2 Reserved	2	
3 Add lines 1 and 2	3	5,434
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	5,434
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	5,434
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	4,434

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	931
2 Trusts taxable at trust rates. 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 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	931

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	931
3 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)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	931
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>		8	45
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	976
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax _____ Refunded _____		11	

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

1 At any time during the 2022 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		Yes	No
			X
2 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.			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year _____ \$			
4 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.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available 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	Available post-2017 NOL carryover		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
6a Did the organization change its method of accounting? (see instructions)			X
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.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer _____	Date _____	PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHRISTOPHER LOCKE	_____	03/04/24		P01541040
	Firm's name	Firm's address		Firm's EIN	Phone no.
	CAL ACCOUNTING	26335 CARMEL RANCHO BLVD., SUITE 9 CARMEL, CA 93923		37-1852224	831-275-0084

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

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to 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).

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>89,080</u>			
b Less returns and allowances <u> </u> c Balance	1c 89,080		
2 Cost of goods sold (Part III, line 8)	2 83,646		
3 Gross profit. Subtract line 2 from line 1c	3 5,434		5,434
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 5,434		5,434

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	7	8a	9	10	11	12	13	14	15	16	17	18
1 Compensation of officers, directors, and trustees (Part X)												
2 Salaries and wages												
3 Repairs and maintenance												
4 Bad debts												
5 Interest (attach statement). See instructions												
6 Taxes and licenses												
7 Depreciation (attach Form 4562). See instructions	7											
8 Less depreciation claimed in Part III and elsewhere on return		8a										0
9 Depletion												
10 Contributions to deferred compensation plans												
11 Employee benefit programs												
12 Excess exempt expenses (Part VIII)												
13 Excess readership costs (Part IX)												
14 Other deductions (attach statement)												
15 Total deductions. Add lines 1 through 14												
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)												5,434
17 Deduction for net operating loss. See instructions												
18 Unrelated business taxable income. Subtract line 17 from line 16												5,434

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation **COST METHOD**

1	Inventory at beginning of year	1	
2	Purchases	2	83,646
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	83,646
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	83,646
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends-received deductions included in line 10				

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

Underpayment of Estimated Tax by Corporations

2022

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **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

1 Total tax (see instructions)		1	931
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
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	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	931
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: 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		4	5,417
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	931

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)	
9 Installment due dates. 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.	9	04/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. 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	10	233	233	233	232
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		233	466	699
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		233	466	
17 Underpayment. 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	17	233	233	233	232
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

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)
19 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	19	SEE WORKSHEET		
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x <u>Number of days on line 21</u> 365 x 4% (0.04)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x <u>Number of days on line 23</u> 365 x 5% (0.05)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x <u>Number of days on line 25</u> 365 x 6% (0.06)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x <u>Number of days on line 29</u> 365 x **%	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x <u>Number of days on line 31</u> 365 x **%	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x <u>Number of days on line 33</u> 365 x **%	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x <u>Number of days on line 35</u> 366 x **%	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
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	\$ 45

*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. You can also call 1-800-829-4933 to get interest rate information.

Name MONTEREY ZOOLOGICAL SOCIETY, INC.	Employer Identification Number 26-0391615
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	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/22</u>	<u>06/15/22</u>	<u>09/15/22</u>	<u>12/15/22</u>
Amount of underpayment	<u>233</u>	<u>233</u>	<u>233</u>	<u>232</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	4/15/22	6/30/22	233	76	4.00	2
1	6/30/22	9/30/22	233	92	5.00	3
1	9/30/22	12/31/22	233	92	6.00	4
1	12/31/22	5/15/23	233	135	7.00	6
2	6/15/22	6/30/22	233	15	4.00	0
2	6/30/22	9/30/22	233	92	5.00	3
2	9/30/22	12/31/22	233	92	6.00	4
2	12/31/22	5/15/23	233	135	7.00	6
3	9/15/22	9/30/22	233	15	5.00	0
3	9/30/22	12/31/22	233	92	6.00	4
3	12/31/22	5/15/23	233	135	7.00	6
4	12/15/22	12/31/22	232	16	6.00	1
4	12/31/22	5/15/23	232	135	7.00	6
-----						-----
TOTAL PENALTY						45
						=====

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to 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	1,080,000
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	2,700,000
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 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 2023. 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	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	40,716

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 2022	17	51,073
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 2022 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	11,709	5.0	HY	200DB	2,342
c	7-year property	8,418	7.0	HY	200DB	1,203
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	07/01/22	435,390	39 yrs.	MM	5,117
				MM	S/L	

