## **California Exempt Organization 2023 Business Income Tax Return**

FORM

109

Calendar `	<b>Y</b> ear	r 2023 or fiscal year beginning (mm/dd/yyyy)	, and ending (m	m/dd/yyyy)							
Corporation	/Org	ganization name			Cali	fornia corporatio	on number				
Additional in	nforr	mation. See instructions.			FEII	N					
Street addre	ess (	(suite/room no.)		PMB no.							
City (If the	corp	oration has a foreign address, see instructions.)		State	ZIP	code					
Foreign cou	intry	r name Foreign province/	state/county	state/county Foreign postal code							
B Is this a R&TC S C Is the o	n ed ecti rgar	filed?	described in IRC Section 4947(a)(1)? ■ □ Yes □ No Is this organization claiming any former Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA),								
D Final ref	turn ssol ate(i		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								
	-	rade or business	L Is this a hospital?  If "Yes," attach fe				● ∐ Yes	□No			
Taxable Corpora- tion	2	Unrelated business taxable income from Side 2, Part II, line 30. Multiply line 1 by the average apportionment percentage	e R, rin California	•	2		00				
Taxable	1	and Schedule R was not completed, enter the amount from line 1 Unrelated business taxable income from Side 2, Part II, line 30.				4		00			
Trust  Tax  Computation	5 6 7 8 9	Unrelated business taxable income from line 3 or line 4 EZ, LAMBRA, or TTA NOL carryover deduction	5		•	5 6 7 8 9		00 00 00 00 00 00			
Total Tax	13	Balance. Subtract line 11 from line 10. If line 11 is greater than line Alternative minimum tax. See General Information 0	ne 10, enter -0			12 13 14		00 00 00			
Payments	15 16 17 18	Overpayment from a prior year allowed as a credit	• 15 • 16 • 17 • 18		00 00 00	19		00			
Use Tax/ Tax Due/ Overpay- ment	20 21 22 23	Use tax. See instructions	of from line 19		•	20 21 22 23		00 00 00 00			
		Overpayment. Subtract line 14 from line 21. See instructions Enter amount of line 24 to be applied to 2024 estimated tax				24 25		00			

	<b>26</b> Refund. If line 25 is less than line 24, then subtract line 25 from line 24	1-0		
	a Fill in the account information to have the refund directly deposited. Routing number	<del> </del>		
Refund Amoun	b Type. Chooking C C Cavings C C Account Number			
Due	27 Penalties and interest. See General Information M			
	28 • Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24.	00		
Unrel Part I	ated Business Taxable Income Unrelated Trade or Business Income			
	ross receipts or gross sales b Less returns and allowances c Balance			
	t of goods sold and/or operations (Schedule A, line 7)			
	es profit. Subtract line 2 from line 1c			
	apital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)			
	let gain (loss) from Schedule D-1, Part II	9 4b 00		
	apital loss deduction for trusts	9 4c 00		
	me (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions.			
	ch Schedule K-1 (565, 568, or 100S) or similar schedule			
	tal income (Schedule C)	1 1		
	elated debt-financed income (Schedule D)			
	stment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			
	rest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	1 1		
	oited exempt activity income (Schedule G)	1 1		
	ertising income (Schedule H, Part III, Column A)			
	er income. Attach schedule			
<b>13</b> Tota	l unrelated trade or business income. Add line 3 through line 12	13   00		
Part I	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrel	lated business income.)		
<b>14</b> Con	pensation of officers, directors, and trustees from Schedule I	14 00		
<b>15</b> Sala	ries and wages	15 00		
<b>16</b> Rep	airs•	16 00		
<b>17</b> Bad	debts	17 00		
<b>18</b> Inte	rest. Attach schedule	18 00		
<b>19</b> Taxe	s. Attach schedule	19 00		
<b>20</b> Con	tributions. See instructions and attach schedule	20 00		
<b>21</b> a [	epreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) • 21a 00			
<b>b</b> L	ess: depreciation claimed on Schedule A. See instructions	00		
<b>22</b> Dep	oletion. Attach schedule	22 00		
23 a (	ontributions to deferred compensation plans	<b>23a</b> 00		
b E	mployee benefit programs. See instructions	<b>23b</b> 00		
<b>24</b> Oth	er deductions. Attach schedule	24 00		
<b>25</b> Tot	al deductions. Add line 14 through line 24	<b>25</b> 00		
<b>26</b> Uni	related business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26 00		
<b>27</b> Exc	ess advertising costs (Schedule H, Part III, Column B)	27 00		
<b>28</b> Uni	related business taxable income before specific deduction. Subtract line 27 from line 26	28 00		
	ecific deduction. See instructions			
30 Uni	related business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30 00		
	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy poli-	cv statement, or go to ftb.ca.gov/forms		
	and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice be form code 948 when instructed.	by mail, call 800.338.0505 and enter		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	s, and to the best of my knowledge and		
Here	Deliei, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	Telephone		
	Signature of officer ▶			
	Date Observir as 16	● PTIN		
	Preparer's   Crieck if self- signature			
Paid		Firm's FEIN		
Prepar Use Or	Firms name (or yours,			
	if self-employed) and address	<ul><li>Telephone</li></ul>		
	May the FTB discuss this return with the preparer shown above? See instructions	● □ Yes □ No		

