Form 199 Return Summary

For calendar year 2024, or tax year beginning **07/01/2024** , and ending **06/30/2025**

CATALINA ISLAND CHAMBER OF COMMERCE 95-1550614
AND VISITORS BUREAU

Gross sales / receipts	503,505	
Dues from members	93,726	
Contributions / grants	1,780,066	
Total costs	138	
Expenses	2,394,172	
Excess / (deficit)		-17,013
Total payments		
Penalties and interest		
Use tax		
Balance due		
Refund		

Balance Sheet

	Beginning	Ending	Differences
Assets	783,386	728,748	
Liabilities	406,476	390,542	
Net assets	376,910	338,206	-38,704

Miscellaneous Information

Amended return

Return / extended due date 11/17/25

Form 109 Return Summary

For calendar year 2024, or tax year beginning **07/01/2024** , and ending **06/30/2025**

CATALINA ISLAND CHAMBER OF COMMERCE 95-1550614
AND VISITORS BUREAU

Income				
Gross profit				
Capital gain / loss				
All other income	12,832			
Total income		12,832		
Officer compensation				
Salaries				
All other deductions				
Excess ad costs				
Specific deduction	1,000			
Total deductions		1,000		
Unrelated business taxable income			11,832	
Apportionment percentage			0.0000 %	
Apportioned UBTI				
Enterprise zone and net operating loss deduction				
Net UBTI				11,832
Taxes / Credits / Payments / Penalties				
Tax on net UBTI	1,046			
Credits				
Alternative minimum tax				
Other tax				
Total tax		1,046		
Prior year overpayment				
Tax payments				
Paid with extension				
Total payments				
Net tax			1,046	
Adjustments				
Applied to next year's tax				
Use tax				
Estimated tax penalty				
Interest on late payments				
Failure to pay penalty				
Total adjustments				
Balance due				1,046
Refund				

Next Year's Estimates	
1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information	
Amended return	
Return / extended due date	11/17/25

034

Date Accepted ____________ **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name **CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU**

Identifying number **95-1550614**

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	2,377,297
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	2,377,159
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount ____ **6b** Withdrawal date (mm/dd/yyyy) ____

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

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

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

9 Routing number ____

10 Account number ____ **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 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 | 11/07/25 Date | ▶ CEO 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, 2024 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 P00103739

Firm's name (or yours if self-employed) and address ▶ MCGINTY, KNUDTSON & ASSOCIATES, LLP 20422 BEACH BLVD. SUITE 450 HUNTINGTON BEACH CA

Firm's FEIN 27-1848365

ZIP code 92648

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 2024

California Exempt Organization Annual Information Return

FORM 199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 07/01/2024, and ending (mm/dd/yyyy) 06/30/2025.

Corporation/Organization name: CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU

California corporation number: OTHER

Additional information. See instructions.

FEIN: 95-1550614

Street address (suite or room): P.O. BOX 217

PMB no.

City: AVALON

State: CA

ZIP code: 90704

Foreign country name

Foreign province/state/county

Foreign postal code

A First return ☐ Yes ☒ No

B Amended return ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final information return?

● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy) ●

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1) ● ☒ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990) (4) ☐ Other 990 series

G Is this a group filing? See instructions ● ☐ Yes ☒ No

H Is this organization in a group exemption ☐ Yes ☒ No

If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ● ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. N/A ● ☐ Yes ☐ No

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember sources $

L Is the organization a limited liability company? ● ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ● ☒ Yes ☐ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ☐ Yes ☒ No

Date filed with IRS

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	503,505 00
	2 Gross dues and assessments from members and affiliates ●		2	93,726 00
	3 Gross contributions, gifts, grants, and similar amounts received ●		3	1,780,066 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	2,377,297 00
	5 Cost of goods sold ●	5 00		
	6 Cost or other basis, and sales expenses of assets sold ●	6 138 00		
	7 Total costs. Add line 5 and line 6		7	138 00
	8 Total gross income. Subtract line 7 from line 4 ●		8	2,377,159 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	2,394,172 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	-17,013 00
Payments	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 ▶ | Title: CEO | Date | ● Telephone