Section C—Assets Placed in Service During 2022 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	Total. 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	100,451
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
5-year GDS Property:									
22	Machinery & Equipment	7/01/22	11,709			11,709	5 HY 200DB	0	2,342
			<u>11,709</u>			<u>11,709</u>		<u>0</u>	<u>2,342</u>
7-year GDS Property:									
21	Furniture & Equipment	7/01/22	8,418			8,418	7 HY 200DB	0	1,203
			<u>8,418</u>			<u>8,418</u>		<u>0</u>	<u>1,203</u>
Non-Residential Real Property:									
20	2022 Improvements	7/01/22	435,390			435,390	39 MMS/L	0	5,117
			<u>435,390</u>			<u>435,390</u>		<u>0</u>	<u>5,117</u>
Prior MACRS:									
13	2018 Improvements	6/30/18	1,094,188			1,094,188	39 MMS/L	99,388	28,056
14	2019 Improvements	6/30/19	623,741			623,741	39 MMS/L	40,650	15,993
15	2020 Improvements	7/01/20	179,973			179,973	39 MMS/L	6,730	4,614
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
18	Rydables	6/30/21	7,500		X	0	7 HY 200DB	7,500	0
19	2021 Construction Improvements	6/30/21	93,979			93,979	39 MMS/L	1,305	2,410
			<u>2,024,053</u>			<u>1,991,881</u>		<u>180,245</u>	<u>51,073</u>
Other Depreciation:									
1	BACKHOE	11/29/15	20,000			20,000	12 MO200DB	12,588	1,186
2	SKIDSTEER	1/30/15	28,620			28,620	12 MO200DB	19,013	1,721
3	TRAILER	4/04/14	5,800			5,800	12 MO200DB	4,261	324
4	DUMP TRAILER	4/28/16	8,891			8,891	12 MO200DB	5,470	547
5	RADIOS	5/02/16	1,892			1,892	12 MO200DB	1,164	117
6	TRANSPORT CAGE	12/27/16	6,000			6,000	12 MO200DB	3,691	370
7	TRANSIT EQUIPMENT	6/13/16	1,500			1,500	12 MO200DB	923	92
8	ANIMAL ENCLOSURES	6/30/16	618,038			618,038	30 MO S/L	113,307	20,601
9	BUILDING IMPROVEMENTS	6/30/16	3,059			3,059	12 MO200DB	1,882	188
10	PATHWAYS AND FENCING	6/30/16	46,540			46,540	12 MO200DB	28,632	2,865
11	2017 ENCLOSURES	6/30/17	43,195			43,195	30 MO200DB	11,509	2,113
12	2017 ENTRANCE	6/30/17	144,536			144,536	12 MO200DB	78,333	10,592
	Total Other Depreciation		<u>928,071</u>			<u>928,071</u>		<u>280,773</u>	<u>40,716</u>
	Total ACRS and Other Depreciation		<u>928,071</u>			<u>928,071</u>		<u>280,773</u>	<u>40,716</u>
	Grand Totals		3,407,641			3,375,469		461,018	100,451
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,407,641</u>			<u>3,375,469</u>		<u>461,018</u>	<u>100,451</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
5-year GDS Property:								
22	Machinery & Equipment	7/01/22	11,709	11,709	0	2,342	2,342	0
			<u>11,709</u>	<u>11,709</u>	<u>0</u>	<u>2,342</u>	<u>2,342</u>	<u>0</u>
7-year GDS Property:								
21	Furniture & Equipment	7/01/22	8,418	8,418	0	1,203	1,203	0
			<u>8,418</u>	<u>8,418</u>	<u>0</u>	<u>1,203</u>	<u>1,203</u>	<u>0</u>
Non-Residential Real Property:								
20	2022 Improvements	7/01/22	435,390	435,390	0	5,117	5,117	0
			<u>435,390</u>	<u>435,390</u>	<u>0</u>	<u>5,117</u>	<u>5,117</u>	<u>0</u>
Prior MACRS:								
13	2018 Improvements	6/30/18	1,094,188	1,094,188	99,388	28,056	28,056	0
14	2019 Improvements	6/30/19	623,741	623,741	40,650	15,993	15,993	0
15	2020 Improvements	7/01/20	179,973	179,973	6,730	4,614	4,614	0
16	Rydables	7/01/20	20,000	20,000	10,400	3,840	0	-3,840
17	Furniture	7/01/20	4,672	4,672	1,812	817	0	-817
18	Rydables	6/30/21	7,500	7,500	1,071	1,837	0	-1,837
19	2021 Construction Improvements	6/30/21	93,979	93,979	1,305	2,410	2,410	0
			<u>2,024,053</u>	<u>2,024,053</u>	<u>161,356</u>	<u>57,567</u>	<u>51,073</u>	<u>-6,494</u>
Other Depreciation:								
1	BACKHOE	11/29/15	20,000	20,000	12,588	1,186	1,186	0
2	SKIDSTEER	1/30/15	28,620	28,620	19,013	1,721	1,721	0
3	TRAILER	4/04/14	5,800	5,800	4,261	324	324	0
4	DUMP TRAILER	4/28/16	8,891	8,891	5,470	547	547	0
5	RADIOS	5/02/16	1,892	1,892	1,164	117	117	0
6	TRANSPORT CAGE	12/27/16	6,000	6,000	3,691	370	370	0
7	TRANSIT EQUIPMENT	6/13/16	1,500	1,500	923	92	92	0
8	ANIMAL ENCLOSURES	6/30/16	618,038	618,038	113,307	20,601	20,601	0
9	BUILDING IMPROVEMENTS	6/30/16	3,059	3,059	1,882	188	188	0
10	PATHWAYS AND FENCING	6/30/16	46,540	46,540	28,632	2,865	2,865	0
11	2017 ENCLOSURES	6/30/17	43,195	43,195	11,510	2,112	2,113	1
12	2017 ENTRANCE	6/30/17	144,536	144,536	78,332	10,593	10,592	-1
	Total Other Depreciation		<u>928,071</u>	<u>928,071</u>	<u>280,773</u>	<u>40,716</u>	<u>40,716</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>928,071</u>	<u>928,071</u>	<u>280,773</u>	<u>40,716</u>	<u>40,716</u>	<u>0</u>
	Grand Totals		3,407,641	3,407,641	442,129	106,945	100,451	-6,494
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>3,407,641</u>	<u>3,407,641</u>	<u>442,129</u>	<u>106,945</u>	<u>100,451</u>	<u>-6,494</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
5-year GDS Property:									
22	Machinery & Equipment	7/01/22	11,709			11,709	5 HY 200DB	0	2,342
			<u>11,709</u>			<u>11,709</u>		<u>0</u>	<u>2,342</u>
7-year GDS Property:									
21	Furniture & Equipment	7/01/22	8,418			8,418	7 HY 200DB	0	1,203
			<u>8,418</u>			<u>8,418</u>		<u>0</u>	<u>1,203</u>
Non-Residential Real Property:									
20	2022 Improvements	7/01/22	435,390			435,390	39 MMS/L	0	5,117
			<u>435,390</u>			<u>435,390</u>		<u>0</u>	<u>5,117</u>
Prior MACRS:									
13	2018 Improvements	6/30/18	1,094,188			1,094,188	39 MMS/L	99,365	28,056
14	2019 Improvements	6/30/19	623,741			623,741	39 MMS/L	40,650	15,993
15	2020 Improvements	7/01/20	179,973			179,973	39 MMS/L	6,730	4,614
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
18	Rydables	6/30/21	7,500		X	0	7 HY 200DB	7,500	0
19	2021 Construction Improvements	6/30/21	93,979			93,979	39 MMS/L	1,305	2,410
			<u>2,024,053</u>			<u>1,991,881</u>		<u>180,222</u>	<u>51,073</u>
Other Depreciation:									
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	6/13/16	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
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		2,479,570			2,447,398		180,222	59,735
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>2,479,570</u>			<u>2,447,398</u>		<u>180,222</u>	<u>59,735</u>

