

2014

California Exempt Organization Business Income Tax Return

109

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.		
Corporation/Organization name _____		California corporation number _____
Additional information. See instructions. _____		FEIN _____
Street address (suite/room no.) _____		PMB no. _____
City (If the corporation has a foreign address, see instructions.) _____		State _____ ZIP code _____
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 ☒ Dissolved ☐ Surrendered (Withdrawn)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), Los Angeles Revitalization Zone (LARZ), 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 ☒ _____
- L** Is this a Hospital? ☒ Yes ☐ No
 If "Yes," attach IRS Schedule H (Form 990)

Taxable Corporation	1 Unrelated business taxable income from Side 2, Part II, line 30 <input checked="" type="radio"/>	1	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 <input checked="" type="radio"/>	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. <input checked="" type="radio"/>	3	00
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30 <input checked="" type="radio"/>	4	00
Tax Computation	5 Unrelated business taxable income from line 3 or line 4 <input checked="" type="radio"/>	5	00
	6 Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction <input checked="" type="radio"/>	6	00
	7 Net Operating Loss deduction. See General Information N <input checked="" type="radio"/>	7	00
	8 Add line 6 and line 7. <input checked="" type="radio"/>	8	00
	9 Net unrelated business taxable income. Subtract line 8 from line 5. <input checked="" type="radio"/>	9	00
	10 Tax _____% x line 9. See General Information J <input checked="" type="radio"/>	10	00
	11 a New employment credit, amount generated. <input checked="" type="radio"/> a) _____ 11 b) Amount claimed <input checked="" type="radio"/>	11b	00
c Tax credits from Schedule B. See instructions. <input checked="" type="radio"/>	11c	00	
d Total Credits. Add line 11b and 11c. <input checked="" type="radio"/>	11d	00	
Total Tax	12 Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0- <input checked="" type="radio"/>	12	00
	13 Alternative minimum tax. See General Information O. <input checked="" type="radio"/>	13	00
	14 Total tax. Add line 12 and line 13. <input checked="" type="radio"/>	14	00
Payments	15 Overpayment from a prior year allowed as a credit <input checked="" type="radio"/>	15	00
	16 2014 estimated tax payments. See instructions. <input checked="" type="radio"/>	16	00
	17 2014 withholding (Form 592-B and/or 593.) See instructions. <input checked="" type="radio"/>	17	00
	18 Amount paid with extension (form FTB 3539) <input checked="" type="radio"/>	18	00
	19 Total payments and credits. Add line 15 through line 18 <input checked="" type="radio"/>	19	00
Refund (Direct Deposit of Refund) or Amount Due	20 Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions <input checked="" type="radio"/>	20	00
	21 Overpayment. Subtract line 14 from line 19. See instructions <input checked="" type="radio"/>	21	00
	22 Enter amount of line 21 to be applied to 2014 estimated tax <input checked="" type="radio"/>	22	00
	23 Use tax. See instructions <input checked="" type="radio"/>	23	00
	24 Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21 <input checked="" type="radio"/>	24	00
	a Fill in the account information to have the refund directly deposited. Routing number <input checked="" type="radio"/>	24a	00
	b Type: Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/> c Account Number <input checked="" type="radio"/>	24c	00
	25 Penalties and interest. See General Information M. <input checked="" type="radio"/>	25	00
	26 <input checked="" type="radio"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.	26	00
27 Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result <input checked="" type="radio"/>	27	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 Part II, Schedule D-1						●	4b	00
c	Capital loss deduction for trusts						●	4c	00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule						●	5	00
6	Rental income (Schedule C)						●	6	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	00

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

14	Compensation of officers, directors, and trustees from Schedule I						●	14	00
15	Salaries and wages						●	15	00
16	Repairs						●	16	00
17	Bad debts						●	17	00
18	Interest. Attach schedule						●	18	00
19	Taxes. Attach schedule						●	19	00
20	Contributions. See instructions and attach schedule						●	20	00
21 a	Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)						●	21a	00
b	Less: depreciation claimed on Schedule A. See instructions						●	21b	00
22	Depletion. Attach schedule						●	22	00
23 a	Contributions to deferred compensation plans						●	23a	00
b	Employee benefit programs. See instructions						●	23b	00
24	Other deductions. Attach schedule						●	24	00
25	Total deductions. Add line 14 through line 24						●	25	00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13						●	26	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	00
29	Specific deduction. See instructions						●	29	00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28						●	30	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	Date	● Telephone ()
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	● PTIN
	Firm's name (or yours, if self-employed) and address			● FEIN
				● Telephone ()
May the FTB discuss this return with the preparer shown above? See instructions				

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. Do not claim the New Employment Credit on Schedule B.**

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, except New Employment Credit, on line 4. Enter here and on Side 1, line 11c.	4		00

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

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

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.**Part A. Standard Method – Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

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

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

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions. ●	●	●	●
2 Payroll factor: Wages and other compensation of employees. ●	●	●	●
3 Sales factor: Gross sales and/or receipts less returns and allowances	●	●	●
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.

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

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

Schedule D Unrelated Debt-Financed Income

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

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

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

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

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

Schedule G Exploited Exempt Activity Income, other than Advertising Income

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

Schedule H Advertising Income and Excess Advertising Costs**Part I Income from Periodicals Reported on a Consolidated Basis**

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

Part II Income from Periodicals Reported on a Separate Basis

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, column 4 or 7, and amounts listed in Part II, cols. 4 and 7

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

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 4, and amounts listed in Part II, column 4

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

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14.					

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

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