## **California Exempt Organization 2016 Business Income Tax Return**

FORM

109

Calendar	Year	2016 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yy	vv)								
		ganization name			nia corpo	ration number						
Additional	nforr	nation. See instructions.		FEIN								
Street add	ess (	(suite/room no.)				PMB no.						
City (If the	corp	oration has a foreign address, see instructions.)		State	ZIP code	)						
Foreign co	ıntry	name Foreign province/state/c	ounty	Foreig	Foreign postal code							
A First Re	turn	Filed? Yes No	H Is the organization a non-	exempt cl	naritable 1	trust as described						
		ducation IRA within the meaning of	in IRC Section 4947(a)(1)?									
		on 23712?	Is this organization claim									
			Revitalization Zone (LARZ									
	-	nization under audit by the IRS or has the IRS audited	(LAMBRA), Targeted Tax									
	-	ear? Yes □ No	Area (MEA) tax benefits?									
<b>D</b> Final R			J Is this organization a qua									
● □ D		, , ,	bonus plan as described			- ·						
Enter d	ate(r	mm/dd/yyyy)	·			• /						
<b>E</b> Amend	ed R	eturn● □ Yes □ No	K Unrelated Business Activi									
F Accour	ting	Method Used: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other	L Is this a Hospital?				∟No					
		ade or business	If "Yes," attach federal Sc	chedule H	(Form 99	0)						
	1											
	1	Unrelated business taxable income from Side 2, Part II, line 30.			. • 1		00					
Taxable Corpora-	2	Multiply line 1 by the average apportionment percentage										
tion	,	Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5			. • 2		00					
	3	Enter the lesser amount from line 1 or line 2. If the unrelated bus and Schedule R was not completed, enter the amount from line 1	, ,		. 3		00					
Taxable	<u> </u>	•										
Trust		Unrelated business taxable income from Side 2, Part II, line 30.					00					
		Unrelated business taxable income from line 3 or line 4					00					
_		Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover dedu Net Operating Loss deduction. See General Information N				00						
Tax Computa-		Add line 6 and line 7				00						
tion		Net unrelated business taxable income. Subtract line 8 from line 9				00						
	-	Tax% x line 9. See General Information J				00						
	_	Tax credits from Schedule B. See instructions				00						
Total		Balance. Subtract line 11 from line 10. If line 11 is greater than lin					00					
Tax	1	Alternative minimum tax. See General Information 0			. • 13		00					
		Total tax. Add line 12 and line 13			. • 14		00					
		Overpayment from a prior year allowed as a credit			00							
Deumente	1	2016 estimated tax payments. See instructions			00							
Payments		Withholding (Form 592-B and/or 593.) See instructions			00							
		Amount paid with extension (form FTB 3539)			00		00					
-		Total payments and credits. Add line 15 through line 18					00					
		<b>Use tax.</b> See instructions					00					
Use Tax/ Tax Due/	1	<b>Use tax balance.</b> If line 20 is more than line 19, subtract line 19					00					
Overpay-		Tax due. Subtract line 21 from line 14. Pay entire amount with ref				00						
ment			verpayment. Subtract line 14 from line 21. See instructions									
		Enter amount of line 24 to be applied to 2017 estimated tax					00					

