

California Exempt Organization Business Income Tax Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

Corporation/Organization name **STUDENT UNION OF SAN JOSE STATE UNIVERSITY** California corporation number **1105403**

Additional information. See instructions. FEIN **94-2830732**

Street address (suite/room no.) **ONE WASHINGTON SQUARE** PMB no.

City (If the corporation has a foreign address, see instructions.) **SAN JOSE** State **CA** ZIP code **95192-0201**

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized Enter date (mm/dd/yyyy) Yes No
- E Amended return? Yes No
- F Accounting method used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business **SEE STATEMENT 1**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement 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
- K Unrelated Business Activity (UBA) code **713940**
- L Is this a hospital? Yes No If "Yes," attach federal Schedule H (Form 990)

| | | | | | |
|-----------------------------|----|--|----|---------|------|
| Taxable Corporation | 1 | Unrelated business taxable income from Side 2, Part II, line 30 | 1 | -39,089 | 00 |
| | 2 | Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr. | 2 | | 00 |
| | 3 | Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1 | 3 | -39,089 | 00 |
| Taxable Trust | 4 | Unrelated business taxable income from Side 2, Part II, line 30 | 4 | | 00 |
| Tax Computation | 5 | Unrelated business taxable income from line 3 or line 4 | 5 | -39,089 | 00 |
| | 6 | EZ, LAMBRA, or TTA NOL carryover deduction | 6 | | 00 |
| | 7 | Net Operating Loss deduction. See General Information N | 7 | | 00 |
| | 8 | Add line 6 and line 7 | 8 | | 00 |
| | 9 | Net unrelated business taxable income. Subtract line 8 from line 5 | 9 | -39,089 | 00 |
| | 10 | Tax <u>8.84</u> % x line 9. See General Information J | 10 | | 00 |
| | 11 | Tax credits from Schedule B. See instructions | 11 | | 00 |
| Total Tax | 12 | Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0- | 12 | | 00 |
| | 13 | Alternative minimum tax. See General Information O | 13 | | 00 |
| | 14 | Total tax. Add line 12 and line 13 | 14 | | 0 00 |
| Payments | 15 | Overpayment from a prior year allowed as a credit | 15 | | 00 |
| | 16 | 2021 estimated tax payments. See instructions | 16 | | 00 |
| | 17 | Withholding (Form 592-B and/or 593). See instructions | 17 | | 00 |
| | 18 | Amount paid with extension (form FTB 3539) | 18 | | 00 |
| | 19 | Total payments and credits. Add line 15 through line 18 | 19 | | 00 |
| Use Tax/Tax Due/Overpayment | 20 | Use tax. See instructions | 20 | | 00 |
| | 21 | Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 | 21 | | 00 |
| | 22 | Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20 | 22 | | 00 |
| | 23 | Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions | 23 | | 00 |
| | 24 | Overpayment. Subtract line 14 from line 21. See instructions | 24 | | 00 |
| | 25 | Enter amount of line 24 to be applied to 2022 estimated tax | 25 | | 00 |

| | | | | |
|--|---|-------|--|----|
| Refund or Amount Due | 26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24 | • 26 | | 00 |
| | a Fill in the account information to have the refund directly deposited. Routing number | • 26a | | |
| | b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number | • 26c | | |
| | 27 Penalties and interest. See General Information M | • 27 | | 00 |
| 28 • <input type="checkbox"/> 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 | • 29 | | | 00 |

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

| | | | | | | | |
|---|--------|-------------------------------|--|-----------|------|--------|----|
| 1 a Gross receipts or gross sales | 43,491 | b Less returns and allowances | | c Balance | • 1c | 43,491 | 00 |
| 2 Cost of goods sold and/or operations (Schedule A, line 7) | | | | | • 2 | | 00 |
| 3 Gross profit. Subtract line 2 from line 1c | | | | | • 3 | 43,491 | 00 |
| 4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541) | | | | | • 4a | | 00 |
| b Net gain (loss) from Part II, Schedule D-1 | | | | | • 4b | | 00 |
| c Capital loss deduction for trusts | | | | | • 4c | | 00 |
| 5 Income (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 | | | | | • 5 | | 00 |
| 6 Rental income (Schedule C) | | | | | • 6 | -834 | 00 |
| 7 Unrelated debt-financed income (Schedule D) | | | | | • 7 | | 00 |
| 8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) | | | | | • 8 | | 00 |
| 9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) | | | | | • 9 | | 00 |
| 10 Exploited exempt activity income (Schedule G) | | | | | • 10 | | 00 |
| 11 Advertising income (Schedule H, Part III, Column A) | | | | | • 11 | | 00 |
| 12 Other income. Attach schedule | | | | | • 12 | | 00 |
| 13 Total unrelated trade or business income. Add line 3 through line 12 | | | | | • 13 | 42,657 | 00 |