	chedule A Cost of Goods Sold and/or Ope									
	thod of inventory valuation (specify)							00		
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	4a								
_	b Other costs. Attach schedule	4b 5	00							
5	Total. Add line 1 through line 4b						6	00		
6 7	Cost of goods sold and/or operations. Subtra						7	00		
'	Do the rules of IRC Section 263A (with respe				•					
<u>-</u>	chedule B Tax Credits.	ct to property prout	iceu oi acquireu ioi	resale) i	apply to this organiza	ation? L	_ 165 L	<u> </u>		
1	Enter credit name	code 🗬		1		00				
2	Enter credit name			2		00	1			
3	Enter credit name			3		00	4			
4	Total. Add line 1 through line 3. If claiming m				credite	00				
7	on line 4. Enter here and on Side 1, line 11						4	00		
50	chedule K Add-On Taxes or Recapture of						-	00		
1	Interest computation under the look-back me			s Attach	form FTR 3834		1	00		
2	Interest on tax attributable to installment: <b>a</b>						2a	00		
-							2b	00		
3	IRC Section 197(f)(9)(B)(ii) election to recog			-			3	00		
4		-								
5	Total. Combine the amounts on line 1 through						5	00		
_	chedule R Apportionment Formula Works							00		
_	rt A. Standard Method – Single-Sales Facto					e-sales f	actor for	mula		
	CALL CLARACTE MOLITOR CHISTO CATOO LACE	T Tormula: Comple	to tino part only ir ti	10 001 po	(a)		(b)	(c)		
		Total within and outside California						Percent within California [(b) ÷ (a)] x 100		
1	Total sales				•	•				
2	Apportionment percentage. Divide total sales	s column (b) by tota	al sales column (a)	and						
	multiply the result by 100. Enter the result he	. , -	* *					•		
Pa	rt B. Three Factor Formula. Complete this pa				formula.					
	·				(a) Total within and	T/	(b) otal within	(c) Percent within		
					outside California		California	California [(b) ÷ (a)] x 100		
1	Property factor: See instructions				•	•		•		
2	Payroll factor: Wages and other compensation				•					
3	Sales factor: Gross sales and/or receipts less	returns and allowa	inces		•					
4	Total percentage: Add the percentages in col	umn (c)								
5	Average apportionment percentage: Divide t									
_	result here and on Form 109, Side 1, line 2. S	ee instructions for	exceptions.							
Sc	hedule C Rental Income from Real Prop			ith Real	Property					
	rental income from debt-financed property, use Scho	edule D, R&TC Section	23701g, Section 237	01i, and S	Section 23701n organiza (b) Rent received	ations. Se				
(a)	Description of property		ntage of rent attributable sonal property							
1								%		

\_2

3

(i)

\_\_2\_\_\_3

(d) Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income

(ii) Income includible, column (b) less column (d)(i)

4 Add the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part I, line 6.

Deductions directly connected (attach schedule)

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(e) Complete if any item in column (c) is more than 10%, but not more than 50%

(ii) Deductions directly connected with

personal property (attach schedule)

(i) Gross income reportable,

column (b) x column (c)

%

%

(iii) Net income includible, column (e)(i)

less column (e)(ii)

