California Exempt Organization 2018 Business Income Tax Return

FORM

109

Calendar \	⁄eaı	2018 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yy	/yy)		·					
Corporation	/Org	ganization name		Californ	nia corpora	tion number					
Additional in	nforr	nation. See instructions.		FEIN							
					_						
Street addre	ess	(suite/room no.)			-	PMB no.					
City (If the o	orp	oration has a foreign address, see instructions.)		State	ZIP code						
Foreign cou	ntry	name Foreign province/state/c	ounty	Foreign	postal co	de					
A First Re	turn	Filed?	H Is the organization a non	-exempt ch	aritable tr	ust as described					
B Is this a	n ed	ducation IRA within the meaning of	in IRC Section 4947(a)(1)?		● □ Yes □ No					
		on 23712?	I Is this organization claim	ing any for	mer; Ente	rprise Zone (EZ), Los Angeles					
		nization under audit by the IRS or has the IRS audited	Revitalization Zone (LAR								
	-	ear? • Yes No	(LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement								
D Final Re	-		Area (MEA) tax benefits?			● □ Yes □ No					
			J Is this organization a qua	alified pensi	on, profit	sharing, or stock					
-			•	IRC Section 401(a)? ■ □Yes □No							
	,	mm/dd/yyyy)									
		eturn● □Yes □No				● □Yes □No					
F Account	ting	Method Used: (1) \square Cash (2) \square Accrual (3) \square Other	If "Yes," attach federal So								
G Nature of	of tr	ade or business	ii 165, allacii ieuerai o	Siledule II (01111 990)					
	4	Unveloted business toyable income from Cide O. Dort II. line 30	A		• 1	00					
T		Unrelated business taxable income from Side 2, Part II, line 30. Multiply line 1 by the average apportionment percentage			• 1	00					
Taxable Corpora-		Apportionment Formula Worksheet, Part A, line 2 or Part B, line	• 2	00							
tion	3	Enter the lesser amount from line 1 or line 2. If the unrelated bus	-	00							
		and Schedule R was not completed, enter the amount from line			● 3	00					
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30 .				00					
iiust		Unrelated business taxable income from line 3 or line 4				00					
		EZ, LARZ, LAMBRA, or TTA NOL carryover deduction				00					
Tax		Net Operating Loss deduction. See General Information N			00						
Computa-	8	Add line 6 and line 7			8	00					
tion	9	Net unrelated business taxable income. Subtract line 8 from line	5		• 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 li				00					
Tax		Alternative minimum tax. See General Information 0				00					
		Overpayment from a prior year allowed as a credit		I	00	00					
		2018 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						
		Total payments and credits. Add line 15 through line 18				00					
		Use tax. See instructions				00					
Use Tax/		Payments balance. If line 19 is more than line 20, subtract line 20				00					
Tax Due/		Use tax balance. If line 20 is more than line 19, subtract line 19				00					
Overpay- ment		Tax due. Subtract line 21 from line 14. Pay entire amount with re-				00					
		Overpayment. Subtract line 14 from line 21. See instructions				00					
	25	Enter amount of line 24 to be applied to 2019 estimated tax			25	00					

	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24		00
Refund or	a Fill in the account information to have the refund directly deposited. Routing no		
Amount	b Type: Checking ●□ Savings ●□ c Account Number		00
Due	28 ●☐ Check if estimate penalty computed using Exception B or C and attach form I	•	
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24.		00
Unrelat	ted Business Taxable Income		
	Unrelated Trade or Business Income		
1 a Gro	oss receipts or gross sales b Less returns and allowances	c Balance • 1c	00
	f goods sold and/or operations (Schedule A, line 7)		00
	profit. Subtract line 2 from line 1c		00
	Dital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)		00
b Net	gain (loss) from Part II, Schedule D-1	4b	00
c Cap	pital loss deduction for trusts	4c	00
5 Incom	e (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		00
6 Rental	income (Schedule C)		00
7 Unrela	ated debt-financed income (Schedule D)		00
8 Investi	ment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E).	• 8	00
	st, Annuities, Royalties and Rents from controlled organizations (Schedule F). \dots		00
	ted exempt activity income (Schedule G)		00
	tising income (Schedule H, Part III, Column A)		00
	income. Attach schedule		00
	unrelated trade or business income. Add line 3 through line 12		00
	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly		
	ensation of officers, directors, and trustees from Schedule I		00
	es and wages		00
	S		00
	ebts	· ·	00
	st. Attach schedule		00
	Attach schedule		00
	butions. See instructions and attach schedule	00	00
	ss: depreciation claimed on Schedule A. See instructions	00 21	00
	tion. Attach schedule.	· -	00
23 a Cor	ntributions to deferred compensation plans	23a	00
	ployee benefit programs. See instructions		00
	deductions. Attach schedule		00
	deductions. Add line 14 through line 24		00
26 Unrela	ated business taxable income before allowable excess advertising costs. Subtract line 25	from line 13 26	00
	ss advertising costs (Schedule H, Part III, Column B)		00
	ated business taxable income before specific deduction. Subtract line 27 from line 26		00
	fic deduction. See instructions		00
	ated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line		00
	To learn about your privacy rights, how we may use your information, and the consequences	for not providing the requested information, go t	o ftb.ca.gov/forms
Sign	and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this return, including accompanyin belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based	ng schedules and statements, and to the best of	my knowledge and
Here		_	nowledge.
	Signature of officer	Date Telephone	
	of officer Date	() Ohashifasif	
	Preparer's	Check if self-	
Paid	signature •	employed ▶ ☐ Firm's FEIN	
Preparer Use Only	Firm's name (or yours,	_	
USE UIIIY	if self-employed) and address	● Telephone	
		()	
_	May the FTB discuss this return with the preparer shown above? See instructions		