Paid Preparer's Use Only

Preparer's signature ▶ | Date: 11/07/2025 | Check if self-employed ▶ ☐ | ● PTIN: P00103739

Firm's name (or yours, if self-employed) and address ▶ MCGINTY, KNUDTSON & ASSOCIATES, LLP, 20422 BEACH BLVD. SUITE 450, HUNTINGTON BEACH, CA 92648

● Firm's FEIN: 27-1848365

● Telephone: 714-536-7777

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

CATALINA ISLAND CHAMBER OF COMMERCE
95-1550614

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	497,047 00
	2	Interest	2	5,766 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) SEE STATEMENT 1	6	00
	7	Other income. Attach schedule SEE STATEMENT 2	7	692 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	503,505 00
Expenses and Disbursements	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 SEE STATEMENT 3	11	00
	12	Other salaries and wages	12	578,312 00
	13	Interest	13	5,772 00
	14	Taxes	14	6,478 00
	15	Rents	15	38,768 00
	16	Depreciation and depletion (See instructions)	16	3,760 00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	1,761,082 00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,394,172 00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		253,292		327,164
2 Net accounts receivable		196,411		82,228
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations STMT 5		74,964		87,791
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule STMT 6		51,024		62,869
10 a Depreciable assets	134,560		135,290	
b Less accumulated depreciation	34,314	100,246	37,310	97,980
11 Land				
12 Other assets. Attach schedule STMT 7		107,449		70,716
13 **Total assets**		783,386		728,748
Liabilities and net worth				
14 Accounts payable		118,552		121,479
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 8		287,924		269,063
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		376,910		338,206
22 **Total liabilities and net worth**		783,386		728,748

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	-17,067	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax	54	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	-17,013
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	-17,013		

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
COMPUTER - CATHY	PURCHASE		8/01/16	11/30/24	$	$ 1,045	$ 1,045	$
COMPUTER - JIM	PURCHASE		8/15/21	11/30/24		715	577	138
TOTAL					$ 0	$ 1,760	$ 1,622	$ 138

California Statements

Statement 2 - Form 199, Part II, Line 7 - Other Income

Description	Amount
UNREALIZED GAIN(LOSS)	$ 692
TOTAL	$ 692

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

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
DAVE STEVENSON					CHAIR	0.50	
AMANDA BOMBARD					PAST CHAIR	0.50	
CINDE CASSIDY					CHAIR ELECT	0.50	
BEN VILLALOBOS/JOHN ALKIBAY					CFO	0.50	
JIM LUTTJOHANN	PO BOX 217	AVALON	CA	90704	CEO	40.00	
ANDREW ALLEN					DIRECTOR	0.25	
JANET FLATHERS					DIRECTOR	0.25	
LISA BEACH					DIRECTOR	0.25	
WHITNEY LATORRE					DIRECTOR	0.25	
ELAINA GARCIA					DIRECTOR	0.25	
JASON PARET					DIRECTOR	0.15	
DAVID MAISTROS					DIRECTOR	0.25	
CONRADO VEGA					DIRECTOR	0.25	
BART GLASS					DIRECTOR	0.25	
YOLANDA SAY					DIRECTOR	0.25	
GRACE UPTON					DIRECTOR	0.25	
MEGAN WRIGHT					DIRECTOR	0.25	

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
MESA BRADLEY					DIRECTOR	0.25	
GAIL FORNASIERE					DIRECTOR	0.15	
TOTAL							0

