## **California Exempt Organization 2021 Business Income Tax Return**

FORM

109

Calendar `	Year 2021 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yy	yy)						
Corporation/Organization name California corporation n									
Additional in	nformation. See instructions.		FEI	N					
Street addre	ess (suite/room no.)		PM	B no.					
City (If the	corporation has a foreign address, see instructions.)	St	ate ZIP	ZIP code					
Foreign cou	intry name Foreign province/	oreign province/state/county Foreign postal code							
B Is this a R&TC S C Is the o audited D Final ref	ssolved Surrendered (Withdrawn) Merged/Reorganized ate(mm/dd/yyyy)	H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?							
	ting method used: (1) □ Cash (2) □ Accrual (3) □ Other of trade or business	L Is this a hospital?							
Taxable Corpora- tion	<ul> <li>Unrelated business taxable income from Side 2, Part II, line 30.</li> <li>Multiply line 1 by the average apportionment percentage</li></ul>	% from the Schedule R, 5. See instructions	• • ornia	2		00			
Taxable Trust	and Schedule R was not completed, enter the amount from line 1  4 Unrelated business taxable income from Side 2, Part II, line 30.		•	4		00			
Tax Computa- tion	<ul> <li>5 Unrelated business taxable income from line 3 or line 4</li> <li>6 EZ, LAMBRA, or TTA NOL carryover deduction</li> <li>7 Net Operating Loss deduction. See General Information N</li> <li>8 Add line 6 and line 7</li> <li>9 Net unrelated business taxable income. Subtract line 8 from line 10 Tax % x line 9. See General Information J</li></ul>	5		6 7 8 9		00 00 00 00 00 00			
Total Tax	<ul> <li>12 Balance. Subtract line 11 from line 10. If line 11 is greater than line</li> <li>13 Alternative minimum tax. See General Information 0</li></ul>	ne 10, enter -0		12 13 14		00			
Payments	<ul> <li>15 Overpayment from a prior year allowed as a credit</li> <li>16 2021 estimated tax payments. See instructions</li> <li>17 Withholding (Form 592-B and/or 593). See instructions</li> <li>18 Amount paid with extension (form FTB 3539)</li> <li>19 Total payments and credits. Add line 15 through line 18</li> </ul>	• 15 • 16 • 17 • 18	00 00 00 00			00			
Use Tax/ Tax Due/ Overpay- ment	<ul> <li>20 Use tax. See instructions.</li> <li>21 Payments balance. If line 19 is more than line 20, subtract line 20</li> <li>22 Use tax balance. If line 20 is more than line 19, subtract line 19</li> <li>23 Tax due. Subtract line 21 from line 14. Pay entire amount with ret</li> <li>24 Overpayment. Subtract line 14 from line 21. See instructions</li> </ul>	0 from line 19	•	20 21 22 23 24		00 00 00 00 00			
	25 Enter amount of line 24 to be applied to 2022 estimated tax		25		00				