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	chedule A Cost of Goods Sold and/or Operations. ethod of inventory valuation (specify)		
1	Inventory at beginning of year	1	00
2	Purchases		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		00
	Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization	on? □Yes □N	0
S	chedule B Tax Credits.		
1	Enter credit namecode ● ● 1	00	
2	Enter credit namecode ● ● 2	00	
3	Enter credit namecode ● ● 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
S	chedule 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		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots		00
	b Method for non-dealer installment obligations		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		00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	00
S	chedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.	<u> </u>	
Pa	art A. Standard Method – Single-Sales Factor Formula. Complete this part only if the corporation uses the single-		
	(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		
Pa	art B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.		
	(a) Total within and	(b) Total within	(c)
	Total within and outside California	Total within California	Percent within California [(b) ÷ (a)] x 100
1	Property factor: See instructions	•	•
2	Payroll factor: Wages and other compensation of employees	•	•
_			

	multiply the result by 100. Lines the result here and on 10m 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 apport onment 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							
S	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 to personal property or accrued %_ % 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 ${\bf 5}\;$ Complete if any item in column 3 is more than 10%, but not more than 50% (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) personal property (attach schedule) less column 5(b) column 2 x column 3

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

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Schedule D Unrelate	d Debt-Financed	l Income									
1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property		3	3 Deductions directly connected with or allocable to debt-financed property					
					(a	(a) Straight-line depreciation (attach schedule)		(b) Other deduction schedule)		ions (attach	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	allocable to del	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			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		
(attach schedule)			column 5 %								
			%								
			%								
								1			
Total. Enter here and on Si											
Schedule E Investme				ction	1		1		1		
1 Description 2			Deductions directly connected (attach schedule)		4 Net investment income, column 2 less column 3		5 Set-asides (attach schedule)				f investment income, less column 5
Total Fatour barra and a O'	ida O. Danit I II	0									
Total. Enter here and on Si											
Enter gross income from r					·						
Schedule F Interest,	Annuities, Roya	Ities and Re									
					ontrolled Organizatio	ns					
1 Name of controlled organization	ns	2 Emplo Identii Numb	fication (los		4 Total paym	l of spec nents m		5 Part of colum included in th organization s income	e controlling	con	uctions directly nected with income in mn (5)
1											
2				V		_					
3											
Nonexempt Controlled Org	nanizations										
7 Taxable Income			8 Net	unrela	ated income (loss) 9 Total	l of spec	ified payments	10 Part of colum	n (9) that is	11 Ded	uctions directly
					made			included in th organization's income	e controlling	con	nected with income in mn (10)
1				1							
2		TIT									
3		1									
4 Add columns 5 and 10											
5 Add columns 6 and 11											
6 Subtract line 5 from line 4. Ente											
Schedule G Exploited				icin	n Incomo		<u></u>				
						E Cross	incomo from	6 Expenses	7 Excess ex	omnt	8 Net income
same exempt activity) from		business incor from trade or business	siness income connected wit m trade or production		h unrelated trade or ac business, column 2 ur less column 3 in				ributable to expense, o		includible, column 4 less column 7 but not less than zero
	<u> </u>										
Total. Enter here and on Si	ide 2, Part I, line	10						<u> </u>			

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 costs. If column 2 is shown in column 4, in 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 B - Excess Advertising Costs Part III Column A - Net Advertising Income (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 2 SSN or ITIN 1 Name of Officer 3 Title 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.) 2 Date acquired (dd/mm/yyyy) 1 Group and guideline class or description 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 Other depreciation 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.....

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