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

Description	Amount
	$
INFORMATION BOOKLETS	
EMPLOYEE BENEFITS	2,500
POSTAGE & FREIGHT	29,996
PRINTING & REPRODUCTION	135,016
ALLOCATED TO READERSHIP	-54,527
TRAVEL	1,401
ADVERTISING	7,000
STORAGE	7,835
ENTERTAINMENT	510
ALLOCATED FROM DIRECT	54,527
INTERNET ADVERTISING	
EMPLOYEE BENEFITS	476
WEBSITE EXPENSE	10,682
CONSULTING	21,000
EMPLOYEE BENEFITS	19,901
EMPLOYEE BENEFITS	1,300
HEALTH INSURANCE	53,523
HEALTH INSURANCE	7,443
REPORTED ON 990-T	-2,500
REPORTED ON 990-T	-476
PAYROLL TAXES	42,310
PAYROLL TAXES	8,568
REPORTED ON 990-T	-5,450
REPORTED ON 990-T	-1,028
ACCOUNTING SERVICES	20,306
CONSULTING	206,699
CONSULTING	2,500
REPORTED ON 990-T	-21,000
PRINTING & REPRODUCTION	1,589
PRINTING & REPRODUCTION	6,724
POSTAGE & FREIGHT	5,412
POSTAGE & FREIGHT	683
POSTAGE & FREIGHT	2,420
TRAVEL	46,807
TRAVEL	915
TRAVEL	6,463
MEETINGS & EVENTS	5,210
MEETINGS & EVENTS	5,299
BANK CHARGES	1,354
CREDIT CARD PROCESSING	13,896
DUES & SUBSCRIPTIONS	35,634
DUES & SUBSCRIPTIONS	120
DUES & SUBSCRIPTIONS	300
EVENT SUPPLIES	767
EVENT SUPPLIES	465
MEALS & ENTERTAINMENT	7,828
MEALS & ENTERTAINMENT	134
MEALS & ENTERTAINMENT	304
SPECIAL EVENTS	8,533
SPECIAL EVENTS	1,050
SPECIAL EVENTS	257,484
PROFESSIONAL DEVELOPMENT	60

California Statements

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

Description	Amount
UNIFORMS	$ 55
PROFESSIONAL DEVELOPMENT	75
ADVERTISING	565,044
MARKETING	85,975
MARKETING	5,598
OFFICE SUPPLIES	5,475
OFFICE SUPPLIES	3,195
OFFICE SUPPLIES	67
EQUIPMENT MAINTENANCE	157
EQUIPMENT RENTALS	7,467
TELEPHONE	6,611
TELEPHONE	2,636
WEBSITE EXPENSE	74,292
WEBSITE EXPENSE	43,874
REPORTED ON 990-T	-10,682
WORKERS COMP INSURANCE	297
GENERAL LIABILITY	1,700
PRINTING & REPRODUCTION	351
EVENT SUPPLIES	3,859
LICENSES & PERMITS	75
WORKERS COMP INSURANCE	3,451
GENERAL LIABILITY	3,547
REPORTED ON 990-T	
TOTAL	$ 1,761,082

Statement 5 - Form 199, Schedule L, Line 5 - Federal and State Government

Description	Beginning of Year	End of Year
BOND FUNDS	$ 24,348	$ 25,236
TREASURY BILLS	50,616	62,555
TOTAL	$ 74,964	$ 87,791

Statement 6 - Form 199, Schedule L, Line 9 - Other Investments

Description	Beginning of Year	End of Year
DEMAND DEPOSIT ACCOUNT	$ 51,024	$ 62,869
TOTAL	$ 51,024	$ 62,869

Statement 7 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
RIGHT OF USE (NET)	$ 64,275	$ 43,443
PREPAID EXPENSES	43,174	27,273
TOTAL	$ 107,449	$ 70,716

Statement 8 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
ACCRUED WAGES	$ 60,276	$ 63,059
DEFERRED REVENUE	15,914	18,631
RIGHT OF USE LIABILITY	67,810	47,231
UNSECURED NOTES AND LOANS PAYABLE	143,924	140,142
TOTAL	$ 287,924	$ 269,063

034

Date Accepted ____________________ **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU

Identifying number: 95-1550614

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	11,832
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	1,046
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	1,046

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount ____________ **6b** Withdrawal date (mm/dd/yyyy) ____________

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

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

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

9 Routing number ____________

10 Account number ____________ **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part ll, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part ll, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 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 | 11/07/25 Date | ▶ CEO 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, 2024 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
		X	☐	P00103739

Firm's name (or yours if self-employed) and address ▶ MCGINTY, KNUDTSON & ASSOCIATES, LLP
20422 BEACH BLVD. SUITE 450
HUNTINGTON BEACH CA

Firm's FEIN: 27-1848365

ZIP code: 92648

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

Voucher at bottom of page

Do not mail a paper copy of the corporate or exempt organization tax return with the payment voucher. If the amount of payment is zero, do not mail this voucher.