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	0	7,500	0
Grand Total			<u>32,172</u>		<u>0</u>	<u>0</u>	<u>32,172</u>	<u>0</u>

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>
<u>MACRS Adjustments:</u>						
Page 1	1	13	2018 Improvements	28,056	28,056	0
Page 1	1	14	2019 Improvements	15,993	15,993	0
Page 1	1	15	2020 Improvements	4,614	4,614	0
Page 1	1	16	Rydables	0	0	0
Page 1	1	17	Furniture	0	0	0
Page 1	1	18	Rydables	0	0	0
Page 1	1	19	2021 Construction Improvements	2,410	2,410	0
Page 1	1	20	2022 Improvements	5,117	5,117	0
Page 1	1	21	Furniture & Equipment	1,203	1,203	0
Page 1	1	22	Machinery & Equipment	2,342	2,342	0
				<u>59,735</u>	<u>59,735</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/23

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
13	2018 Improvements	6/30/18	1,094,188	28,057	28,057
14	2019 Improvements	6/30/19	623,741	15,993	15,993
15	2020 Improvements	7/01/20	179,973	4,615	4,615
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
20	2022 Improvements	7/01/22	435,390	11,164	11,164
21	Furniture & Equipment	7/01/22	8,418	2,061	2,061
22	Machinery & Equipment	7/01/22	11,709	3,747	3,747
			<u>2,479,570</u>	<u>68,047</u>	<u>68,047</u>
Other Depreciation:					
1	BACKHOE	11/29/15	20,000	1,149	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	493	0
5	RADIOS	5/02/16	1,892	104	0
6	TRANSPORT CAGE	12/27/16	6,000	310	0
7	TRANSIT EQUIPMENT	6/13/16	1,500	82	0
8	ANIMAL ENCLOSURES	6/30/16	618,038	20,601	0
9	BUILDING IMPROVEMENTS	6/30/16	3,059	165	0
10	PATHWAYS AND FENCING	6/30/16	46,540	2,507	0
11	2017 ENCLOSURES	6/30/17	43,195	1,971	0
12	2017 ENTRANCE	6/30/17	144,536	8,898	0
	Total Other Depreciation		<u>928,071</u>	<u>38,325</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>928,071</u>	<u>38,325</u>	<u>0</u>
	Grand Totals		<u>3,407,641</u>	<u>106,372</u>	<u>68,047</u>