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | | | | |
|---|-------|-----------------|----|--|-------|---------|----|
| 14 Compensation of officers, directors, and trustees from Schedule I | | | | | • 14 | | 00 |
| 15 Salaries and wages | | | | | • 15 | 63,676 | 00 |
| 16 Repairs | | | | | • 16 | | 00 |
| 17 Bad debts | | | | | • 17 | | 00 |
| 18 Interest | | | | | • 18 | | 00 |
| 19 Taxes | | | | | • 19 | | 00 |
| 20 Contributions | | | | | • 20 | | 00 |
| 21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) | • 21a | | 00 | | | | |
| b Less: depreciation claimed on Schedule A | • 21b | | 00 | | 21 | | 00 |
| 22 Depletion | | | | | • 22 | | 00 |
| 23 a Contributions to deferred compensation plans | | | | | • 23a | | 00 |
| b Employee benefit programs | | | | | • 23b | | 00 |
| 24 Other deductions | | SEE STATEMENT 2 | | | • 24 | 18,070 | 00 |
| 25 Total deductions. Add line 14 through line 24 | | | | | • 25 | 81,746 | 00 |
| 26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 | | | | | • 26 | -39,089 | 00 |
| 27 Excess advertising costs (Schedule H, Part III, Column B) | | | | | • 27 | | 00 |
| 28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 | | | | | • 28 | -39,089 | 00 |
| 29 Specific deduction | | | | | • 29 | | 00 |
| 30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 | | | | | • 30 | -39,089 | 00 |

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy 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 by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | | |
|--------------------------|---|--|---|--|
| Sign Here | Signature of officer | Title AD ACCOUNTING & FI | Date | • Telephone (408) 924-6315 |
| | Preparer's signature | <i>Sue Robison</i> | Date 04/26/23 | • PTIN P00560072 |
| Paid Preparer's Use Only | Firm's name (or yours, if self-employed) and address | RSM US LLP 920 5TH AVENUE, SUITE 2800 SEATTLE, WA 98104 | Check if self-employed <input type="checkbox"/> | • Firm's FEIN 42-0714325 • Telephone 206-281-4444 |
| | May the FTB discuss this return with the preparer shown above? See instructions | | | |

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

| | | | |
|-----|---|----|----|
| 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 | 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 | 7 | 00 |

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

| | | | | | |
|---|--|------|---|----|----|
| 1 | Enter credit name | code | 1 | 00 | |
| 2 | Enter credit name | code | 2 | 00 | |
| 3 | Enter credit name | code | 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 |

Schedule K Add-On Taxes or Recapture of Tax.

| | | | |
|---|---|----|----|
| 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 | 5 | 00 |

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

| | (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. | | | • |

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: | • | • | • |
| 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 apportionment 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 | | | |

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 or accrued | 3 Percentage of rent attributable to personal property |
| ROOM RENTAL/AV | 400 | 100.00 % |
| | | % |
| | | % |

| | | | | |
|---|--|--|--|---|
| 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 | | 5 Complete if any item in column 3 is more than 10%, but not more than 50% | | |
| (a) Deductions directly connected SEE STATEMENT 3 | (b) Income includible, column 2 less column 4(a) | (a) Gross income reportable, column 2 x column 3 | (b) Deductions directly connected with personal property | (c) Net income includible, column 5(a) less column 5(b) |
| 1,234 | -834 | | | |

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 **-834**

Schedule D Unrelated Debt-Financed Income

| 1 Description of debt-financed property | | | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | |
|--|--|--|--|---|---|
| | | | | (a) Straight-line depreciation | (b) Other deductions |
| | | | | | |
| | | | | | |
| | | | | | |
| 4 Amount of average acquisition indebtedness on or allocable to debt-financed property | 5 Average adjusted basis of or allocable to debt-financed property | 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 on Side 2, Part I, line 7 | | | | | |

