## **California Exempt Organization 2017 Business Income Tax Return**

FORM

109

Calendar \	/ear 2017 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyy	ry)	•							
Corporation	/Organization name			corporation	number						
Additional in	formation. See instructions.		FEIN	-							
0, , , , , ,				- IDA	4D						
Street addre	ess (suite/room no.)			PN	MB no.						
City (If the	corporation has a foreign address, see instructions.)		State ZIF	o code							
Oity (ii tile t	orporation has a totalgit address, see instructions.		Diale ZII	code							
Foreign cou	ntry name Foreign province/state/c	ounty	Foreign po	ostal code							
		•									
A First Re	turn Filed? Yes No	H Is the organization a non-e	exempt chari	table trust a	as described						
	n education IRA within the meaning of	in IRC Section 4947(a)(1)? ● □ Yes □ No									
	ection 23712?	Is this organization claiming	ng any forme	r; Enterpris	se Zone (EZ), Los Ar	ngeles					
	rganization under audit by the IRS or has the IRS audited	Revitalization Zone (LARZ)	), Local Ager	cy Military	Base Recovery Are	a					
	r year? ● □Yes □No		Area (TTA), or Manufacturing Enhancement								
<b>D</b> Final Re	-	Area (MEA) tax benefits?.			● □ Yes	□No					
● □ Di		J Is this organization a qual			÷ .						
Enter da	ıte(mm/dd/yyyy)	bonus plan as described i	n IRC Sectio	n 401(a)? .	● □ Yes	□No					
	d Return	K Unrelated Business Activit	y (UBA) Cod	e•							
	ing Method Used: (1) \( \subseteq \text{Cash} \) (2) \( \subseteq \text{Accrual} \) (3) \( \subseteq \text{Other} \)	L Is this a Hospital?			● □ Yes	□No					
	of trade or business	If "Yes," attach federal Sch	nedule H (Foi	rm 990)							
- Nature (	of trade of publifess			<u> </u>							
	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% from the Schedule R,									
tion	Apportionment Formula Worksheet, Part A, line 2 or Part B, line 3  Enter the lesser amount from line 1 or line 2. If the unrelated bus		2		00						
	and Schedule R was not completed, enter the amount from line 1	, ,		3		00					
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30 .					00					
11401	5 Unrelated business taxable income from line 3 or line 4					00					
	<b>6</b> EZ, LARZ, LAMBRA, or TTA NOL carryover deduction				00						
Tax	7 Net Operating Loss deduction. See General Information N $\ldots$				00						
Computa- tion	8 Add line 6 and line 7				00						
	9 Net unrelated business taxable income. Subtract line 8 from line 8 10 Tax% x line 9. See General Information J					00					
	11 Tax credits from Schedule B. See instructions					00					
Total	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line					00					
Total Tax	<b>13</b> Alternative minimum tax. See General Information O		•	13		00					
	14 Total tax. Add line 12 and line 13			14		00					
	15 Overpayment from a prior year allowed as a credit		00	_							
Payments	<ul><li>16 2017 estimated tax payments. See instructions</li><li>17 Withholding (Form 592-B and/or 593.) See instructions</li></ul>		00	_							
	<b>18</b> Amount paid with extension (form FTB 3539)		00	_							
	<b>19</b> Total payments and credits. Add line 15 through line 18					00					
	20 Use tax. See instructions		•	20		00					
Use Tax/	21 Payments balance. If line 19 is more than line 20, subtract line 20					00					
Tax Due/ Overpay-	22 Use tax balance. If line 20 is more than line 19, subtract line 19					00					
ment	23 Tax due. Subtract line 21 from line 14. Pay entire amount with ret 24 Overpayment. Subtract line 14 from line 21. See instructions					00					
	25 Enter amount of line 24 to be applied to 2018 estimated tax					00					
				1		, 00					