	2	6 Refund. If line 25 is less than line 24, then subtract lin				26	00
_		a Fill in the account information to have the refund di					
	fund or ,	b Type: Checking ●□ Savings ●□ c Account				07	00
Du	_	<ul> <li>Penalties and interest. See General Information M</li> <li>Check if estimate penalty computed using Exce</li> </ul>				27	00
		9 Total amount due. Add line 22, line 23, line 25, and lin				20	00
11.		Business Taxable Income	e ZI, men submac	, IIII 24		29	00
=		related Trade or Business Income					
_		receipts or gross sales <b>b</b> Less retui	rne and allowance	D	e Palanco	1c	00
		oods sold and/or operations (Schedule A, line 7)				2	00
		ordis Solid and/or operations (Schedule A, line 7)				3	00
		I gain net income. See Specific Line Instructions – Trusts					
4	•	•		,		4a	00
	-	in (loss) from Part II, Schedule D-1				4b	00
_		I loss deduction for trusts				4c	00
ð		or loss) from partnerships, limited liability companies, or				-	00
c		chedule K-1 (565, 568, or 100S) or similar schedule				5	00
		come (Schedule C)				6	00
		debt-financed income (Schedule D)				7	00
		nt income of an R&TC Section 23701g, 23701i, or 23701		·		8	00
		Annuities, Royalties and Rents from controlled organizati	,			9	00
		exempt activity income (Schedule G)				10	00
		ng income (Schedule H, Part III, Column A)				11	00
		ome. Attach schedule			_	12	00
_		elated trade or business income. Add line 3 through line					00
		eductions Not Taken Elsewhere (Except for contribution					
	•	ation of officers, directors, and trustees from Schedule I					00
		and wages					00
16	Repairs.				•		00
17	Bad debt	3			•	17	00
18	Interest.	Attach schedule			•	18	00
		tach schedule				19	00
		ions. See instructions and attach schedule			<b>.</b>	20	00
21	<b>a</b> Depre	ciation (Corporations and Associations – Schedule J) (Trusts – $\pm$	form FTB 3885F)   •	21a	00		
	<b>b</b> Less:	depreciation claimed on Schedule A. See instructions		21b	00	21	00
22	Depletio	n. Attach schedule			•	22	00
23	<b>a</b> Contr	butions to deferred compensation plans				23a	00
	<b>b</b> Emplo	yee benefit programs. See instructions				23b	00
24	Other de	ductions. Attach schedule			•	24	00
		luctions. Add line 14 through line 24		25	00		
26	Unrelate	d business taxable income before allowable excess adver	tising costs. Subtr	ract line 25 from	line 13 ●	26	00
27	Excess a	dvertising costs (Schedule H, Part III, Column B)			•	27	00
28	Unrelate	d business taxable income before specific deduction. Sub	tract line 27 from	line 26		28	00
29	Specific	deduction. See instructions				29	00
30	Unrelate	d business taxable income. Subtract line 29 from line 28.	If line 28 is a loss	s, enter line 28		30	00
		To learn about your privacy rights, how we may use your info	ormation, and the co	onsequences for n	ot providing the reques	ted inform	ation, go to <b>ftb.ca.gov</b> and
Sig	nn	search for <b>privacy notice</b> . To request this notice by mail, cal Under penalties of perjury, I declare that I have examined thi belief, it is true, correct, and complete. Declaration of prepare	i 800.852.5711. is return, including a	accompanying sch	edules and statements	, and to the	e best of my knowledge and
He	-	belief, it is true, correct, and complete. Declaration of prepare		yer) is based on a			
		Signature	Title		Date	Teleph	ione
_		Signature of officer	1	Date		( )	
		Preparer's		Date	Check if self-	PTIN	
Pa	id	signature			employed ▶ □	<b>•</b> 5500	
	eparer's	Firm's name (or yours,				• FEIN	
Us	e Only	if self-employed)				A T	
		and address				Teleph	ione
_		May the FTB discuss this return with the preparer shown al	hove? See instruction	one			
		ן iviay נווס ווס עוסטעסס נוווס ולנעווו witil tile piepatet Shown al	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. 🕶 🗀 TC	J ∐ IVU

	chedule A Cost of Goods	•							
Me	ethod of inventory valuation (s	specify)							
1	Inventory at beginning of ye	ear					1		00
2	Purchases						2		00
_							3		00
4	a Additional IRC Section 20	63A costs. Attach schedule					4a		00
	<b>b</b> Other costs. Attach sche	dule				●	4b		00
5	Total. Add line 1 through line	e 4b					5		00
6	Inventory at end of year						6		00
7	Cost of goods sold and/or o	perations. Subtract line 6 from	n line 5. Enter here and or	Side 2	Part I, line 2		7		00
	Do the rules of IRC Section	263A (with respect to property	produced or acquired fo	r resale	) apply to this organizat	ion?	∃Yes □N	lo	
Sc	chedule B Tax Credits.								
1	Enter credit name	code		1		00			
		code •				00			
		code •				00	-		
		e 3. If claiming more than 3 cr			d credits.				
		Side 1, line 11					4		00
Sc		s or Recapture of Tax. See ins							+
1		the look-back method for com		ts. Attac	h form FTB 3834	•	1		00
2	·	o installment: <b>a</b> Sales of cer					2a		00
			non-dealer installment ol				2b		00
3	IRC Section 197(f)(9)(B)(ii)	election to recognize gain on t		-			3		00
4	Credit recapture. Credit nam						4		00
5	·	on line 1 through line 4. See i							00
_		nt Formula Worksheet. Use or							100
		ngle-Sales Factor Formula. (	•			sales f	actor form	ula	
- u	IT A. Otaliaara metiloa ol	ngio outos ruotor rominia.	omplete tino part only in	inc corp	(a)		(b)	(c)	
					Total within and outside California		al within alifornia	Percent withir California [(b) ÷ (a)]	n 1 x 100
					Catolad Camernia				7 100
1					•	•			
2		. Divide total sales column (b)							
_		enter the result here and on Fo						•	
Pa	rt B. Three Factor Formula	. Complete this part only if the	corporation uses the thr	ee-facto					
					(a) Total within and	To	(b) otal within	(c) Percent withir	1
					outside California	C	California	California [(b) ÷ (a)]	] x 100
1	Property factor: See instruc	tions			•			•	
2	Payroll factor: Wages and o	other compensation of employe	es		•			•	
3	Sales factor: Gross sales ar	nd/or receipts less returns and	allowances		•	•		•	
4	<b>Total percentage:</b> Add the p	percentages in column (c)							
5	Average apportionment per	rcentage: Divide the factor on	line 4 by 3 and enter the						
	result here and on Form 109	9, Side 1, line 2. See instructio	ns for exceptions						
		e from Real Property and Per							
	rental income from debt-financed Description of property	d property, use Schedule D, R&TC	Section 23701g, Section 23	701i, and	Section 23701n organizat  2 Rent received or accrued	ions. Se	3 Percentag	ns for exceptions. le of rent attributable al property	
_							,		%
									%
_									<del>/0</del>
	Complete if any item in column 3 is mo f the rent is determined on the basis of		5 Complete if any item in colu	mn 3 is mo	ore than 10%, but not more that	an 50%			
	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 connecte personal property (attach sch		(c) Net incon	me includible, column 5(a) mn 5(b)	)