3641213

Form 109 2021 **Side 1** 

		<b>26</b> Refund. If line 25 is less than line 24, then subtract line				26	00
		a Fill in the account information to have the refund dire					
	fund or lount	b Type: Checking ●□ Savings ●□ c Account N					
Due	е	Penalties and interest. See General Information M					00
		28 • Check if estimate penalty computed using Except					00
11.		29 Total amount due. Add line 22, line 23, line 25, and line d Business Taxable Income	27, then subtrac	t line 24	·····•	)  29	00
_		nrelated Trade or Business Income					
			a and allawaness		a Dalamas A	4.0	00
		s receipts or gross sales <b>b</b> Less return				1c 2	00
		goods sold and/or operations (Schedule A, line 7)				3	00
		rofit. Subtract line 2 from line 1c				4a	00
		•		, ,			00
		ain (loss) from Part II, Schedule D-1				4b 4c	00
		al loss deduction for trusts				46	00
		(or loss) from partnerships, limited liability companies, or S				_	00
		chedule K-1 (565, 568, or 100S) or similar schedule				6	00
						7	00
		d debt-financed income (Schedule D)ent income of an R&TC Section 23701g, 23701i, or 23701n				8	00
		Annuities, Royalties and Rents from controlled organization	- ,	,		9	00
		d exempt activity income (Schedule G)				10	00
		ing income (Schedule H, Part III, Column A)					00
		come. Attach schedule					00
		related trade or business income. Add line 3 through line 12					00
		Deductions Not Taken Elsewhere (Except for contributions,					
		sation of officers, directors, and trustees from Schedule I.					00
		and wages					00
		and wayes.					00
		ts					00
		Attach schedule				18	00
		ttach schedule			_	19	00
		itions. See instructions and attach schedule				20	00
		eciation (Corporations and Associations – Schedule J) (Trusts – for			00		
21		depreciation claimed on Schedule A. See instructions		1 1		21	00
22		on. Attach schedule					00
		ributions to deferred compensation plans				I I	00
20		oyee benefit programs. See instructions					00
2/		eductions. Attach schedule				1 1	00
		eductions. Add line 14 through line 24					00
		ed business taxable income before allowable excess advertis					00
		advertising costs (Schedule H, Part III, Column B)	-				00
		ed business taxable income before specific deduction. Subti					00
29		c deduction. See instructions			00		
		ed business taxable income. Subtract line 29 from line 28. I			00		
00	Omelat	Our privacy notice can be found in annual tax booklets or onlin	ne. Go to ftb.ca.go	v/privacy to learn a	bout our privacy poli	cy statement.	or go to ftb.ca.gov/forms
		and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax form code 948 when instructed.	Board Privacy Noti	ce on Collection. To	request this notice b	by mail, call 8	00.338.0505 and enter
Sig	gn	Under penalties of perjury, I declare that I have examined this	return, including a	ccompanying scheo	dules and statements	s, and to the b	pest of my knowledge and
He	re	belief, it is true, correct, and complete. Declaration of preparer	(otner tnan taxpa) I Title	er) is based on all i	ntormation of which	preparer nas I ● Telephor	
		Signature of officer ▶					
				Date	Check if self-	● PTIN	
		Preparer's signature					
Pai	id eparer's		Firm's FI	EIN			
	e Only	Firm's name (or yours, if self-employed)					
	-	and address				<ul><li>Telephor</li></ul>	ne
		May the FTB discuss this return with the preparer shown abo	ove? See instruction	ons		. ● □ Yes	□ No

	<b>Ehedule A</b> Cost of Goods Sold and ethod of inventory valuation (specify)	•							
	•						1		00
1	Inventory at beginning of year						2		<u>00</u> 00
3	Purchases						3		<u>00</u>
4	a Additional IRC Section 263A costs						4a		<u>00</u>
4	<b>b</b> Other costs. Attach schedule						4a 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						7		00
•	Do the rules of IRC Section 263A (with				•				
So	chedule B Tax Credits.			1000.07	apply to time organiza				_
1	Enter credit name	code ●		1		00			
2	Enter credit name			2		00	-		
3				3		00	-		
4	Total. Add line 1 through line 3. If clai	ming more than 3 credits, e	enter the total of all	claimed	credits,				
	on line 4. Enter here and on Side 1, lin	ne 11					4	(	00
Sc	chedule K Add-On Taxes or Recap	ture of Tax. See instruction	ns.						_
1	Interest computation under the look-b	ack method for completed	long-term contracts	. Attach	form FTB 3834		1	(	00
2	Interest on tax attributable to installm	ent: a Sales of certain tir	meshares or residen	tial lots.		•	2a	(	00
<b>b</b> Method for non-dealer installment obligations							2b	(	00
3	IRC Section 197(f)(9)(B)(ii) election t	o recognize gain on the dis	position of intangibl	es		•	3	(	00
4	4 Credit recapture. Credit name								00
<b>5</b> Total. Combine the amounts on line 1 through line 4. See instructions								(	00
Sc	chedule R Apportionment Formul	a Worksheet. Use only for	unrelated trade or b	usiness	amounts.				
Pa	rt A. Standard Method – Single-Sale	s Factor Formula. Comple	te this part only if th	e corpo					
					(a) Total within and outside California	Tot C:	(b) al within alifornia	(c) Percent within California [(b) ÷ (a)] x 10	00
_	7.1.1								
1	Total sales				•				
2	Apportionment percentage. Divide to	· , -	, ,						
	multiply the result by 100. Enter the r				formula				_
га	rt B. Three Factor Formula. Complet	e tills part offig if the corpo	TALIUH USES HIE HITE	5-140101	(a)		(b)	(c)	_
					Total within and outside California		otal within California	Percent within California [(b) ÷ (a)] x 10	00
1	Property factor: See instructions				•	•		•	
2	Payroll factor: Wages and other com	•	•		•				
3	Sales factor: Gross sales and/or rece	•			•				