	1	26 Refund. If line 25 is less than line 24, then subtract line 2	25 from line 24.		<u>.</u> •	26	00
		a Fill in the account information to have the refund direc					
	und or ount	<b>b</b> Type: Checking ●□ Savings ●□ <b>c</b> Account No					
Due	2	Penalties and interest. See General Information M					00
		Check if estimate penalty computed using Exception					100
Ш		29 Total amount due. Add line 22, line 23, line 25, and line 2 d Business Taxable Income	7, men subtrac	t line 24		)  29	00
_		nrelated Trade or Business Income					
		receipts or gross sales <b>b</b> Less returns	and allowance	2	r Balance	1c	00
		pods sold and/or operations (Schedule A, line 7)				2	00
		ofit. Subtract line 2 from line 1c				3	00
		al gain net income. See Specific Line Instructions – Trusts att					
		ain (loss) from Part II, Schedule D-1		,		4b	
	-	al loss deduction for trusts				4c	
		(or loss) from partnerships, limited liability companies, or S				10	
		chedule K-1 (565, 568, or 100S) or similar schedule				5	00
		come (Schedule C)				6	00
		d debt-financed income (Schedule D)					00
		ent income of an R&TC Section 23701g, 23701i, or 23701n o				8	00
		Annuities, Royalties and Rents from controlled organizations	- '	,		9	00
		I exempt activity income (Schedule G)	,			10	00
		ng income (Schedule H, Part III, Column A)					00
		come. Attach schedule					00
13	Total unr	elated trade or business income. Add line 3 through line 12				13	00
		Deductions Not Taken Elsewhere (Except for contributions, o					
		sation of officers, directors, and trustees from Schedule I					00
		and wages					00
							00
17	Bad debt	S				17	00
18	Interest.	Attach schedule					00
19	Taxes. At	ttach schedule				19	00
		tions. See instructions and attach schedule				20	00
		ciation (Corporations and Associations – Schedule J) (Trusts – form			00		
		depreciation claimed on Schedule A. See instructions		1 1	00	21	00
22	Depletio	n. Attach schedule				22	00
23	a Contr	ibutions to deferred compensation plans				23a	00
	<b>b</b> Emplo	oyee benefit programs. See instructions				23b	00
24	Other de	eductions. Attach schedule				24	00
25	Total de	ductions. Add line 14 through line 24				25	00
26	Unrelate	ed business taxable income before allowable excess advertisi	ng costs. Subti	act line 25 fro	m line 13	26	00
27	Excess	advertising costs (Schedule H, Part III, Column B)				27	00
28	Unrelate	ed business taxable income before specific deduction. Subtra	ct line 27 from	line 26		28	00
29	Specific	deduction. See instructions				29	00
30	Unrelate	ed business taxable income. Subtract line 29 from line 28. If					00
Sig		To learn about your privacy rights, how we may use your informand search for 1131. To request this notice by mail, call 800.852 Under penalties of perjury, I declare that I have examined this rebelief, it is true, correct, and complete. Declaration of preparer (	2.5711. eturn, including a other than taxpa	occompanying s	schedules and statement n all information of which	s, and prepa	to the best of my knowledge and rer has any knowledge.
		Signature	Title		Date	■ Te	elephone
		of officer		Doto		(	<u>)</u>
Pai	d	Preparer's signature		Date	Check if self- employed ▶ □	• P	
Pre	eparer's e Only	Firm's name (or yours, if self-employed)				• F	EIN
		and address				• Te	elephone )
		May the FTR discuss this return with the preparer shown above	on Con inctructi	nno			∃Ves □ No

