

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

November 7, 2024

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 12/31/23 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 12/31/23 shows a balance due of \$1,014, which you have authorized the United States Treasury to debit your Pinnacle Bank checking account for the full amount on November 15, 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this filing instruction as a reminder of the amount to be withdrawn from your account.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 2024 Form 990-T estimated tax payments are as follows:

Due Date	Remittance
4/15/24	\$0
6/17/24	\$0
9/16/24	\$0
12/16/24	\$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 12/31/23 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 12/31/23 shows an amount due of \$289. You have authorized the California Franchise Tax Board to debit your Pinnacle Bank CHECKING account for the amount of \$289 on November 15, 2024. Please keep this filing instruction as a reminder of the amount to be withdrawn from your account.

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 109 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 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.

Your required 2024 estimated tax payments are as follows:

Due Date	Remittance
4/15/24	\$0
6/17/24	\$0
9/16/24	\$0
12/16/24	\$300

Authorization for the California Franchise Tax Board to debit your Pinnacle Bank CHECKING account has been designated in the electronic file. Refer to California Form 8453-EO for the dates and amounts of scheduled withdrawals from your account. To cancel a scheduled payment, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

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 12/31/23 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 12/31/23" on the check. Mail the return by November 15, 2024 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

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

November 7, 2024

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: 11/14/2024

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

For calendar year 2023, or fiscal year beginning, 2023, and ending, 20

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

2023

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	1,716,217
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 2023 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 2023 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 2023 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 *Charlie Sammut* Date **09/11/24**

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.

11/14/2024
77381593923
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 *Charlie Sammut* Date **09/11/24**
11/14/2024

**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 2023, or fiscal year beginning 2023, and ending 20

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

2023

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	899
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 2023 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 2023 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 2023 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 *Charlie Sammut* Date **09/11/24**

Part III Certification and Authentication

11/14/2024

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

77381593923

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 *Charlie Sammut* Date **09/11/24**

11/14/2024

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

MAIL TO:
 Registry of Charities and Fundraisers
 P.O. Box 903447
 Sacramento, CA 94203-4470

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, and 310**

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

(For Registry Use Only)

<p>MONTEREY ZOOLOGICAL SOCIETY, INC. Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used 400 RIVER ROAD</p> <hr/> <p>Address (Number and Street) SALINAS CA 93908</p> <hr/> <p>City or Town, State, and ZIP Code 831-455-1901</p> <hr/> <p>Telephone Number CHARLIE@MONTEREYZOO.ORG</p> <hr/> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number <u>183253</u></p> <hr/> <p>Corporation or Organization No. <u>2995723</u></p> <hr/> <p>Federal Employer ID No. <u>26-0391615</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
 Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/23 ending 12/31/23) list:

Total Revenue \$ 1,716,217 (including noncash contributions) Noncash Contributions \$ 0 Total Assets \$ 3,230,244

Program Expenses \$ 1,694,974 Total Expenses \$ 1,978,813

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? STMT 1	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

CHARLIE SAMMUT
PRESIDENT

Signature of Authorized Agent Printed Name Title Date

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

Description

THE ORGANIZATION LEASES LAND FROM DIRECTOR, CHARLIE SAMMUT

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

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 or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	1,835,692
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	1,648,659
3	Total expenses and disbursements (Form 199, line 9)	3	1,915,456
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

10 Routing number 121144340


11 Account number 203006697 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

11/14/2024

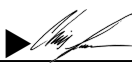
Sign Here  09/11/24 PRESIDENT

Signature of officer Date Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 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 11/14/2024 Check if also paid preparer Check if self-employed 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 Paid preparer's PTIN _____

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

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

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 or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	3,098
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	274
3	Total expenses and disbursements (Form 199, line 9)	3	
4	Tax due (Form 109, line 23)	4	274
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount 289 7b Withdrawal date (mm/dd/yyyy) 11/15/2024

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				300
9 Withdrawal Date				12/16/2024

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


10 Routing number 121144340

11 Account number 203006697 12 Type of account: Checking Savings

Part V Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here  09/11/24 PRESIDENT
 Signature of officer 11/14/2024 Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 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  Date 11/14/2024 Check if also paid preparer Check if self-employed 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  Date _____ Check if self-employed Paid preparer's PTIN _____

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

California Exempt Organization Business Income Tax Return

2023

109

Calendar Year 2023 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/room no.) 400 RIVER ROAD PMB no.

