

034

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 **SOCIETY FOR CREATIVE ANACHRONISM, INC**

Identifying number **94-1698556**

### 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	<b>3,115,568</b>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>3,107,761</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>2,813,788</b>
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 **121042882**

11 Account number **0115116910**      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**      Signature of officer      **11/11/24**      Date      **VP CORP/SECRETARY**      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      Check if also paid preparer       Check if self-employed       ERO's PTIN

Firm's name (or yours if self-employed) and address      **FREY & ASSOCIATES**  
**3880 S BASCOM AVE, SUITE 116**  
**SAN JOSE CA**      Firm's FEIN **47-0909513**  
 ZIP code **95124**

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

TAXABLE YEAR **2023** **California Exempt Organization**  
**Annual Information Return**

FORM

**199**

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name <b>SOCIETY FOR CREATIVE ANACHRONISM, INC</b>		California corporation number <b>0572795</b>
Additional information. See instructions. <b>ANACHRONISMS, INC.</b>		FEIN <b>94-1698556</b>
Street address (suite or room) <b>PO BOX 611928</b>		PMB no.
City <b>SAN JOSE</b>		State <b>CA</b> ZIP code <b>95161</b>
Foreign country name	Foreign province/state/county	Foreign postal code

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 Surrendered (Withdrawn) 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

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,307,671	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	807,897	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed. If the result is less than \$50,000, see General Information B.</b>	4	3,115,568	00
	5 Cost of goods sold	5	7,807	00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7	7,807	00
	8 Total gross income. Subtract line 7 from line 4	8	3,107,761	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,813,788	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	293,973	00
<b>Payments</b>	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 <b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer <b>VP CORP/SECRETARY</b>	Title	Date
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>11/12/2024</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	Telephone	
	<b>FREY &amp; ASSOCIATES</b> <b>3880 S BASCOM AVE, SUITE 116</b> <b>SAN JOSE, CA 95124</b>	<b>47-0909513</b> <b>408-379-2010</b>	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**SOCIETY FOR CREATIVE ANACHRONISM,  
94-1698556**

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	2,259,127	00	
	2	Interest	•	2	5,067	00	
	3	Dividends	•	3	18,270	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income. Attach schedule <b>SEE STATEMENT 1</b>	•	7	25,207	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,307,671	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 2</b>	•	11		00	
	12	Other salaries and wages	•	12	269,601	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15	929,848	00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 3</b>	•	17	1,614,339	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,813,788	00

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		5,400,448	•	5,341,535
2 Net accounts receivable		22,485	•	35,370
3 Net notes receivable			•	
4 Inventories		127,844	•	127,421
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock <b>STMT 4</b>		697,132	•	1,152,139
8 Mortgage loans			•	
9 Other investments. Attach schedule			•	
10 a Depreciable assets	1,147,198		1,168,315	
b Less accumulated depreciation	1,086,541	60,657	1,093,953	74,362
11 Land			•	
12 Other assets. Attach schedule <b>STMT 5</b>		158,196	•	140,187
13 <b>Total assets</b>		6,466,762		6,871,014
<b>Liabilities and net worth</b>				
14 Accounts payable		161,858	•	280,812
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities. Attach schedule <b>STMT 6</b>		216,996		166,669
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		6,087,908	•	6,423,533
22 <b>Total liabilities and net worth</b>		6,466,762		6,871,014

**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	•	293,973	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		293,973
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		293,973				

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

<u>Description</u>	<u>Amount</u>
Other Income & Expenses:Advis	\$ -8,055
Other Income - Kingdom accoun	21,583
Realized Loss/Gain on Stock	
Other Income	
Realized Gain on Stock	-635
Loss on disposal of Kingdom a	14,645
Other Income & Expense:Adviso	-2,331
Total	\$ <u>25,207</u>

**California Statements**

**Statement 2 - Form 199, Part II, Line 11 - Officer Compensation**

Name		Address			Avg Hrs	Compensation Amount
City	State	Zip	Title			
Ross B. Roegner			Director	5.00		
K.T. Sheppard			BOD	9.00		
JOHN FULTON			President	35.00		
Louise Du Cray			VP Corp/Secretary	40.00		
Carolyn Richardson			CFO/Treasurer	10.00		
Richard Pug Bainter			Vice-Chair	6.00		
Gabrielle Fisher			BOD	6.50		
Christopher Mark Faulcon			Chair	5.00		
Jennifer Krochmal			BOD	8.00		
Krista Capps			BOD	5.00		
Total					<u>0</u>	