CA Future Depreciation Report

FYE: 12/31/23

Form 990, Page 1

Asset	Description	Date In Service	Cost	CA
Prior MACRS:				
13	2018 Improvements	6/30/18	1,094,188	28,057
14	2019 Improvements	6/30/19	623,741	15,993
15	2020 Improvements	7/01/20	179,973	4,615
16	Rydables	7/01/20	20,000	2,304
17	Furniture	7/01/20	4,672	584
18	Rydables	6/30/21	7,500	1,312
19	2021 Construction Improvements	6/30/21	93,979	2,410
20	2022 Improvements	7/01/22	435,390	11,164
21	Furniture & Equipment	7/01/22	8,418	2,061
22	Machinery & Equipment	7/01/22	11,709	3,747
			<u>2,479,570</u>	<u>72,247</u>
Other Depreciation:				
1	BACKHOE	11/29/15	20,000	1,149
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	493
5	RADIOS	5/02/16	1,892	104
6	TRANSPORT CAGE	12/27/16	6,000	310
7	TRANSIT EQUIPMENT	6/13/16	1,500	82
8	ANIMAL ENCLOSURES	6/30/16	618,038	20,601
9	BUILDING IMPROVEMENTS	6/30/16	3,059	165
10	PATHWAYS AND FENCING	6/30/16	46,540	2,507
11	2017 ENCLOSURES	6/30/17	43,195	1,972
12	2017 ENTRANCE	6/30/17	144,536	8,898
	Total Other Depreciation		<u>928,071</u>	<u>38,326</u>
	Total ACRS and Other Depreciation		<u>928,071</u>	<u>38,326</u>
	Grand Totals		<u>3,407,641</u>	<u>110,573</u>

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 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	4,434
2	Tax on the amount on line 1. See instructions for tax computation	2	931
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	931
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	931
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	931
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	931
b	Enter the tax shown on the 2021 return. See instructions. Caution: 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	931
c	2022 Estimated Tax. 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	931

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	04/18/23	06/15/23	09/15/23	12/15/23
12	Required installments. 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				1,000
13	2021 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14				1,000

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. UNRELATED BUSINESS ACTIVITY	453220	1. 5,434	
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. 5,434	

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. _____

Electronic Funds Withdrawal

Form **990-T**

2022

For calendar year 2022 or tax year beginning _____, ending _____

Name MONTEREY ZOOLOGICAL SOCIETY, INC.	Employer Identification Number 26-0391615
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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>03/05/24</u>
Amount of Tax Payment	<u>976</u>

DO NOT SUBMIT THIS DOCUMENT TO THE IRS

Electronic Funds Withdrawal - Estimates

Form **990-T**

2023

For calendar year 2023 or tax year beginning _____, ending _____

Name MONTEREY ZOOLOGICAL SOCIETY, INC.	Employer Identification Number 26-0391615
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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>12/15/23</u>
Amount of Estimated Tax Payment	<u>1,000</u>

DO NOT SUBMIT THIS DOCUMENT TO THE IRS

Form **990****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning

, ending

Name

Taxpayer Identification Number

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

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1,982,008	1,180,753	-801,255
	2. Membership dues and assessments			
	3. Government contributions and grants	25,000		-25,000
	4. Program service revenue			
	5. Investment income	1,156	1,276	120
	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	154,975	264,655	109,680
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	101,811	5,434	-96,377
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	2,264,950	1,452,118	-812,832
Expenses	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	446,961	639,633	192,672
	17. Professional fundraising fees			
	18. Other professional fees	86,064	108,037	21,973
	19. Occupancy, rent, utilities, and maintenance	240,000	160,000	-80,000
	20. Depreciation and Depletion	101,483	100,451	-1,032
	21. Other expenses	670,597	737,314	66,717
	22. Total expenses. Add lines 13 through 21	1,545,105	1,745,435	200,330
	23. Excess or (Deficit). Subtract line 22 from line 12	719,845	-293,317	-1,013,162
Other Information	24. Total exempt revenue	2,264,950	1,452,118	-812,832
	25. Total unrelated revenue	101,811	5,434	-96,377
	26. Total excludable revenue	1,156	1,276	120
	27. Total assets	3,548,448	3,282,210	-266,238
	28. Total liabilities	191,031	218,110	27,079
	29. Retained earnings	3,357,417	3,064,100	-293,317
	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	24	25		
33. Number of volunteers				

Form **990T****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Name

Taxpayer Identification Number

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

		2021	2022	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades	26,796	5,434	-21,362
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss	26,796	5,434	-21,362
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. Unrelated business taxable income.	25,796	4,434	-21,362
Tax & Credits	9. Income tax (corporate or trust)	5,417	931	-4,486
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes	5,417	931	-4,486
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits	5,417	931	-4,486
18. Recapture taxes and 965 tax				
19. Total Taxes	5,417	931	-4,486	
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)	5,417	931	-4,486
	26. Overpayment applied to next year			
	27. Penalties	433	45	-388
	28. Total due/(Refund)	5,850	976	-4,874
29. Activity Losses NOL (Post-2017)				

For calendar year 2022, or tax year beginning

, ending

Organization Name

MONTEREY ZOOLOGICAL SOCIETY, INC.

Taxpayer Identification Number

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

		2021	2022	Differences
Revenue	1. Gross profit/loss on business activities	1. 101,811	5,434	-96,377
	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.		
	11. Total trade or business income. Combine lines 1 through 10	11. 101,811	5,434	-96,377
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13. 63,000		-63,000
	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.		
	22. Total deductions. Add lines 12 through 22	22. 63,000		-63,000
	23. Taxable income before deductions. Subtract line 23 from 11	23. 38,811	5,434	-33,377
	24. Deductible losses	24. 12,015		-12,015
	25. Unrelated business taxable income (loss)	25. 26,796	5,434	-21,362

Form **990****Tax Return History****2022**

Name

MONTEREY ZOOLOGICAL SOCIETY, INC.