City (If the corporation has a foreign address, see instructions.) SALINAS State CA ZIP code 93908

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

- 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... G Nature of trade or business H Is the organization a non-exempt charitable trust... I Is this organization claiming any former Enterprise Zone... 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. Rows include Unrelated business taxable income (4,280.00), Taxable Corporation (3,098.00), Taxable Trust (3,098.00), Tax Computation (3,098.00), Total Tax (274.00), Payments (00), and Use Tax/Tax Due/Overpayment (274.00).

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	15 00
	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	289 00	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales <u>134,977</u> b Less returns and allowances _____ c Balance _____	1c	134,977	00
2 Cost of goods sold and/or operations (Schedule A, line 7)	2	40,697	00
3 Gross profit. Subtract line 2 from line 1c	3	94,280	00
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	4a		00
b Net gain (loss) from Schedule D-1, Part II	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	94,280	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	65,000	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 SEE STATEMENT 1	24	24,000	00
25 Total deductions. Add line 14 through line 24	25	89,000	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	5,280	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	5,280	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	4,280	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 11/07/24	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	28,000	00
2	Purchases	2	40,697	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	68,697	00
6	Inventory at end of year	6	28,000	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	40,697	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	● 3,359,322	● 2,431,251	● 72.3733
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)			72.3733
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.			● 72.3733

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.

(a) Description of property	(b) Rent received or accrued	(c) Percentage of rent attributable to personal property
1 N/A		%
2		%
3		%

(d) Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income		(e) Complete if any item in column (c) is more than 10%, but not more than 50%		
(i) Deductions directly connected (attach schedule)	(ii) Income includible, column (b) less column (d)(i)	(i) Gross income reportable, column (b) x column (c)	(ii) Deductions directly connected with personal property (attach schedule)	(iii) Net income includible, column (e)(i) less column (e)(ii)
1				
2				
3				
4 Add the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part I, line 6				0



Schedule D Unrelated Debt-Financed Income

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

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

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

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

Exempt Controlled Organizations

(a) Name of controlled organizations	(b) Employer identification number	(c) Net unrelated income (loss)	(d) Total of specified payments made	(e) Part of column (d) that is included in the controlling organization's gross income	(f) Deductions directly connected with income in column (e)
1 N/A					
2					
3					

Nonexempt Controlled Organizations

(g) Taxable income	(h) Net unrelated income (loss)	(i) Total of specified payments made	(j) Part of column (i) that is included in the controlling organization's gross income	(k) Deductions directly connected with income in column (j)
1				
2				
3				
4 Add the amounts in columns (e) and (j)			4	
5 Add the amounts in columns (f) and (k)				5
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9				6

Schedule G Exploited Exempt Activity Income, other than Advertising Income

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



Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

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

Part II Income from Periodicals Reported on a Separate Basis

5 ● N/A	●	●	●	●	●	●
6 ●	●	●	●	●	●	●
7 ●	●	●	●	●	●	●

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 (d) or (g), and amount listed in Part II, columns (d) or (g)	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d)
1 ● N/A	●	● N/A	●
2 ●	●	●	●
3 ●	●	●	●
4 Enter total here and on Side 2, Part I, line 11	●	5 Enter total here and on Side 2, Part II, line 27	●

Schedule I Compensation of Officers, Directors, and Trustees

(a) Name	(b) Title	(c) Percent of time devoted to business	(d) Compensation attributable to unrelated business
1 N/A		%	
2		%	
3		%	
4		%	
5		%	
6 Total. Enter here and on Side 2, Part II, line 14			6

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

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

2023

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (MONTEREY ZOOLOGICAL SOCIETY, INC.) and California corporation number (2995723).

Part I Election To Expense Certain Property Under IRC Section 179

Table with 13 rows for Part I, including lines 1-13 for calculating the election to expense certain property under IRC Section 179.