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

| 1 Description | 2 Amount | 3 Deductions directly connected | 4 Net investment income, column 2 less column 3 | 5 Set-asides | 6 Balance of investment income, column 4 less column 5 |
|---|----------|---------------------------------|---|--------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter here and on Side 2, Part I, line 8 | | | | | |
| Enter gross income from members (dues, fees, charges, or similar amounts) | | | | | |

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

| Exempt Controlled Organizations | | | | | |
|---|----------------------------------|------------------------------------|---|--|---|
| 1 Name of controlled organizations | 2 Employer identification number | 3 Net unrelated income (loss) | 4 Total of specified payments made | 5 Part of column (4) that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column (5) |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7 Taxable income | 8 Net unrelated income (loss) | 9 Total of specified payments made | 10 Part of column (9) that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column (10) | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 Add columns 5 and 10 | | | | | |
| 5 Add columns 6 and 11 | | | | | |
| 6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9 | | | | | |

Schedule G Exploited Exempt Activity Income, other than Advertising Income

| 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity) | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income from unrelated trade or business, column 2 less column 3 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 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 |
|--|--|--|---|--|-------------------------------------|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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 | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7. | 5 Circulation income | 6 Readership costs | 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0- |
|----------------------|----------------------------|----------------------------|---|----------------------|--------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | | | | |

Part II Income from Periodicals Reported on a Separate Basis

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising income or excess advertising costs | 5 Circulation income | 6 Readership costs | 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0- |
|----------------------|----------------------------|----------------------------|--|----------------------|--------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

| (a) 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 |
|--|--|--|---|
| | | | |
| | | | |
| | | | |
| | | | |
| 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 | 3 Title | 4 Percent of time devoted to business | 5 Compensation attributable to unrelated business | 6 Expense account allowances |
|---|---------------|---------|---------------------------------------|---|------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 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 of property | 2 Date acquired (mm/dd/yyyy) | 3 Cost or other basis | 4 Depreciation allowed or allowable in prior years | 5 Method of computing depreciation | 6 Life or rate | 7 Depreciation for this year |
|---|------------------------------|-----------------------|--|------------------------------------|----------------|------------------------------|
| 1 Total additional first-year depreciation (do not include in items below) | | | | | | |
| 2 Other depreciation: | | | | | | |
| Buildings | | | | | | |
| Furniture and fixtures | | | | | | |
| Transportation equipment | | | | | | |
| Machinery and other equipment | | | | | | |
| Other (specify) | | | | | | |
| 3 Other depreciation | | | | | | |
| 4 Total | | | | | | |
| 5 Amount of depreciation claimed elsewhere on return | | | | | | |
| 6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a | | | | | | |

| | | |
|--------|-----------------------------|-------------|
| CA 109 | NATURE OF TRADE OR BUSINESS | STATEMENT 1 |
|--------|-----------------------------|-------------|

COMMUNITY BOWLING CENTER FEES
 COMMUNITY RECREATION MEMBERSHIP FEES
 COMMUNITY ROOM RENTAL

TO FORM 109, PAGE 1

| | | |
|--------|------------------|-------------|
| CA 109 | OTHER DEDUCTIONS | STATEMENT 2 |
|--------|------------------|-------------|

| DESCRIPTION | AMOUNT |
|------------------------------------|---------|
| DIRECT OPERATIONS EXPENSE | 6,604. |
| INSURANCE | 11,466. |
| TOTAL TO FORM 109, PAGE 2, LINE 24 | 18,070. |

| | | |
|--------|--|-------------|
| CA 109 | DEDUCTIONS DIRECTLY CONNECTED WITH RENTAL PROPERTY | STATEMENT 3 |
|--------|--|-------------|

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|-----------------|--------|--------|
| DIRECT LABOR | | 358. | |
| DIRECT OPERATIONS | | 81. | |
| INDIRECT ADMIN EXPENSE | | 795. | |
| - SUBTOTAL - | 2 | | 1,234. |
| TOTAL TO FORM 109, SCHEDULE C, LINE 4A | | | 1,234. |

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

STATE UNIVERSITY
STUDENT UNION OF SAN JOSE

California corporation number

1105403

During the taxable year the corporation incurred the NOL, the corporation was a(n): C corporation
 S corporation Exempt organization Limited liability company (electing to be taxed as a corporation)

