## **California Exempt Organization 2022 Business Income Tax Return**

FORM

109

Calendar `	Year 2022 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/	dd/yyyy)		_					
Corporation	n/Organization name		C	California corpora	ation number					
Additional in	nformation. See instructions.		F	EIN						
Street addr	ess (suite/room no.)	PMB no.								
City (If the	corporation has a foreign address, see instructions.)	ZIP code								
Foreign cou	untry name Foreign pro	ovince/state/county	/state/county Foreign po							
B Is this a R&TC S C Is the o audited D Final re	turn filed?	described in IRC Se  No I Is this organization (EZ), Local Agency Targeted Tax Area (Tax Area (MEA) tax beni	described in IRC Section 4947(a)(1)?							
Enter da  E Amenda  F Accoun	ate(mm/dd/yyyy)	or stock bonus plar Section 401(a)?  K Unrelated Business L Is this a hospital? .	Activity (UBA) co	de●						
Taxable Corpora- tion	1 Unrelated business taxable income from Side 2, Part II, line 2 Multiply line 1 by the average apportionment percentage Apportionment Formula Worksheet, Part A, line 2 or Part B 3 Enter the lesser amount from line 1 or line 2. If the unrelate	R, California	2	00						
Taxable Trust  Tax  Computation	and Schedule R was not completed, enter the amount from  4 Unrelated business taxable income from Side 2, Part II, line  5 Unrelated business taxable income from line 3 or line 4  6 EZ, LAMBRA, or TTA NOL carryover deduction  7 Net Operating Loss deduction. See General Information N .  8 Add line 6 and line 7	30		5 6 7 8 9	00 00 00 00 00 00 00 00					
Total Tax	<ul> <li>12 Balance. Subtract line 11 from line 10. If line 11 is greater t</li> <li>13 Alternative minimum tax. See General Information 0</li> <li>14 Total tax. Add line 12 and line 13</li></ul>	han line 10, enter -0			00 00 00					
Payments	15 Overpayment from a prior year allowed as a credit		0 0 0	0 0 0 0	00					
Use Tax/ Tax Due/ Overpay- ment	20 Use tax. See instructions	line 20 from line 19		20 21 22 23	00 00 00 00 00					
	25 Enter amount of line 24 to be applied to 2023 estimated tax			<b>●</b> 25	00					

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	T			
	Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26 00		
Refund or	a Fill in the account information to have the refund directly deposited. Routing number			
Amount	b Type: Checking ●□ Savings ●□ c Account Number	27 00		
Due	28 ● ☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806	27 00		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29 00		
Unrelat	ed Business Taxable Income	23		
	Unrelated Trade or Business Income			
	ss receipts or gross sales <b>b</b> Less returns and allowances <b>c</b> Balance	1c 00		
	f goods sold and/or operations (Schedule A, line 7)	2 00		
	profit. Subtract line 2 from line 1c	3 00		
	ital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	<b>4a</b> 00		
	gain (loss) from Part II, Schedule D-1.	<b>4b</b> 00		
	ital loss deduction for trusts	4c 00		
	e (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions.	40		
	Schedule K-1 (565, 568, or 100S) or similar schedule	5 00		
	income (Schedule C)	6 00		
	ted debt-financed income (Schedule D)	7 00		
	ment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8 00		
	t, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9 00		
	ed exempt activity income (Schedule G)	10 00		
	ising income (Schedule H, Part III, Column A).	11 00		
		12 00		
		13 00		
	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrela			
	· · ·	14 00		
•		<b>15</b> 00		
	-	16 00		
		17 00		
	bts			
	tt. Attach schedule			
		19 00		
		20 00		
	(			
	tributions to deferred compensation plans			
	deductions. Attach schedule	24 00		
	deductions. Add line 14 through line 24	25 00		
	ated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26 00		
	s advertising costs (Schedule H, Part III, Column B)	27 00		
	ated business taxable income before specific deduction. Subtract line 27 from line 26	28 00		
	fic deduction. See instructions	29 00		
30 Unrel	ated 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 <b>ftb.ca.gov/privacy</b> to learn about our privacy polic and search for <b>1131</b> to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by	y mail, call 800.338.0505 and enter		
Cian	form code 948 when instructed.	and to the best of my knowledge and		
Sign Here	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 p			
	Signature Title Date	<ul><li>Telephone</li></ul>		
	of officer •			
	Preparer's Date Check if self-	● PTIN		
Paid	signature ▶ employed ▶ □			
Preparer		Firm's FEIN		
Use Only	if self-employed)			
	and address	<ul><li>Telephone</li></ul>		
	Marilla FTD the could be a fill the council to 20 of the fill	● □ Vaa □ Na		
	May the FTB discuss this return with the preparer shown above? See instructions			