When to pay:
Corporations – File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations – File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations – File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Pay online: Go Green! Enjoy the ease and secure options for online payments.

- **Web pay for businesses.** Corporations or exempt organizations can make an immediate payment or schedule payment up to a year in advance.
- **Credit Card** (service fee)

Go to **ftb.ca.gov/pay** for more information.
Do not mail this voucher if you pay online.

Where to pay: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number , FEIN, CA SOS file number and "2024 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple the check or money order with voucher 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.

DETACH HERE — IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — DETACH HERE

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2024**

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM **3586 (e-file)**

0000000 CATA 95-1550614 000000000000 24 FORM 2
TYB 07-01-2024 TYE 06-30-2025
CATALINA ISLAND CHAMBER OF COMMERCE
AND VISITORS BUREAU
P.O. BOX 217
AVALON CA 90704

Amount of Payment 1046.

034 6181246

TAXABLE YEAR 2024

California Exempt Organization Business Income Tax Return

FORM 109

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 07/01/2024, and ending (mm/dd/yyyy) 06/30/2025

Corporation/Organization name: CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU	California corporation number
Additional information. See instructions.	FEIN: 95-1550614
Street address (suite/room no.): P.O. BOX 217	PMB no.
City (If the corporation has a foreign address, see instructions.): AVALON — State: CA	ZIP code: 90704
Foreign country name — Foreign province/state/county	Foreign postal code

A First return filed? ☐ Yes ☒ No

B Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

D Final return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date (mm/dd/yyyy) ●

E Amended return? ● ☐ Yes ☒ No

F Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G Nature of trade or business

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ● ☐ Yes ☒ No

I Is this organization claiming any former Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ● ☐ Yes ☒ No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ● ☐ Yes ☒ No

K Unrelated Business Activity (UBA) code ● 511190

L Is this a hospital? ● ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30 ●	1	11,832 00
	2	Multiply line 1 by the average apportionment percentage ______ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions ●	2	00
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1 ●	3	11,832 00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30 ●	4	00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4 ●	5	11,832 00
	6	EZ, LAMBRA, or TTA NOL carryover deduction ●	6	00
	7	Net Operating Loss deduction. See General Information N ●	7	00
	8	Add line 6 and line 7 ●	8	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5 ●	9	11,832 00
	10	Tax 8.84 % x line 9. See General Information J ●	10	1,046 00
	11	Tax credits from Schedule B. See instructions ●	11	00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0- ●	12	1,046 00
	13	Alternative minimum tax. See General Information O ●	13	00
	14	Total tax. Add line 12 and line 13 ●	14	1,046 00
Payments	15	Overpayment from a prior year allowed as a credit ● 15: 00		
	16	2024 estimated tax payments. See instructions ● 16: 00		
	17	Withholding (Form 592-B and/or 593). See instructions ● 17: 00		
	18	Amount paid with extension (form FTB 3539) ● 18: 00		
	19	Total payments and credits. Add line 15 through line 18 ●	19	00
Use Tax/ Tax Due/ Overpayment	20	**Use tax.** See instructions ●	20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 ●	21	00
	22	**Use tax balance.** If line 20 is more than line 19, subtract line 19 from line 20 ●	22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions ●	23	1,046 00
	24	Overpayment. Subtract line 14 from line 21. See instructions ●	24	00
	25	Enter amount of line 24 to be applied to 2025 estimated tax ●	25	00