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

Table with 8 columns (a-h) for Part II, including lines 14-15 for depreciation and election of additional first year depreciation deduction under R&TC Section 24356.

Part III Summary

Table with 3 rows for Part III Summary, including lines 16-18 for total depreciation and adjustments.

Part IV Amortization

Table with 7 columns (a-g) for Part IV Amortization, including lines 19-22 for amortization calculations.

Underpayment of Estimated Tax by Corporations

2023

5806

For calendar year 2023 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

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

Part I Figure the Underpayment

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

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

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

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

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



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		268	
		(a)	(b)	(c)	(d)		
		30%	70%	70%	100%		
		(not less than min.)					
24	Enter line 23 x the percentage shown	80	188	188	268		
25	Amount paid by the installment due date (cumulative)						
26	If line 25 is greater than line 24, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 8a. If line 24 is greater than line 25, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8a	Yes	No <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		
28a	Installment due. Enter line 23 x 30%						
28b	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)		
31		Enter taxable income for each annualization period					
32		Annualization amounts. See instructions					
33a		Annualized taxable income. Multiply line 31 by line 32					
33b		R&TC Section 23802(e) deduction (S corporations only)					
33c		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		30%	70%	70%	100%		
40		(not less than min.)					
41		Amount paid by the installment due date (cumulative)					
42	If line 41 is greater than line 40, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 9. If line 40 is greater than line 41, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 9.	Yes	No	Yes	No	Yes	No

*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 2020	43a						
b Taxable year beginning in 2021	43b						
c Taxable year beginning in 2022	43c						
44 Enter taxable income for each period for the taxable year beginning in 2023	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 2020	45a						
b Taxable year beginning in 2021	45b						
c Taxable year beginning in 2022	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

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

Name MONTEREY ZOOLOGICAL SOCIETY, INC.	California Corporation Number 2995723
--	---

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/23</u>	<u>06/15/23</u>	<u>09/15/23</u>	<u>12/15/23</u>
Amount of underpayment	<u>82</u>	<u>110</u>	<u> </u>	<u>82</u>

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u>04/15/23</u>	<u>06/15/23</u>	<u>09/15/23</u>	<u>12/15/23</u>	<u> </u>
Amount of payment	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/23	6/30/23	82	76	5.00	1
1	6/30/23	5/15/24	82	320	7.00	5
2	6/15/23	6/30/23	110	15	5.00	0
2	6/30/23	5/15/24	110	320	7.00	7
4	12/15/23	5/15/24	82	152	7.00	2
TOTAL PENALTY						15
						=====

Statement 1 - Form 109, Part II, Line 24 - Other Deductions

Description	Amount
\$ 12,000	12,000
TOTAL	\$ 24,000

California Statements

Indirect Depreciation

Statement 2 - 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
ANIMAL ENCLOSURES	7/01/23	\$ 4,267	\$	200DB	30.00	\$ 142	\$
BUILDING IMPROVEMENTS	7/01/23	170,483		S/L	39.00	2,186	
PATHWAYS AND FENCING	7/01/23	75,697		200DB	12.00	6,308	
FURNITURE AND EQUIPMENT	4/20/23	10,505		200DB	7.00	2,001	
MACHINERY AND EQUIPMENT	7/01/23	2,683		200DB	7.00	383	
BACKHOE	11/29/15	20,000	13,774	200DB	12.50	1,149	
SKIDSTEER	1/30/15	28,620	20,734	200DB	12.50	1,721	
TRAILER	4/04/14	5,800	4,585	200DB	12.50	324	
DUMP TRAILER	4/28/16	8,891	6,017	200DB	12.50	493	
RADIOS	5/02/16	1,892	1,281	200DB	12.50	104	
TRANSPORT CAGE	12/27/16	6,000	4,061	200DB	12.50	310	
TRANSIT EQUIPMENT	6/13/16	1,500	1,015	200DB	12.50	82	
ANIMAL ENCLOSURES	6/30/16	618,038	133,908	S/L	30.00	20,601	
BUILDING IMPROVEMENTS	6/30/16	3,059	2,070	200DB	12.50	165	
PATHWAYS AND FENCING	6/30/16	46,540	31,497	200DB	12.50	2,507	
2017 ENCLOSURES	6/30/17	43,195	13,622	200DB	30.00	1,972	
2017 ENTRANCE	6/30/17	144,536	88,925	200DB	12.50	8,898	
2018 IMPROVEMENTS	6/30/18	1,094,188	127,444	MACRS	39	28,057	