Employer Identification Number

26-0391615

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants		1,615,614	1,221,702	2,007,008	1,180,753	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income		258	859	1,156	1,276	
Fundraising revenue (income/loss)		88,627	15,760	154,975	264,655	
Gaming revenue (income/loss)						
Other revenue		2,660	-12,015	101,811	5,434	
Total revenue		1,707,159	1,226,306	2,264,950	1,452,118	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		309,008	442,624	446,961	639,633	
Professional fees		32,450	99,769	86,064	108,037	
Occupancy costs		240,000	240,000	240,000	160,000	
Depreciation and depletion		89,857	119,014	101,483	100,451	
Other expenses		522,600	607,547	670,597	737,314	
Total expenses		1,193,915	1,508,954	1,545,105	1,745,435	
Excess or (Deficit)		513,244	-282,648	719,845	-293,317	
Total exempt revenue		1,707,159	1,226,306	2,264,950	1,452,118	
Total unrelated revenue		2,660	-12,015	101,811	5,434	
Total excludable revenue		258	859	1,156	1,276	
Total Assets		2,917,485	2,783,609	3,548,448	3,282,210	
Total Liabilities		52,265	201,037	191,031	218,110	
Net Fund Balances		2,865,220	2,582,572	3,357,417	3,064,100	

Name MONTEREY ZOOLOGICAL SOCIETY, INC.	Employer Identification Number 26-0391615
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* Income shown net of expenses

	2018	2019	2020	2021	2022	2023
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						
Total trade or business income.		2,660	-12,015	26,796	5,434	
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						

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK CHARGES	\$ 23,418	\$	\$ 23,418	\$
CONTRACT LABOR	22,428	22,428		
UBIT	12,000		12,000	
MEMBERSHIPS	10,409	10,409		
DONATIONS	10,213		10,213	
UTILITIES	4,607	4,607		
PERMITS	2,862		2,862	
TOUR FEES	1,280		1,280	
TOUR MEALS	1,224	1,224		
PRINTING	1,159		1,159	
TRAVEL	426		426	
UNIFORMS	162	162		
MISC.	40		40	
TOTAL	\$ <u>90,228</u>	\$ <u>38,830</u>	\$ <u>51,398</u>	\$ <u>0</u>

Federal Statements**Schedule A, Part III, Line 1(e)**

Description	Amount
DIRECT PUBLIC SUPPORT	\$ 276,172
PROGRAM INCOME	904,581
TOTAL	\$ <u>1,180,753</u>

Schedule A, Part III, Line 2(e)

Description	Amount
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 1,276
ANNUAL GALA	309,851
TOTAL	\$ <u>311,127</u>

Schedule A, Part III, Line 11

Description	Amount
GIFT SHOP	\$ 5,434
LESS: DEDUCTIONS	-1,000
TOTAL	\$ <u>4,434</u>

Form 199 Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

26-0391615

MONTEREY ZOOLOGICAL SOCIETY, INC.

Gross sales / receipts	<u>400,207</u>	
Dues from members	_____	
Contributions / grants	<u>1,180,753</u>	
Total costs	<u>128,842</u>	
Expenses	<u>1,751,929</u>	
Excess / (deficit)		<u><u>-299,811</u></u>

Total payments	_____
Penalties and interest	_____
Use tax	_____

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

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,548,448</u>	<u>3,282,210</u>	
Liabilities	<u>191,031</u>	<u>218,110</u>	
Net assets	<u><u>3,357,417</u></u>	<u><u>3,064,100</u></u>	<u><u>-293,317</u></u>

Miscellaneous Information

Amended return _____

Return / extended due date 11/15/23

Form 109 Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

26-0391615

MONTEREY ZOOLOGICAL SOCIETY, INC.

Income

Gross profit	5,434	
Capital gain / loss		
All other income		
Total income	5,434	
Officer compensation		
Salaries		
All other deductions		
Excess ad costs		
Specific deduction	1,000	
Total deductions	1,000	
Unrelated business taxable income		4,434
Apportionment percentage		<u>68.3989 %</u>
Apportioned UBTI		<u>3,033</u>
Enterprise zone and net operating loss deduction		
Net UBTI		<u><u>3,033</u></u>

Taxes / Credits / Payments / Penalties

Tax on net UBTI	268	
Credits		
Alternative minimum tax		
Other tax		
Total tax	268	
Prior year overpayment		
Tax payments		
Paid with extension		
Total payments		
Net tax		<u>268</u>

Adjustments

Applied to next year's tax		
Use tax		
Estimated tax penalty	7	
Interest on late payments		
Failure to pay penalty		
Total adjustments		<u>7</u>

Balance due	<u>275</u>
Refund	<u><u> </u></u>

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	300
Total	<u><u>300</u></u>

Miscellaneous Information

Amended return
Return / extended due date 05/15/23

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

Description

THE ORGANIZATION LEASES LAND FROM DIRECTOR, CHARLIE SAMMUT

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 "2023 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 for more information.