CATALINA ISLAND CHAMBER OF COMMERCE
95-1550614

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 ☐ Savings ☐ c Account Number	26c	
27	Penalties and interest. See General Information M	27	00
28	☐ 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	1,046 00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales ____ b Less returns and allowances ____ c Balance	1c	00
2	Cost of goods sold and/or operations (Schedule A, line 7)	2	00
3	Gross profit. Subtract line 2 from line 1c	3	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	12,832 00
12	Other income. Attach schedule	12	00
13	Total unrelated trade or business income. Add line 3 through line 12	13	12,832 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	21	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	12,832 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	12,832 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	11,832 00

Sign Here

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: CEO | Date | Telephone

Paid Preparer's Use Only

Preparer's signature ▶ | Date: 11/07/25 | Check if self-employed ▶ ☐ | PTIN: P00103739

Firm's name (or yours, if self-employed) and address ▶ MCGINTY, KNUDTSON & ASSOCIATES, LLP
20422 BEACH BLVD. SUITE 450
HUNTINGTON BEACH, CA 92648

Firm's FEIN: 27-1848365
Telephone: 714-536-7777

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

CATALINA ISLAND CHAMBER OF COMMERCE
95-1550614

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) ______

1	Inventory at beginning of year	1	00
2	Purchases	2	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	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	00
	Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?	☐ Yes	☐ No

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	0	0	
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)			
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.			

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%

	(d)(i) Deductions directly connected (attach schedule)	(d)(ii) Income includible, column (b) less column (d)(i)	(e)(i) Gross income reportable, column (b) x column (c)	(e)(ii) Deductions directly connected with personal property (attach schedule)	(e)(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			4	0

CATALINA ISLAND CHAMBER OF COMMERCE
95-1550614

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 or 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							

CATALINA ISLAND CHAMBER OF COMMERCE
95-1550614

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	INFORMATION	268,843	196,960		8,632	54,527	
2	INTERNET ADVERT	33,684	46,840				
3							
4	Totals 4	302,527	243,800	58,727	8,632	54,527	45,895

Part II Income from Periodicals Reported on a Separate Basis

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
5	N/A						
6							
7							

Part III Column A – Net Advertising Income

	(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)
1	CONSOLIDATED PERIODICAL	12,832
2		
3		
4	Enter total here and on Side 2, Part I, line 11	12,832

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, column (d), and amounts listed in Part II, column (d)
1	N/A	
2		
3		
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

TAXABLE YEAR 2024

Corporation Depreciation and Amortization

CALIFORNIA FORM 3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU

California corporation number

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 2025. 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						3,760	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	3,760	

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	3,760
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	

STATE OF CALIFORNIA
Franchise Tax Board

Business Entity or Group Nonresident Power of Attorney Declaration

CALIFORNIA FORM
3520-BE

Use this legal document to authorize a specific individual(s) to receive confidential information and represent you in all matters before the Franchise Tax Board (FTB).

Part I – Business Entity Information

Check only one box below. If you select both boxes, your power of attorney (POA) Declaration will be invalid and will be rejected.

[X] **Business Entity** (A subsidiary not included with the unitary taxpayer's group tax return must file its own POA Declaration)

[ ] **540NR Group Nonresident Return** (If the POA Declaration is related to matters for a 540NR group nonresident return)

Full legal business name: CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU

CA corporation number	CA SOS number (or FTB issued number)	FEIN	Phone
		95-1550614	

Street address (number and street) or PO box	Apt. no./ste. no.
P.O. BOX 217	

City (If the business entity has a foreign address, see instructions.)	State	ZIP code
AVALON	CA	90704

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

Part II – Representative(s)

Only individuals may be named as representatives. You must list a primary representative below. The business entity in Part I appoints the following individual(s) as attorney(s)-in-fact. To appoint additional representatives, complete Side 4. Each representative listed on your POA Declaration will have the ability to remove a representative from your POA Declaration.