Sc	<b>hedule D</b> Unrela	ted	Debt-Financed	Inc	ome													
(a) Description of debt-financed property		(b) Gross income from or			(c)	Deductions	s directly connected with			r alloca	able to de	ebt-financed property						
									allocable to deb property	t-financed	(i)	Straight-lir (attach sch			(ii		er deduc	
	T								p p		_	(attacii sci	leaule	)		(au	acii sciie	edule)
_1_	•										•					<u> </u>		
2	•										•							
_3	•										•				•			
(d)	Amount of average adjusted basis of or adlocable to debt-financed property (attach schedule)  (e) Average adjusted basis of or allocable to debt-financed property (attach schedule)  (f) Debt basis percentage, column (d) = column (e)					ntage, n (d) ÷	column (b) x column (f) column				is (c)(i) and (c)(ii) x			(i) Net income (or loss) includible, column (g) less column (h)				
_1			•			•	%	•										
2	•		•			•	%	•										
3	•		•				%											
4	Total Enter here an	d or	n Sida 2 Part I	lina	7													
Sc	hedule E Investr	nen	t Income of an	R&1	C Secti	on 23701	n Ser	tion	23701i or S	ection 2	3701ı	Ornaniza	ation		.4			
	Description		Amount	_		s directly co		,	(d) Net investr			(e) Set-asic				(f) B	alance of	investment income,
		( ' '			(attach scl				column (b) less column (			(attach		ule)				) less column (e)
_1_																		
_2_																		
_3_	Total. Enter here an																	
4	Enter gross income	fro	m members (d	ues,	fees, ch	arges, or	simila	r am	ounts)						4			
Sc	hedule F Interes	t, A	nnuities, Roya	Ities	and Re	nts from	Contro	olled	Organizatio	18								
Exe	mpt Controlled Orgai	niza	tions															
(a)	Name of controlled organiz	zatior	ns		(b) Emp				lated income	(d) Total			(e)	Part of colu	ımn (d)	that is	(f) De	ductions directly
identification number (los				oss) payments		ents m	ts made included in th organization's income						nnected with income in lumn (e)					
1																		
2																		
3						,												
_	exempt Controlled C	)rga	nizations															
_	Taxable income	9-					(h) Ne	t unre	lated income	(i) Total	of spec	ified	(j)	Part of colu	ımn (i)		(k) De	ductions directly
							` / (lo				ents m			that is inclu controlling gross incor	organiza			nnected with income column (j)
_1													$\perp$					
2																		
3																		
4	Add the amounts in	col	umns (e) and (	i)								4	4					
_	Add the amounts in															5		
	Subtract line 5 from																	
	hedule G Exploit															0		
	Description of exploited act					(c) Exp			(d) Net income f	om (e)	Gross	income	(f) F	xpenses	(g) Ex	cess e	xemnt	(h) Net income
more than one unrelated activity is exploiting the same exempt activity)  unrelated business income from trade or business income  unrelated business income  unrelated business income			with business, column (b) less column (c)		from is not	from activity that is not unrelated business income		attributable to column (e) co		expense, column (f) less column (e) but not more than column (d)		includible, column (d) less column (g) but not less than zero						
_1_																		
2																		
3																		
4																		
5	Total. Enter here an	d or	n Side 2. line 10	)													5	
	,oo. un	VI					<u> </u>			<u> </u>			· · ·		· · · ·			

Schedule H Advertising Income and Excess Advertising Costs Part I Income from Periodicals Reported on a Consolidated Basis (b) Gross advertising (c) Direct advertising (d) Advertising income (e) Circulation (a) Name of periodical (f) Readership costs (g) If column (e) is greater than costs column (f), enter the income or excess advertising income costs. If column (b) is shown in column (d), in Part greater than column III. column A(b). If column (c), complete columns (f) is greater than column (e), (e), (f), and (g). If subtract the sum of column column (c) is greater (f) and column (c) from than column (b), enter the sum of column (e) and column (b). Enter amount in Part III. column A(b). If the the excess in Part III, column B(b). Do not complete columns (e), amount is less than zero, (f), and (g). enter -0-3 Part II Income from Periodicals Reported on a Separate Basis 7 Column A – Net Advertising Income Column B - Excess Advertising Costs Part III (a) Enter "consolidated periodical" and/or names (a) Enter "consolidated periodical" and/or names (b) Enter total amount from Part I, columns (d) or (b) Enter total amount from Part I, column (d), and of non-consolidated periodicals (g), and amount listed in Part II, columns (d) of non-consolidated periodicals amounts listed in Part II, column (d) 1 2 3 4 Enter total here and on Side 2, Part I, line 11 5 Enter total here and on Side 2, Part II, line 27 Schedule I Compensation of Officers, Directors, and Trustees (c) Percent of time devoted (d) Compensation attributable to business to unrelated business % % 2 % 3 % 4 % 5 6 Total. Enter here on Side 2, Part II, line 14 6 Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.) (g) Depreciation for (a) Group and guideline class or description of (b) Date acquired (c) Cost or other basis (d) Depreciation allowed (e) Method of computing (f) Life or rate property (dd/mm/yyyy) or allowable in prior depreciation this year 1 2 2a Buildings . . . . . . . . . . . . . . 2a Furniture and fixtures ..... 2b Transportation equipment . . . . . 2c Machinery and other equipment . 2d 2d 2e Other (specify) 2e 3 4

5

3645233 Form 109 2023 **Side 5**