TAXABLE YEARCalifornia Exempt Organization2016Business Income Tax Return

109

Calendar `	Year	2016 or fiscal year beginning (mm/dd/yyyy)	, and e	ending (mm/dd/yyy	/y)						
-		anization name				a corpor	ation number				
	,					I					
Additional II	ntorm	nation. See instructions.			FEIN	-					
Otro at a dat		ouite/ream no.)				1	DMD no				
Street addr	ess (suite/room no.)					PMB no.				
City (If the o	corpo	pration has a foreign address, see instructions.)		5	State Z	te ZIP code					
Foreign cou	intrv	name Foreign province/state,	/county		Foreign postal code						
i oroigii ooc	untry (oounty								
A First Re	turn	Filed? Yes No	H Is the o	organization a non-	exempt cha	ritable t	rust as described				
B Is this a	ın ed	ucation IRA within the meaning of	in IRC	Section 4947(a)(1)	?		• 🗆 Yes	□No			
R&TC S	Sectio	on 23712? Yes 🗆 No	Is this	organization claimi	ng any form	ier; Ente	erprise Zone (EZ), Los A	ngeles			
C Is the o	rgan	ization under audit by the IRS or has the IRS audited			-	-	litary Base Recovery Are				
in a pric	or ye	ar?●□Yes □No					ufacturing Enhancement				
D Final Re	eturn	?					• 🗆 Yes	□No			
\star 🗆 Di	ssol	ved \Box Surrendered (Withdrawn) \Box Merged/Reorganized.		organization a qual	•		-				
Enter da	ate(n	nm/dd/yyyy)					(a)? ● □ Yes				
E Amende	ed Re	eturn●□Yes □No			,						
F Account	ting	Method Used: (1) 🗆 Cash (2) 🗆 Accrual (3) 🗆 Other	L Is this a Hospital? ● □ Yes □ No								
		ade or business	If "Yes	," attach federal Scl	nedule H (F	orm 990	0)				
	1	Unrelated business taxable income from Side 2, Part II, line 30				• 1		00			
Taxable		Multiply line 1 by the average apportionment percentage				0					
Corpora- tion		Apportionment Formula Worksheet, Part A, line 2 or Part B, line		2		00					
lion	3	Enter the lesser amount from line 1 or line 2. If the unrelated but									
Taxable		and Schedule R was not completed, enter the amount from line	1			3		00			
Trust		Unrelated business taxable income from Side 2, Part II, line 30				00					
	1	Unrelated business taxable income from line 3 or line 4				00					
		Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover dec				00					
Tax Computa-		Net Operating Loss deduction. See General Information N Add line 6 and line 7				00					
tion		Net unrelated business taxable income. Subtract line 8 from line				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						00			
Tax		Alternative minimum tax. See General Information 0						00			
		Total tax. Add line 12 and line 13 Overpayment from a prior year allowed as a credit				14		00			
		2016 estimated tax payments. See instructions			0						
Payments		Withholding (Form 592-B and/or 593.) See instructions			0						
		Amount paid with extension (form FTB 3539)			0						
		Total payments and credits. Add line 15 through line 18				19		00			
		Use tax. See instructions.						00			
Use Tax/		Payments balance. If line 19 is more than line 20, subtract line 2						00			
Tax Due/ Overpay-		Use tax balance. If line 20 is more than line 19, subtract line 19				00					
ment		Tax due. Subtract line 21 from line 14. Pay entire amount with r Overpayment. Subtract line 14 from line 21. See instructions				00					
		Enter amount of line 24 to be applied to 2017 estimated tax		24		00					