— — — 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

TAXABLE YEAR

CALIFORNIA FORM

2023 Corporation Estimated Tax

100-ES

2995723 MONT 26-0391615 000000000000 23 FORM 2
TYB 01-01-2023 TYE 12-31-2023
MONTEREY ZOOLOGICAL SOCIETY INC

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

Est Tax Amt 300. QSub Tax Amt .
Total Payment Amt 300.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2022**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	1,580,960
2	Total gross income (Form 199, line 8)	2	1,452,118
3	Total expenses and disbursements (Form 199, line 9)	3	1,751,929

Part II Settle Your Account Electronically for Taxable Year 20224 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 2022 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.**

**Sign
Here**

Signature of officer

03/05/24

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, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

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

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

TAXABLE YEAR **2022** **California Exempt Organization**
Annual Information Return

FORM **199**

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

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

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____</p> <p>E Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F 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>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H 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>I 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>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>N 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>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	--

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	● 1	400,207	00
	2 Gross dues and assessments from members and affiliates	● 2		00
	3 Gross contributions, gifts, grants, and similar amounts received	● 3	1,180,753	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	● 4	1,580,960	00
	5 Cost of goods sold	● 5	128,842	00
	6 Cost or other basis, and sales expenses of assets sold	● 6		00
	7 Total costs. Add line 5 and line 6	● 7	128,842	00
	8 Total gross income. Subtract line 7 from line 4	● 8	1,452,118	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	● 9	1,751,929	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	-299,811	00
Filing Fee	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
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	● 16		00

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer PRESIDENT	Title	Date
Paid Preparer's Use Only	Preparer's signature	Date 03/04/2024	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	Telephone	
	CAL ACCOUNTING 26335 CARMEL RANCHO BLVD., SUITE 9 CARMEL, CA 93923	831-455-1901	
			PTIN P01541040
			Firm's FEIN 37-1852224
			Telephone 831-275-0084
	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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	89,080	00	
	2	Interest	•	2	1,276	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 SEE STATEMENT 1	•	7	309,851	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	400,207	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	•	11		00	
	12	Other salaries and wages	•	12	592,038	00	
	Expenses and Disbursements	13	Interest	•	13	1,053	00
		14	Taxes	•	14		00
		15	Rents	•	15	160,000	00
		16	Depreciation and depletion (See instructions)	•	16	106,945	00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	•	17	891,893	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,751,929	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		986,810	•	421,296
2 Net accounts receivable		70,174	•	14,742
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	2,952,124		3,407,641	
b Less accumulated depreciation	461,018	2,491,106	561,469	2,846,172
11 Land			•	
12 Other assets. Attach schedule STMT 5		358	•	
13 Total assets		3,548,448		3,282,210
Liabilities and net worth				
14 Accounts payable		3	•	
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities. Attach schedule STMT 6		191,028		218,110
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		3,357,417	•	3,064,100
22 Total liabilities and net worth		3,548,448		3,282,210

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	•	-299,811	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		-299,811
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6 Total. Add line 1 through line 5		-299,811				

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

<u>Description</u>	<u>Amount</u>
ANNUAL GALA	\$ <u>309,851</u>
TOTAL	\$ <u><u>309,851</u></u>

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

California Statements

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

Description	Amount
EVENT SUPPLIES	\$ 47,595
	15,037
	93,000
UBIT	
	20,193
AUTO EXPENSES	30,213
DONATIONS	10,213
MAINTENANCE	117,030
BANK CHARGES	23,418
BUSINESS FEES	
MEMBERSHIPS	10,409
ANIMAL FEED & HUSBANDRY	258,046
TOUR FEES	1,280
UNIFORMS	162
UTILITIES	4,607
MISC.	40
PERMITS	2,862
TOUR MEALS	1,224
OPERATIONS	34,004
PRINTING	1,159
TRAVEL	426
	25,669
	78,544
	82,334
UBIT	12,000
CONTRACT LABOR	22,428
TOTAL	\$ 891,893

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

Description	Beginning of Year	End of Year
UNDEPOSITED FUNDS	\$ 358	\$
TOTAL	\$ 358	\$ 0

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

Description	Beginning of Year	End of Year
PAYROLL LIABILITIES	\$ 229	\$ 637
SALES TAX PAYABLE	-371	
CREDIT CARDS PAYABLE		21,072
DEFERRED REVENUE	31,270	31,270
UNSECURED NOTES AND LOANS PAYABLE	159,900	165,131
TOTAL	\$ 191,028	\$ 218,110

California Exempt Organization Business Income Tax Return

2022

109

Calendar Year 2022 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 Taxable Income/Trust/Computation/Tax/Payments/Use Tax. Rows include Unrelated business taxable income (4,434), EZ, LAMBRA, or TTA NOL carryover deduction (3,033), Net Operating Loss deduction, Tax (268), Total tax (268), and Payments (0).

MONTEREY ZOOLOGICAL SOCIETY, INC.
26-0391615

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	700
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806		
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	27500	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales <u>89,080</u> b Less returns and allowances _____ c Balance _____	1c	89,080	00
2 Cost of goods sold and/or operations (Schedule A, line 7)	2	83,646	00
3 Gross profit. Subtract line 2 from line 1c	3	5,434	00
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	4a		00
b Net gain (loss) from Part II, Schedule D-1	4b		00
c Capital loss deduction for trusts	4c		00
5 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	5		00
6 Rental income (Schedule C)	6	0	00
7 Unrelated debt-financed income (Schedule D)	7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9		00
10 Exploited exempt activity income (Schedule G)	10		00
11 Advertising income (Schedule H, Part III, Column A)	11		00
12 Other income. Attach schedule	12		00
13 Total unrelated trade or business income. Add line 3 through line 12	13	5,434	00