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

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Schedule D Unrela	ted Debt-Finance	d Income											
1 Description of debt-financed property					2 Gross income from or			3 Deductions directly connected with or allocable to debt-fin				-financed property	
					allocable to debt-financed property		(a) Straight-line depreciation (attach schedule)				(b) Other deductions (attach schedule)		
4 Amount of average acquisitic indebtedness on or allocable to debt-financed property (attach schedule)	ted basis of or ebt-financed ch 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) includi column 7 less column 8					
				%									
				%									
			%										
Total. Enter here and on	Side 2, Part I, line	7											
Schedule E Investr											-		
1 Description	2 Amount		Deductions directly connected attach schedule)			let investment income, olumn 2 less column 3		5 Set-asides (attach sc				of investment income, less column 5	
Total. Enter here and on													
Enter gross income fron	n members (dues,	fees, charges	s, or simila	r amount	s)								
Schedule F Interes	t, Annuities, Roy	alties and Re	nts from C	ontrolle	d Organizatio	18							
			E	Exempt C	ontrolled Orga	anizations	3						
1 Name of controlled organizat		mployer lentification umber				of specified ents made		5 Part of column (4) that included in the controll organization's gross income					
1													
2													
3													
Nonexempt Controlled C	)rganizations												
7 Taxable Income			8	Net unrel	ated income (loss) 9 Total of made				s 10 Part of column (9) the included in the control organization's gross income				
1													
2													
3													
4 Add columns 5 and 10													
5 Add columns 6 and 11													
Subtract line 5 from line 4. Er													
Schedule G Exploit	ed Exempt Activit	v Income. ot	her than A	dvertisin	a Income								
1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)			d 3 Expense connect product of unre	es directly ted with tion			Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5	6 less c	e, column olumn 5 more than	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 3 Direct 4 Advertising income 5 Circulation 6 Readership 7 If column 5 is greater than advertising advertising or excess advertising income costs column 6, enter the income costs. If column 2 is shown in column 4, in costs income greater than column 3 Part III, column A(b). If complete columns 5, 6, and 7. If column 3 column 6 is greater than column 5, subtract the sum is greater than of column 6 and column 3 column 2, enter the from the sum of column 5 excess in Part III, and column 2. Enter amount column B(b). Do not in Part III, column A(b). If the amount is less than zero, complete columns 5, 6, and 7 enter -0-**Totals** Part II Income from Periodicals Reported on a Separate Basis Part III Column A - Net Advertising Income Part III Column B – Excess Advertising Costs (a) Enter "consolidated periodical" and/or (a) Enter "consolidated periodical" and/or (b) Enter total amount from Part I, columns 4 or (b) Enter total amount from Part I, column 4, names of non-consolidated periodicals 7, and amount listed in Part II, columns 4 or names of non-consolidated periodicals and amounts listed in Part II, column 4 Enter total here and on Side 2, Part I, line 11 Enter total here and on Side 2, Part II, line 27 Schedule I Compensation of Officers, Directors, and Trustees 3 Title 1 Name of Officer 2 SSN or ITIN 4 Percent of time devoted 5 Compensation attributable 6 Expense account allowances to business to unrelated business % % % % % 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 2 Date acquired (dd/mm/yyyy) 3 Cost or other basis 4 Depreciation allowed 5 Method of computing 6 Life or rate 7 Depreciation for or allowable in prior depreciation years Total additional first-year depreciation (do not include in items below) 1 2 Other depreciation: Transportation equipment . . . . . . Machinery and other equipment. . . Other (specify) 3 4 5 Amount of depreciation claimed elsewhere on return .....

Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a. . . . . . . . . . . . .

3645163 Form 109 c1 2016 **Side 5**