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	26 Refund. If line 25 is less than line 24, then subtract line 25				26	00
	a Fill in the account information to have the refund directly					
Refund or Amount	b Type: Checking ●□ Savings ●□ c Account Num					
Due	27 Penalties and interest. See General Information M.					00
	28 Check if estimate penalty computed using Exception					00
Unvolot	29 Total amount due. Add line 22, line 23, line 25, and line 27, ed Business Taxable Income	then subtract	IIIIe 24) 29	00
	Unrelated Trade or Business Income					
				a Dalamaa		
	ss receipts or gross sales b Less returns ar					00
	goods sold and/or operations (Schedule A, line 7)					00
	ital gain net income. See Specific Line Instructions – Trusts attac					00
	gain (loss) from Part II, Schedule D-1					00
•	ital loss deduction for trusts				4c	00
	e (or loss) from partnerships, limited liability companies, or S co					00
	Schedule K-1 (565, 568, or 100S) or similar schedule					00
	income (Schedule C)					00
	ed debt-financed income (Schedule D)					00
	nent income of an R&TC Section 23701g, 23701i, or 23701n org	-				00
	t, Annuities, Royalties and Rents from controlled organizations (00
•	ed exempt activity income (Schedule G)					00
	sing income (Schedule H, Part III, Column A)					00
	ncome. Attach schedule.					00
	nrelated trade or business income. Add line 3 through line 12					00
	Deductions Not Taken Elsewhere (Except for contributions, dec					
	nsation of officers, directors, and trustees from Schedule I					00
	s and wages					00
16 Repairs	3			• • • • • • • • • • • • •		00
	bts					00
	t. Attach schedule					00
	Attach schedule				19	00
	outions. See instructions and attach schedule					00
	reciation (Corporations and Associations – Schedule J) (Trusts – form F			00		
	s: depreciation claimed on Schedule A. See instructions) 21	00
	ion. Attach schedule					00
23 a Con	tributions to deferred compensation plans					00
b Emp	ployee benefit programs. See instructions				23b	00
24 Other	deductions. Attach schedule			•	24	00
	leductions. Add line 14 through line 24					00
	ted business taxable income before allowable excess advertising					00
	s advertising costs (Schedule H, Part III, Column B)					00
28 Unrela	ted business taxable income before specific deduction. Subtract	line 27 from I	ine 26	•	28	00
	ic deduction. See instructions					00
30 Unrela	ted business taxable income. Subtract line 29 from line 28. If lin	e 28 is a loss,	enter line 28		30	00
	To learn about your privacy rights, how we may use your informati search for privacy notice . To request this notice by mail, call 800. Under penalties of perjury, I declare that I have examined this return built of the second secon	on, and the cor	nsequences for not	providing the reque	sted information,	go to ftb.ca.gov and
Sign	Under penalties of perjury, I declare that I have examined this retu	rn, including ac	companying sched	ules and statements	s, and to the bes	t of my knowledge and
Here	belief, it is true, correct, and complete. Declaration of preparer (otr	ier than taxpay	er) is based on all i	nformation of which	preparer has an	y knowledge.
	Signature	е		Date	Telephone	
	of officer		Date		() • PTIN	
	Preparer's			Check if self-	• FIIN	
Paid	signature			employed	● FEIN	
Preparer'	s Firm's name (or yours,					
Use Only	if self-employed)				-	
	and address				 Telephone 	
	May the FTB discuss this return with the preparer shown above?	Saa instructio	ne			No
				<u></u>	103 _	

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Schedule A Cost of Goods Sold and/or Operations. Method of inventory valuation (specify)_____

ivie	thod 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.		00
	Inventory at end of year		00
	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?	· · · · · ·	No
Sc	chedule B Tax Credits.	1100 1	
	Enter credit namecode ●● 1 00		
	Enter credit namecode ●	1	
	Enter credit namecode ●	-	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits,		00
	on line 4. Enter here and on Side 1, line 11	4	00
	Hedule 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
	Hedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.		
Pa	rt A. Standard Method – Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales f		
		(b) tal within	(c) Percent within
	outside California C	alifornia	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	rt B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.		
	(a)	(b)	(C)
		otal within California	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)		
-	Average apportionment percentage: Divide the factor on line 4 by 3 and enter the		
0	result here and on Form 109, Side 1, line 2. See instructions for exceptions		
50	chedule C Rental Income from Real Property and Personal Property Leased with Real Property		
	rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. Se	e instruct	ions for exceptions.
	Description of property 2 Rent received	3 Percen	tage of rent attributable
	or accrued	to here	sonal property
			<u>%</u>
			%
1 0	Complete if any item in column 2 is more than 50%, or for any item		%
	Somplete if any item in column 3 is more than 50%, or for any item 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 (b) Income includible, column 2 (a) Gross income reportable, (b) Deductions directly connected with		come includible, column 5(a)
	(attach schedule) less column 4(a) column 2 x column 3 personal property (attach schedule)	iess c	olumn 5(b)
۲ ۷	d columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6		
AU	ט טטונווווס אנטן מווע טטונוווו טנטן. בוונדו וודוד מווע טון טועד 2, דמון ז, וווד 0		