FEIN

94-2830732

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

| | | | | |
|---|---|----|--------|----|
| 1 | Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number | 1 | 39,089 | 00 |
| 2 | 2021 disaster loss included in line 1. Enter as a positive number | 2 | | 00 |
| 3 | Subtract line 2 from line 1. If zero or less, enter -0- and see instructions | 3 | 39,089 | 00 |
| 4 | a Enter the amount of the loss incurred by a new business included in line 3 | 4a | | 00 |
| | b Enter the amount of the loss incurred by an eligible small business included in line 3 | 4b | | 00 |
| | c Add line 4a and line 4b | 4c | | 00 |
| 5 | General NOL. Subtract line 4c from line 3 | 5 | 39,089 | 00 |
| 6 | Current year NOL. Add line 2, line 4c, and line 5. See instructions | 6 | 39,089 | 00 |

Part II NOL carryover and disaster loss carryover limitations. See instructions.

| | | | |
|---|---|-----------------------|---|
| 1 | Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst | (g) Available balance | 0 |
|---|---|-----------------------|---|

Prior Year NOLs

| (a) Year of loss | (b) Code - See instructions | (c) Type of NOL - See below * | (d) Initial loss - See instructions | (e) Carryover from 2020 | (f) Amount used in 2021 | (g) Available balance | (h) Carryover to 2022 col. (e) minus col. (f) |
|---------------------|--------------------------------|----------------------------------|--|----------------------------|----------------------------|--------------------------|--|
| 2 | | | | | | | |
| | | | SEE STATEMENT 4 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Current Year NOLs

| Year | Code | Type of NOL | Initial loss | Carryover from 2020 | Amount used in 2021 | Available balance | Carryover to 2022 |
|--------|------|-------------|--------------|---------------------|---------------------|-------------------|--|
| 3 2021 | | DIS | | | | | col. (d) minus col. (f) See instructions. |
| 4 2021 | | GEN | 39,089 | | | | 39,089 |
| 2021 | | | | | | | |
| 2021 | | | | | | | |
| 2021 | | | | | | | |

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2021 NOL deduction

| | | | | |
|---|--|---|--|------|
| 1 | Total the amounts in Part II, line 2, column (f) | 1 | | 00 |
| 2 | Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- | 2 | | 00 |
| 3 | Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 | 3 | | 0 00 |

CA 3805Q

PRIOR YEAR NOLS

STATEMENT 4

| (A) YEAR | (B) CODE (D) LOSS | (C) TYPE OF NOL (E) C/O AMOUNT | (F) AMOUNT USED IN CURRENT YEAR | (G) AVAILABLE BALANCE | (H) CARRYOVER TO NEXT YEAR |
|-------------|----------------------|-----------------------------------|------------------------------------|--------------------------|-------------------------------|
| 2008 | | GEN | | | |
| | 157,508. | 152,508. | 0. | 0. | 152,508. |
| 2009 | | GEN | | | |
| | 219,267. | 219,267. | 0. | 0. | 219,267. |
| 2010 | | GEN | | | |
| | 338,776. | 338,776. | 0. | 0. | 338,776. |
| 2011 | | GEN | | | |
| | 329,986. | 329,986. | 0. | 0. | 329,986. |
| 2012 | | GEN | | | |
| | 220,140. | 220,140. | 0. | 0. | 220,140. |
| 2013 | | GEN | | | |
| | 124,648. | 124,648. | 0. | 0. | 124,648. |
| 2014 | | GEN | | | |
| | 34,636. | 34,636. | 0. | 0. | 34,636. |
| 2015 | | GEN | | | |
| | 175,853. | 175,853. | 0. | 0. | 175,853. |
| 2016 | | GEN | | | |
| | 97,419. | 97,419. | 0. | 0. | 97,419. |
| 2017 | | GEN | | | |
| | 73,344. | 73,344. | 0. | 0. | 73,344. |
| 2018 | | GEN | | | |
| | 475,299. | 475,299. | 0. | 0. | 475,299. |
| 2019 | | GEN | | | |
| | 131,384. | 131,384. | 0. | 0. | 131,384. |
| TOTALS | | 2,373,260. | 0. | | 2,373,260. |