California Statements

Indirect Depreciation

Statement 2 - 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
2019 IMPROVEMENTS	6/30/19	\$ 623,741	\$ 56,643	MACRS	39	\$ 15,993	\$
2020 IMPROVEMENTS	7/01/20	179,973	11,344	MACRS	39	4,615	
RYDABLES	7/01/20	20,000	14,240	MACRS	5	2,304	
FURNITURE	7/01/20	4,672	2,629	MACRS	7	584	
RYDABLES	6/30/21	7,500	2,908	MACRS	7	1,312	
2021 CONSTRUCTION IMPROVEMENTS	6/30/21	93,979	3,715	MACRS	39	2,410	
2022 IMPROVEMENTS	7/01/22	435,390	5,117	MACRS	39	11,164	
FURNITURE & EQUIPMENT	7/01/22	8,418	1,203	MACRS	7	2,061	
MACHINERY & EQUIPMENT	7/01/22	11,709	2,342	MACRS	5	3,747	
TOTAL		\$ <u>3,671,276</u>	\$ <u>549,074</u>			\$ <u>121,593</u>	\$ <u>0</u>

California Financial Transaction Record

Form 109

2023

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

Name MONTEREY ZOOLOGICAL SOCIETY, INC.	California Corporation Number 2995723	Employer Identification Number 26-0391615
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Electronic Funds Withdrawal

This record is included with the California electronic file for taxpayers who elect to pay their tax balance by electronic funds withdrawal or who choose to have their refund deposited directly into their bank account

Electronic Funds Withdrawal (Direct Debit)

Direct Deposit of Refund

Routing Transit Number 121144340

Bank Account Number 203006697

Type of Account CHECKING

Taxpayer Phone Number 831-455-1901

Requested Payment Date 11/15/24

Amount of Tax Payment 289

Refund to be Deposited

DO NOT SUBMIT THIS DOCUMENT TO THE CALIFORNIA FRANCHISE TAX BOARD

California Financial Transaction Record

Form 100-ES

2023

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

Name MONTEREY ZOOLOGICAL SOCIETY, INC.	California Corporation Number 2995723	Employer Identification Number 26-0391615
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Electronic Funds Withdrawal

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

Quarter 4

Electronic Funds Withdrawal (Direct Debit)

Routing Transit Number 121144340

Bank Account Number 203006697

Type of Account CHECKING

Taxpayer Phone Number 831-455-1901

Requested Payment Date 12/16/24

Amount of Tax Payment 300

DO NOT SUBMIT THIS DOCUMENT TO THE CALIFORNIA FRANCHISE TAX BOARD










2023_MONTEREY ZOOLOGICAL SOCIETY, IN C_990E_TaxReturn-ActionRequired

Final Audit Report

2024-11-14

Created:	2024-11-08
By:	CAL Accounting, P.C. (admin@cal-cpa.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA5UnJHDLWea26chlu4Do532bbqi0sWyGh

"2023_MONTEREY ZOOLOGICAL SOCIETY, INC_990E_TaxReturn-ActionRequired" History

-  Document created by CAL Accounting, P.C. (admin@cal-cpa.com)
2024-11-08 - 11:25:27 PM GMT- IP address: 50.79.46.153
-  Document emailed to Charlie Sammut (charlie@montereyzoo.org) for signature
2024-11-08 - 11:25:32 PM GMT
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-  Document e-signed by Chris Locke (Chris@cal-cpa.com)
Signature Date: 2024-11-14 - 6:55:43 PM GMT - Time Source: server- IP address: 50.79.46.153
-  Agreement completed.
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