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

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

3643213 Form 109 2021 Side 3

Schedule D Unrelate	ed Debt-Financed	l Income										
1 Description of debt-financed property			allocable to debt financed			3 Deductions directly connected with or allocable to debt-financed property						
						(a	(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 adjust allocable to de property (attach schedule)		debt-financed percentage,		7 Gross income reportable, column 2 x column 6		8	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 S	Side 2. Part I. line	7		_								
Schedule E Investm												
	2 Amount	3 Deductions directly connected (attach schedule)			4 Net investment in column 2 less col		ncome, 5 S		5 Set-asides (attach schedule)		6 Balance of investment incon column 4 less column 5	
Total. Enter here and on S	Side 2, Part I, line	8										
Enter gross income from	members (dues,	fees, charges	s, or similar an	nount	s)							
Schedule F Interest	, Annuities, Roya	Ities and Re	nts from Cont	rolled	l Organizatio	ns						
			Exer	npt C	ontrolled Org	anizatio	ns					
1 Name of controlled organizations		2 Emplo identif numb	yer 3 Ne ication (lo				Total of specified payments made		5 Part of column (4) that is included in the controlling organization's gross income			
 1												
2												
3												
Nonexempt Controlled Or	ganizations								·			
7 Taxable income				t unrela ss)	ated income	9 Total made		ified payments	10 Part of columnincluded in the organization's income	e controlling	g con	uctions directly nected with income in mn (10)
 1												
2												
2												
4 Add columns 5 and 10												
									1			
5 Add columns 6 and 11												
6 Subtract line 5 from line 4. Ent Schedule G Exploite						<u> </u>		<u></u>				
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 of of uncertainty.		d S Expenses di connected v production of unrelated	enses directly and enseted with duction 4 Net income from unrelated trade or business, column 2 unrelated trade or business, column 2		activity that is not att		6 Expenses attributable to column 5	expense 6 less co	ss exempt inse, column is column 5 not more than mn 4  8 Net income includible, cr 4 less colum but not less zero			
Total. Enter here and on S	Side 2, line 10											

Schedule H Advertising Income and Excess Advertising Costs Part I Income from Periodicals Reported on a Consolidated Basis 5 Circulation 1 Name of periodical 2 Gross advertising 6 Readership 7 If column 5 is greater than column 6, enter the income 3 Direct 4 Advertising income advertising or excess advertising income costs costs costs. If column 2 is shown in column 4, in Part III, column A(b). If greater than column 3 complete columns 5, column 6 is greater than 6, and 7. If column 3 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 complete columns 5, amount is less than zero, 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 (b) Enter total amount from Part I, columns 4 or 7 (a) Enter "consolidated periodical" and/or (b) Enter total amount from Part I, column 4, (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals and amount listed in Part II, columns 4 or 7 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 2 SSN or ITIN 3 Title 1 Name of officer 4 Percent of time devoted 6 Expense account allowances 5 Compensation attributable to unrelated business to business % % % % % Total. Enter here and on Side 2, Part II, line 14. Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.) Depreciation for 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 of property or allowable in prior depreciation this year years Other depreciation: Buildings ..... Transportation equipment . . . . . . Machinery and other equipment. . . Other (specify) 3 4

5

3645213 Form 109 2021 **Side 5**