Schedule A	Cost of	<b>Goods Sold</b>	and/or	Operations.
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IVIE	thod of inventory valuation (specify)			_				
1	Inventory at beginning of year					1		00
2	Purchases					2		00
3	Cost of labor							00
4	a Additional IRC Section 263A costs. Attach schedule					4a		00
	<b>b</b> Other costs. Attach schedule							00
5	Total. Add line 1 through line 4b							00
6	Inventory at end of year							00
7	Cost of goods sold and/or operations. Subtract line 6 from							00
•	Do the rules of IRC Section 263A (with respect to properly						ln	100
Sc	hedule B Tax Credits.	ty produced or acquired for	100010) 0	ppry to tino organizat				
1	Enter credit namecode		1		00			
2	Enter credit namecode		2		00	7		
3			3		00	1		
-		_	•	radita	00			
4	Total. Add line 1 through line 3. If claiming more than 3 c							00
_	on line 4. Enter here and on Side 1, line 11					4		00
	Interest computation under the look-back method for con		Attach (	Orm FTD 2024	_	1		00
1	Interest on tax attributable to installment: <b>a</b> Sales of ce							00
2		r non-dealer installment obli				2a 2b		00
2			•			3		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on				_	4		00
4	Credit recapture. Credit name							
5_	Total. Combine the amounts on line 1 through line 4. See					5		00
	hedule R Apportionment Formula Worksheet. Use o							
Pa	t A. Standard Method – Single-Sales Factor Formula.	Complete this part only if th	e corpora	ation uses the single-	-sales t	(b)	JIa. (c)	
				Total within and		tal within	Percent wi	
				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) a	nd					
	multiply the result by 100. Enter the result here and on Fo	, -					•	
Pa	t B. Three Factor Formula. Complete this part only if th			ormula.			'	
		·		(a) Total within and	T/	(b) otal within	(c) Percent wi	thin
				outside California		California	California [(b) ÷	(a)] x 100
1	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							
	result here and on Form 109, Side 1, line 2. See instruction						•	
Sc	hedule C Rental Income from Real Property and Pe	rsonal Property Leased wit	h Real P	roperty				
	rental income from debt-financed property, use Schedule D, R&T(	Section 23701g, Section 2370	1i, and Se		ions. Se			
1 [	escription of property			2 Rent received or accrued		3 Percentage to persona	e of rent attributable al 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 column	3 is more	than 10%, but not more th	an 50%			/0
	Deductions directly connected (attach schedule) (b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3		eductions directly connecte ersonal property (attach sch		(c) Net incom	ne includible, column { nn 5(b)	ō(a)
_								
_								
_								
Ad	d columns 4(b) and column 5(c). Enter here and on Side 2	, Part I, line 6						

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Schedule D	Unrelated I	Debt-Finance	d Income												
1 Description of debt-financed property								3 Deductions directly connected with or allocable to debt-financed					financed property		
					allocable to debt-financed property		(a	) Straight-line (attach sche			(b) Other deductions (attach schedule)				
a •						•				)			)		
b										)			)		
c •															
	acquisition	5 Average adius	sted basis of or	6 Debt b	asis	7 (	Gross income repo	rtable	8	Allocable de	ductions	9	Net incom	e (or	loss) includible,
Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)     Amount of average acquisition allocable to debt-financed property (attach schedule)			percen columi columi	tage, column 2 x colum n 4 ÷ n 5						mns 3(a) and	column 7 less column 8				
a •		•		•	%				•			•	)		
b •		•		•	%								)		
c •		•		•	%							•	)		
Total. Enter here												•	)		
Schedule E	Investment	Income of a	n R&TC Secti	on 23701	g, Sec	tion	23701i, or S	ectio	n 23701	n Organiz	ation				
1 Description	2 Ar	mount	3 Deductions		nected		4 Net investmen			5 Set-aside					vestment income,
			(attach sche	dule)			column 2 less	colum	n 3	(attach so	cneaule)		column	4 165	ss column 5
Total. Enter here															
Enter gross incor	me from me	mbers (dues	, fees, charges	s, or simi	lar amo	ount	s)								
Schedule F	Interest, Aı	nnuities, Roy	alties and Re	nts from	Contro	lled	l Organizatior	ıs							
							ontrolled Orga	ınizati	ions						
1 Name of controlled organizations 2 Employer identification number 3		3 Net unrelated in (loss)		ated income	4 Total of specified payments made		5 Part of column (4) that included in the control organization's gross income								
 1															
)															
-															
Nonexempt Cont	rolled Organ	nizations													
7 Taxable income			8 Net unrelate (loss)		sted income 9 Total of s made			ified payment	10 Part of column (9) the included in the contro organization's gross income		olling   connected with income in				
1															
2															
3															
4 Add columns 5 and	10														
5 Add columns 6 and															
Subtract line 5 from															
Schedule G															
Description of explo more than one unre same exempt activi	oited activity (at elated activity is	ttach schedule if	<u> </u>	d 3 Experience connumber produce of un		ctly th		or	activi	income from ty that is not ated business ne	6 Expenses attributable to column 5	exp 6 le but	ess exemp ense, colur ss column not more t umn 4	nn 5	8 Net income includible, column 4 less column 7 but not less than zero
				-		_								_	
						_								_	

Total. Enter here and on Side 2, line 10. . . . . .

Schedule H Advertising Income and Excess Advertising Costs Part I Income from Periodicals Reported on a Consolidated Basis 1 Name of periodical 5 Circulation 6 Readership 7 If column 5 is greater than 2 Gross 3 Direct 4 Advertising income advertising advertising or excess advertising column 6, enter the income costs income income 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, 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 Enter "consolidated periodical" and/or names of non-consolidated periodicals (b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7 (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4 1 2 3 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 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.) Group and guideline class or description of property 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 this year 1 Other depreciation: Furniture and fixtures..... Transportation equipment . . . . . . Machinery and other equipment. . .

Other (specify)

Other depreciation . . . . . . . .

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4 5

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