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Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property						a	Gross income fron Ilocable to debt-fi property			Deductions dir Straight-line (attach sche		th or allocable to debt-financed property (b) Other deductions (attach schedule)			
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule) 5 Average adjusted ba allocable to debt-fin property (attach sch			t-financed	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 or	n Side 2,	Part I, line 7	7												
Schedule E Inves	tment In	come of an	R&TC Section	on 23701	g, Sec	tion	23701i, or S	ection 23	701	n Organiza	tion				
1 Description	2 Amou	int	3 Deductions of (attach sched	s directly connected hedule)			4 Net investment income, column 2 less column 3			5 Set-asides (attach schedule)					nvestment income, ss column 5
	_														
Total. Enter here and or															
Enter gross income fro	m memb	pers (dues, f	ees, charges	, or simil	ar amo	ounts	s)								
Schedule F Intere	est, Annu	uities, Royal	ties and Re	nts from	Contro	lled	Organization	S							
					Exemp	ot Co	ontrolled Orga	nizations							
1 Name of controlled organizations 2			2 Emplo Identif Numb	ication		Net unrelated income (loss) 4 Total of spe payments n							ontrolling conn		uctions directly lected with income in mn (5)
1															
2															
3															
Nonexempt Controlled	Organiza	ations		1											
7 Taxable Income					8 Netu	unrelated income (loss) 9 Total of s made		speci	included		cluded in the controlling ganization's gross				
1															
2															
3															
4 Add columns 5 and 10															
5 Add columns 6 and 11															
6 Subtract line 5 from line 4.															
Schedule G Explo															
 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity) Gros busi from 			d 3 Expen ne conne produ of un			h 4 Net income from unrelated trade or business, column 2 less column 3		activit	income from y that is not ted business e	attributable to column 5		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	
				-											
	0.1.6	<u> </u>	0												
Total. Enter here and or	n Side 2,	Part I, line 1	0										<u>.</u>		

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Schedule H Advertising Income and Excess Advertising Costs

Pa	art I Income from Periodic	cals Rep	orted on a	Consolidat	ed Basi	S								
1 Name of periodical		2 Gross advertising income		3 Direct advertising costs		costs. If greater th complete 6, and 7. is greater column 2 excess in column E	advertising column 2 is nan column 3, columns 5, If column 3 than 2, enter the	5 Circulation income		6 Readership costs		colui shov Part colui colui of cc from and in Pa	olumn 5 is greater than umn 6, enter the income wm in column 4, in t III, column 4(b). If umn 6 is greater than umn 5, subtract the sum solumn 6 and column 3 m the sum of column 5 column 2. Enter amount Part III, column A(b). If the ount is less than zero, er -0-	
						-						-		
-	ials	icolo Dov		Conorato	Decie									
Pa	art II Income from Period	icais Rej	jorted on a	a Separate	Basis									
	art III Column A – Net Ad		Income				Part II	Column B	– Exc	ess Adverti	sing Costs	;		
(a)	Enter "consolidated periodical" and/o names of non-consolidated periodical			ital amount from amount listed ir			(a) Enter "consolidated periodica names of non-consolidated p				(b) Enter to and am	total amount from Part I, column 4, mounts listed in Part II, column 4		
	er total here and on Side 2, Part I, line hedule I Compensation		re Diroct	ore and Tr	uetooe		Enter total h	here and on Side 2	, Part I	I, line 27				
	Vame of Officer		l or ITIN	uis, allu ill	3 Title		4 Perce	nt of time devoted		5 Compensatio		e 6 E	xpense account allowances	
							to bus	siness	%	to unrelated	business			
									%					
									%					
									%					
									%					
Tot	al. Enter here and on Side 2,	Part II, li	ne 14											
	chedule J Depreciation							,					7 Denveriation for	
	of property		e acquired (d			or other basis		ciation allowed wable in prior		ethod of comput preciation	ing b Lite	e or rate	7 Depreciation for this year	
1	Total additional first-year de	epreciatio	<u>n (do not i</u>	<u>nclude in it</u>	ems belo	<u></u>	<u></u>	<u></u>			<u></u>			
2	Other depreciation:						_							
	Furniture and fixtures	ldings												
Transportation equipment														
	Machinery and other equipr													
	Other (specify)													
							_							
3 4	Other depreciation													
4 5	Amount of depreciation clai													
6	Balance. Subtract line 5 from													

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