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

14 Compensation of officers, directors, and trustees from Schedule I	14		00
15 Salaries and wages	15		00
16 Repairs	16		00
17 Bad debts	17		00
18 Interest. Attach schedule	18		00
19 Taxes. Attach schedule	19		00
20 Contributions. See instructions and attach schedule	20		00
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21a	00	
b Less: depreciation claimed on Schedule A. See instructions	21b	00	
22 Depletion. Attach schedule	22		00
23 a Contributions to deferred compensation plans	23a		00
b Employee benefit programs. See instructions	23b		00
24 Other deductions. Attach schedule	24		00
25 Total deductions. Add line 14 through line 24	25		00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	5,434	00
27 Excess advertising costs (Schedule H, Part III, Column B)	27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	5,434	00
29 Specific deduction. See instructions	29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	30	4,434	00

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 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 PRESIDENT	Date	Telephone 831-455-1901
Preparer's signature	Date 03/04/24	Check if self-employed <input type="checkbox"/>	PTIN P01541040
Firm's name (or yours, if self-employed) and address CAL ACCOUNTING 26335 CARMEL RANCHO BLVD., SUITE 9 CARMEL, CA 93923			Firm's FEIN 37-1852224 Telephone 831-275-0084

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	83,646	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	83,646	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	83,646	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	● 2,936,835	● 2,008,764	● 68.399
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)			68.399
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.			● 68.399

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 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)
1 N/A					
2					
3					
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 in column (10)	
1					
2					
3					
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 1, 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, 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-.
a ● N/A	●	●		●	●	
b ●	●	●		●	●	
c ●	●	●		●	●	
Totals	●	●	●	●	●	●

Part II Income from Periodicals Reported on a Separate Basis

a ● N/A	●	●	●	●	●	●
b ●	●	●	●	●	●	●
c ●	●	●	●	●	●	●

Part III Column A – Net Advertising Income

Part III Column B – Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(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	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
1 ● N/A	●	● N/A	●
2 ●	●	●	●
3 ●	●	●	●
Enter total here and on Side 2, Part I, line 11		Enter total here and on Side 2, Part II, line 27	

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						

2022

Corporation Depreciation and Amortization

3885

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

Corporation name MONTEREY ZOOLOGICAL SOCIETY, INC.	California corporation number 2995723
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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
(a) Description of property	
(b) Cost (business use only)	
(c) Elected cost	
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 smaller 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 2023. 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 SEE STATEMENT 1						106,945	
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)						106,945	15

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	106,945
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

2022

5806

For calendar year 2022 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: 1 Current year's tax (268), 2 Installment due dates (04/15/22, 06/15/22, 09/15/22, 12/15/22), 3 Percentage required (30%, 70% less 1st, 70% less prior, 100% less prior), 4 Amount due (80, 108, 80), 5a Amount paid or credited for each installment, 5b Overpayment from previous installment, 6 Add line 5a and line 5b, 7 Underpayment (80, 108, 80).

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: Line number, Description, Yes, No, Yes, No, Yes, No, Yes, No. Rows include: 8a Exception A - Regular Corporations, line 26 met? (No), 8b Exception A - Large Corporations, line 30, met? (No), 9 Exception B (line 42) met? (No), 10 Exception C (line 64) met? (No).

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, Description, (a), (b), (c), (d). Rows include: 11 Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year (SEE 5806 WORKSHEET), 12-17 Number of days from date shown on line 2 to date shown on line 11, 18-22 Number of days on line 13-17 multiplied by percentages, 22a Add amounts for each column from line 18 through line 22, 22b Total estimated penalty due (7).



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)		23		2,170					
		(a)	(b)	(c)	(d)				
		30%	70%	70%	100%				
		(not less than min.)							
24 Enter line 23 x the percentage shown	24	651	1,519	1,519	2,170				
25 Amount paid by the installment due date (cumulative)	25								
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	26	Yes	No <input checked="" type="checkbox"/>	Yes	No <input checked="" type="checkbox"/>	Yes	No <input checked="" type="checkbox"/>	Yes	No <input checked="" type="checkbox"/>

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		27			
		1st Installment	2nd Installment		
28 a	Installment due. Enter line 23 x 30%				
28 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

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 ▶

		(a)	(b)	(c)	(d)		
		30%	70%	70%	100%		
		(not less than min.)					
31	Enter taxable income for each annualization period						
32	Annualization amounts. See instructions						
33 a	Annualized taxable income. Multiply line 31 by line 32						
33 b	R&TC Section 23802(e) deduction (S corporations only)						
33 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						
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

*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.