Primary representative's name (first name, middle initial, and last name): MELISSA KNUDTSON

CA CPA	CA state bar number	CTEC	Enrolled agent number	PTIN
				P00103739

Street address (number and street) or PO box	Apt. no./ste. no.
20422 BEACH BLVD. SUITE 450	

City (If the representative has a foreign address, see instructions.)	State	ZIP code
HUNTINGTON BEACH	CA	92648

Email (include your representative's email address to ensure they receive email notifications)	Phone	Fax
MKNUDTSON@MKBCPAS.COM	714-536-7777	714-536-8715

Additional representative's name (first name, middle initial, and last name): THOMAS M. MCGINTY

CA CPA	CA state bar number	CTEC	Enrolled agent number	PTIN
				P00103738

Street address (number and street) or PO box	Apt. no./ste. no.
20422 BEACH BLVD. SUITE 450	

City (If the representative has a foreign address, see instructions.)	State	ZIP code
HUNTINGTON BEACH	CA	92648

Email (include your representative's email address to ensure they receive email notifications)	Phone	Fax
TMCGINTY@MKBCPAS.COM	714-536-7777	714-536-8715

CATALINA ISLAND CHAMBER OF COMMERCE 95-1550614

Part III – Authorization for All Years or Specific Income Periods Your POA Declaration Covers

You must check either the “Yes” or “No” box below. Your selection authorizes representatives in Part II and on Side 4 to contact FTB about your account, receive and inspect your confidential information, represent you in all FTB matters, and request information we receive from the Internal Revenue Service for either question 1 or 2 indicated below.

If you authorize “all years” and “specific income periods,” the specific income periods privilege prevails. Enter “**NA**” (not applicable) or strike through any blank year fields in boxes 2a through 2d. If you do not check either the “Yes” or “No” box or check both the “Yes” and “No” box, we will process the authorization as a “No.” This may cause your POA Declaration to be invalid, and it may be rejected. If you authorize “all years,” this will include previous, current, and future years up to the expiration date. If you authorize “specific income periods,” you can designate future years or income periods up to **five years** from the POA Declaration signature date.

1. Authorize All Years .... [X] Yes [ ] No

Or

2. Authorize Specific Income Periods* .... [ ] Yes [X] No

	Year Begins: (mm/dd/yyyy)		Year Ends: (mm/dd/yyyy)
2a.		–	
2b.		–	
2c.		–	
2d.		–	

* For example,

Single Year:	01/01/2024 – 12/31/2024
Short Income Period:	01/01/2024 – 06/30/2024
Multiple Years:	01/01/2022 – 12/31/2024

Part IV – Additional Authorizations

Check either the “Yes” or “No” box below for additional authorizations you would like to grant your representative(s) in addition to those described in Part III. If you do not check either the “Yes” or “No” box or check both the “Yes” and “No” box for any additional authorizations below, we will process the authorization as a “No.” For more information, see instructions.

1. Add representative(s) .... [ ] Yes [X] No

2. Receive, but not endorse, refund check(s) .... [ ] Yes [X] No

3. Waive the California statutes of limitations (SOL) .... [ ] Yes [X] No

4. Execute settlement and closing agreements (only in extenuating circumstances) .... [ ] Yes [X] No

5. Other acts (describe on Side 5) .... [ ] Yes [X] No

CATALINA ISLAND CHAMBER OF COMMERCE 95-1550614

Part V – Request or Retain MyFTB Full Online Account Access for Tax Professional(s)

You must check either the “Yes” or “No” box below. If you check the “Yes” box, you are requesting to authorize or retain full online account access for your tax professional(s), including the ability to view tax returns and take available actions based upon the year(s) designated on this declaration. If you request full online account access for your tax professional(s) on your POA declaration, a separate notice will be mailed to you with an authorization code and instructions to approve or deny the online account access request. An authorization code will not be sent for tax professional(s) that have existing full online account access.

If you check the “No” box, both the “Yes” and “No” boxes, or do not check any box, we will process the authorization as a “No.” In that instance, your tax professional(s) will be granted limited online account access. In addition, any existing relationships with full online account access will be changed to limited online account access. Limited online account access includes viewing notices and most correspondence issued by FTB in the last 12 months.