So	ehedule A Cost of Goods Sold and/or Operations.			ı		
Me	thod of inventory valuation (specify)					
1	Inventory at beginning of year					0
	Purchases					0
3	Cost of labor				● 3	0
4	a Additional IRC Section 263A costs. Attach schedule				4a	0
	<b>b</b> Other costs. Attach schedule				● 4b	0
5	Total. Add line 1 through line 4b				5	0
	Inventory at end of year					0
	Cost of goods sold and/or operations. Subtract line 6 from					0
	Do the rules of IRC Section 263A (with respect to proper					□No
Sc	chedule B Tax Credits.	<b>7</b>				-
		<b></b> (	1		00	
		•			00	
3		 D(	3		00	
4	Total. Add line 1 through line 3. If claiming more than 3 c			ed credits,		
-	on line 4. Enter here and on Side 1, line 11				4	0
Sc	chedule K Add-On Taxes or Recapture of Tax. See ins					
1	Interest computation under the look-back method for con		acts. Att	ach form FTB 3834	1	0
2	Interest on tax attributable to installment: <b>a</b> Sales of ce					0
	<b>b</b> Method for	r non-dealer installment	obligatio	ons	● 2b	0
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on		0			
4		• 4	0			
5	Total. Combine the amounts on line 1 through line 4. See					0
_	chedule R Apportionment Formula Worksheet. Use o					1.
_	rt A. Standard Method – Single-Sales Factor Formula.	<u> </u>			gle-sales factor fo	rmula.
		p		(a)	(b)	(c)
				Total within and outside California	Total within California	Percent within California [(b) ÷ (a)] x 100
_	TitalOule					
1	Total Sales.					
2	Apportionment percentage. Divide total sales column (b)		-			
_	multiply the result by 100. Enter the result here and on Fo					
Pa	rt B. Three Factor Formula. Complete this part only if th	e corporation uses the ti	iree-tac	(a)	(b)	(c)
				Total within and outside California	Total within California	
_	Duamantu fastani Cas instructions			outside Gainornia	California	
ı	Property factor: See instructions					
2	Payroll factor: Wages and other compensation of employ				•	•
3	Sales factor: Gross sales and/or receipts less returns and					•
4	<b>Total percentage:</b> Add the percentages in column (c)					
5	Average apportionment percentage: Divide the factor on	•	е			
_	result here and on Form 109, Side 1, line 2. See instruction	<u> </u>		al Donasah		
For	rental income from Real Property and Perental income from debt-financed property, use Schedule D, R&TC lescription of property				3 Perce	etions for exceptions.  Intage of rent attributable resonal property
						%
						%
_						
<b>4</b> 0	omplete 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 co	lumn 3 is	more than 10%, but not mor	e than 50%	/0

(a) Gross income reportable,

column 2 x column 3

(a) Deductions directly connected

(attach schedule)

(b) Income includible, column 2

less column 4(a)

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

3643173 Form 109 2017 **Side 3** 

(b) Deductions directly connected with

personal property (attach schedule)

(c) Net income includible, column 5(a)

less column 5(b)

Schedule D Unrela	ted Debt-Finance	d Income											
Description of debt-financed property					2 Gross income from or			3 Deductions directly connected with or allocable to debt-finance					
					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 adjusted bas allocable to debt-fina property (attach schedule)		bt-financed	anced percenta		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 on	Side 2, Part I, line	7											
Schedule E Investr													
1 Description	2 Amount		eductions directly connected attach schedule)		4 Net investment incom column 2 less column						6 Balance of investment income, column 4 less column 5		
Total. Enter here and on													
Enter gross income fron	, ,		·		,								
Schedule F Interes	t, Annuities, Roy	alties and Re	nts from C	ontrolle	d Organizatio	18							
					ontrolled Orga								
1 Name of controlled organizations		2 Emplo Identii Numb	fication	Net unrela (loss)	lated income 4 Total of paymen		f specified nts made		5 Part of column (4) that is included in the controlling organization's gross income				
1													
)													
3													
Nonexempt Controlled C	)rganizations								,				
7 Taxable Income			8	Net unrel	ated income (loss	ed income (loss) 9 Total of s made		fied payments	10 Part of column (9) that included in the controlli 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	y Income, ot	her than A	dvertisin	g Income								
1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)  2 Grown bus from from the same exempt activity)			d 3 Expense connect product of unre	es directly ted with tion	4 Net income from unrelated trade or business, column 2		Gross income from activity that is not unrelated business income		attributable to expe		exempt e, column column 5 more than 1 4	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 3 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 

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

3645173 Form 109 2017 **Side 5**