**California Statements****Statement 3 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
	\$
BOOK SALES	
Unidentified Expense	111
LOCAL PUBS	
Postage - Kingdom account	11,201
Printing & Publications -	13,699
NATIONAL PUBS	
Kingdom Newsletters:Newsl	21,673
Kingdom Newsletters:Newsl	16,491
Employee Medical Insurance	11,527
Workers Comp Insurance	
Salaries, Benefits & Taxes:Pa	21,362
Professional Services:Account	3,071
Professional Services:Annual	33,868
Professional Services:Bookkee	5,621
Professional Services:In Hous	9,600
Professional Services:Legal -	50,153
Professional Services:Legal -	8,949
Chancellor of the Exchequer:S	12,000
Officers of the Corporation:T	9,750
Archivist:Archivist - Stipend	4,500
Officers of the Corporation:S	6,500
Soc. Seneschal-Stipend	
Officers of the Corporation:B	1,050
Officers of the Corporation:D	5,000
VP of IT Services - Stipend	
Officers of the Corporation:S	4,506
Printing & Publications	
Travel - Kingdom accounts	120,035
Soc. Marshal - Travel	
Board Meetings:Board Meeting	565
Officers of the Corporation:P	1,840
Officers of the Corporation:P	
Officers of the Corporation:D	1,425
Transfers between Kingdom	
Printing & Publications	33,295
Supplies	282,701
Food	225,241
Equipment Rental	460,960
Bank Charges	3,971
Bad debts	446
Fees	37,705
Other Expenses	
Donations - Other Non Pro	-108,020
Printing & Publications	
Maintenance Contracts	18,081
Bank Charges	9,192
Licenses & Fees	17,655
Salaries, Benefits & Taxes:Pe	12,150
Advertising - Kingdom account	280
Soc. Seneschal - Office Expen	
General & Administrative:Offi	340

**California Statements****Statement 3 - Form 199, Part II, Line 17 - Other Expenses (continued)**

<u>Description</u>	<u>Amount</u>
General & Administrative:Offi	\$ 3,761
General & Administrative:Trav	
Professional Services:Backgro	13,820
Professional Services:Backgro	561
Capital Expenditures	1,800
General & Administrative:Prop	
Hosting Services - Corp. Ops	19,870
Professional Services:Technol	23,660
Professional Services:Compute	4,716
Professional Services:Compute	2,350
Insurance:Fidelity Bond - Cor	36,591
Insurance:Property Insurance	613
Insurance:Insurance - General	67,254
Insurance:Equestrian Insuranc	72,243
Insurance:Certificate of Insu	10,075
Insurance - Kingdom accounts	3,577
Insurance:International Insur	11,400
Insurance:Cyber Liability Ins	3,717
Revenue Miscellaneous:Insuran	-2,168
Worker's Comp Insurance	1,103
Insurance:D & O Liability Ins	23,350
Society Seneschal:Investigati	3,000
Officers of the Corporation:M	3,001
General & Administrative:Prin	15,132
General & Administrative:Post	9,649
Board Meetings:Board Meeting	3,198
Board Meetings:Board Meeting	3,005
Board Meetings:Board Meeting	1,430
Board Meetings:ASL Interpreta	3,000
Other Expenses	33,819
Transfers between Kingdom	-130,161
Printing & Publications	8
Board Member Expenses	95
Archivist:Archivist - Office	2,147
Officers of the Corporation:P	229
Total	<u>\$ 1,614,339</u>

**Statement 4 - Form 199, Schedule L, Line 7 - Investments in Stock**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Brokerage Account	\$ 697,132	\$
Brokerage Account		1,152,139
Total	<u>\$ 697,132</u>	<u>\$ 1,152,139</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Regalia	\$	\$
Kingdom Account	27,340	22,892
ROU Assets	39,809	39,809
Prepaid Expenses	91,047	77,486
Total	\$ <u>158,196</u>	\$ <u>140,187</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Stock Clerk Deposits	\$ 75	\$ 75
ROU Liab - LT	12,972	12,972
Deferred Revenue	203,949	153,622
Total	\$ <u>216,996</u>	\$ <u>166,669</u>

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

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

# California e-file Return Authorization for Exempt Organizations

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8453-EO

Exempt Organization name **SOCIETY FOR CREATIVE ANACHRONISM, INC**

Identifying number **94-1698556**

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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 \_\_\_\_\_

11 Account number \_\_\_\_\_      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**      Signature of officer \_\_\_\_\_      Date \_\_\_\_\_      Title **VP CORP/SECRETARY**

### 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 **EDRONDA G. UBOKAWA, CPA**      Date \_\_\_\_\_      Check if also paid preparer       Check if self-employed       ERO's PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) and address **FREY & ASSOCIATES**      Firm's FEIN **47-0909513**

**3880 S BASCOM AVE, SUITE 116**      ZIP code **95124**

**SAN JOSE CA**

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 \_\_\_\_\_