Part IV Exceptions Worksheets (Continued)

Exception C — Tax on Annualized Seasonal Income		(a)	(b)	(c)	(d)				
43 Enter taxable income for the following periods:		1st 3 months	1st 5 months	1st 8 months	1st 11 months				
a Taxable year beginning in 2019	43a								
b Taxable year beginning in 2020	43b								
c Taxable year beginning in 2021	43c								
44 Enter taxable income for each period for the taxable year beginning in 2022	44								
45 Enter taxable income for the following periods:		1st 4 months	1st 6 months	1st 9 months	Entire year				
a Taxable year beginning in 2019	45a								
b Taxable year beginning in 2020	45b								
c Taxable year beginning in 2021	45c								
46 Divide the amount in each column on line 43a by the amount in column (d) on line 45a	46								
47 Divide the amount in each column on line 43b by the amount in column (d) on line 45b	47								
48 Divide the amount in each column on line 43c by the amount in column (d) on line 45c	48								
49 Add line 46 through line 48	49								
50 Divide line 49 by 3	50								
51 a Divide line 44 by line 50	51a	1st 4 months	1st 6 months	1st 9 months	Entire year				
b R&TC Section 23802(e) deduction. (S corporations only)	51b								
c Net income. Subtract line 51b from line 51a	51c								
52 Tax. Multiply line 51c by the current tax rate	52								
53 Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a	53								
54 Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b	54								
55 Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c	55								
56 Add line 53 through line 55	56								
57 Divide line 56 by 3	57								
58 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)	58								
59 Tax credits for each payment period	59								
60 Subtract line 59 from line 58	60								
61 Other taxes*	61								
62 Total tax. Add line 60 and line 61	62	(not less than min.)							
63 Amount paid by the installment due date (cumulative)	63								
64 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	64	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, QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

Form 5806	California Underpayment of Estimated Tax Penalty Worksheet	2022
For calendar year 2022, or tax year beginning _____, and ending _____		

Name MONTEREY ZOOLOGICAL SOCIETY, INC.	California Corporation Number 2995723
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	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/22</u>	<u>06/15/22</u>	<u>09/15/22</u>	<u>12/15/22</u>
Amount of underpayment	<u>80</u>	<u>108</u>	<u> </u>	<u>80</u>

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u>04/15/22</u>	<u>06/15/22</u>	<u>09/15/22</u>	<u>12/15/22</u>	<u> </u>
Amount of payment	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/22	5/15/23	80	395	3.00	3
2	6/15/22	5/15/23	108	334	3.00	3
4	12/15/22	5/15/23	80	151	3.00	1
TOTAL PENALTY						7
						=====

California Statements

Indirect Depreciation

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

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
2022 IMPROVEMENTS	7/01/22	\$ 435,390	\$	MACRS	39	\$ 5,117	\$
FURNITURE & EQUIPMENT	7/01/22	8,418		MACRS	7	1,203	
MACHINERY & EQUIPMENT	7/01/22	11,709		MACRS	5	2,342	
BACKHOE	11/29/15	20,000	12,588	200DB	12.50	1,186	
SKIDSTEER	1/30/15	28,620	19,013	200DB	12.50	1,721	
TRAILER	4/04/14	5,800	4,261	200DB	12.50	324	
DUMP TRAILER	4/28/16	8,891	5,470	200DB	12.50	547	
RADIOS	5/02/16	1,892	1,164	200DB	12.50	117	
TRANSPORT CAGE	12/27/16	6,000	3,691	200DB	12.50	370	
TRANSIT EQUIPMENT	6/13/16	1,500	923	200DB	12.50	92	
ANIMAL ENCLOSURES	6/30/16	618,038	113,307	S/L	30.00	20,601	
BUILDING IMPROVEMENTS	6/30/16	3,059	1,882	200DB	12.50	188	
PATHWAYS AND FENCING	6/30/16	46,540	28,632	200DB	12.50	2,865	
2017 ENCLOSURES	6/30/17	43,195	11,510	200DB	30.00	2,112	
2017 ENTRANCE	6/30/17	144,536	78,332	200DB	12.50	10,593	
2018 IMPROVEMENTS	6/30/18	1,094,188	99,388	MACRS	39	28,056	
2019 IMPROVEMENTS	6/30/19	623,741	40,650	MACRS	39	15,993	
2020 IMPROVEMENTS	7/01/20	179,973	6,730	MACRS	39	4,614	

California Statements

Indirect Depreciation

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

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
RYDABLES	7/01/20	\$ 20,000	\$ 10,400	MACRS	5	\$ 3,840	\$
FURNITURE	7/01/20	4,672	1,812	MACRS	7	817	
RYDABLES	6/30/21	7,500	1,071	MACRS	7	1,837	
2021 CONSTRUCTION IMPROVEMENTS	6/30/21	93,979	1,305	MACRS	39	2,410	
TOTAL		<u>\$ 3,407,641</u>	<u>\$ 442,129</u>			<u>\$ 106,945</u>	<u>\$ 0</u>

California Estimate Worksheet

Form **109**

2022

For calendar year 2023, or tax year beginning _____, and ending _____

Name

Employer Identification Number

MONTEREY ZOOLOGICAL SOCIETY, INC.

26-0391615

1. Taxable income	1.	<u>3,033</u>
2. Tax	2.	<u>268</u>
3. Tax increase / decrease	3.	<u> </u>
4. Net tax	4.	<u>268</u>
5. Credits	5.	<u> </u>
6. Subtotal	6.	<u>268</u>
7. Other taxes	7.	<u> </u>
8. Total tax	8.	<u>268</u>

	(1) 30%	(2) 70%	(3) 70%	(4) 100%
9. Multiply line 8 by the percentage				268
10. Rounding amount				32
11. Cumulative payments:				
a. Prior year overpayment				
b. Payments made				
12. Total estimated tax payments				300