Note: Tax professional(s) with limited or full online account access may have access to notices and correspondence in MyFTB for any tax year(s).

This online account access authorization does not affect your tax professional(s) ability to take actions on your behalf or the information they can receive by phone, chat, correspondence, or in person.

If your POA declaration is rejected, this request for online access will not be processed and no updates will be made to online access levels for any existing relationships.

Note: Online access is not available for 540NR group nonresident return accounts.

Authorize MyFTB Full Online Account Access for Tax Professional(s) .... ☐ Yes ☒ No

Part VI – Signature Authorizing Power of Attorney Declaration

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.

The authority granted to the representative(s) in this POA Declaration will generally expire **six years** from the date this form is signed, or on the date that a POA declaration is revoked, whichever occurs first.

I declare under penalty of perjury under the laws of the State of California that I am a corporate officer, general partner, authorized managing member, or tax matter partner on behalf of the business entity listed in Part I, and that I have the authority to sign this form on behalf of the business entity and by my signature below, I authorize the representative(s) in Part II and Side 4 (if included) to be appointed as the taxpayer's attorney(s)-in-fact. When required, supporting document for such authority is attached.

I understand that submitting this POA Declaration will not revoke any previously submitted POA Declarations with overlapping privileges.

FTB will reject this POA Declaration if not signed and dated by an authorized individual.

By signing this POA declaration, I understand that FTB will grant limited online account access to my tax professional representative(s) unless full online account access has been requested in Part V. If you do not want your tax professional representative(s) to have any online access, refer to the Specific Line Instructions for Part V.

Print name	Title (**required** for business entities)
JIM LUTTJOHANN	CEO

Signature	Date
X	

CATALINA ISLAND CHAMBER OF COMMERCE 95-1550614

Other Acts Authorization(s)

Submit this side if you selected "Yes" to the Other Acts Authorization box from Part IV. If you did not select "Yes," or selected both "Yes" and "No" within Part IV, we will disregard this side without the listed authorizations being granted. Describe the specific other acts you authorize your representative(s) named in Part II and on Side 4 (if included) to perform before FTB. Authorizations listed in Part III and Part IV prevail over conflicting authorizations listed in this section. Do not return this side if blank.

CATALINA ISLAND CHAMBER OF COMMERCE 95-1550614

The business entity in Part I appoints the following additional representative(s) as attorney(s)-in-fact. Include additional copies of this side as needed to list all representatives. **Do not return this side if blank.**

Additional representative's name (first name, middle initial, and last name)

CA CPA | CA state bar number | CTEC | Enrolled agent number | PTIN

Street address (number and street) or PO box | Apt. no./ste. no.

City (If the representative has a foreign address, see instructions.) | State | ZIP code

Email (include your representative's email address to ensure they receive email notifications) | Phone | Fax

Additional representative's name (first name, middle initial, and last name)

CA CPA | CA state bar number | CTEC | Enrolled agent number | PTIN

Street address (number and street) or PO box | Apt. no./ste. no.

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City (If the representative has a foreign address, see instructions.) | State | ZIP code

Email (include your representative's email address to ensure they receive email notifications) | Phone | Fax

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
3 DELL COMPUTERS	11/30/24	$ 2,491	$	MACRS	5	$ 498	$
LEASEHOLD IMPROVEMENTS	8/01/16	71,009	14,338	MACRS	39	1,821	
LEASEHOLD IMPROVEMENTS	11/01/16	16,686	3,262	MACRS	39	428	
LEASEHOLD IMPROVEMENTS - SHUTTERS	4/15/17	10,453	1,932	MACRS	39	268	
PIER STORAGE CABINETS	10/21/17	1,847	1,764	MACRS	7	83	
VISITOR CENTER EXTERIOR PAINT	3/15/22	19,347	1,137	MACRS	39	496	
COMPUTER - JIM	8/15/21	715	548	MACRS	5	29	
COMPUTER - MICHELLE	6/15/22	999	657	MACRS	5	137	
TOTAL		$ 123,547	$ 23,638			$ 3,760	$ 0