

TAXABLE YEAR  
**2012**

**California Exempt Organization  
Annual Information Return**

228941 12-18-12  
FORM

**199**

Calendar Year 2012 or fiscal year beginning month **JULY** day **1** year **2012**, and ending month **JUNE** day **30** year **2013**.

Corporation/Organization Name <b>THE UNIVERSITY CORPORATION</b>		California corporation number <b>3563080</b>
Address (suite, room, or PMB no.) <b>18111 NORDHOFF STREET</b>		FEIN <b>95-1992732</b>
City <b>NORTHRIDGE</b>	State <b>CA</b>	ZIP Code <b>91330-8310</b>

<b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
<b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D</b> Final Return? • <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn) • <input type="checkbox"/> Merged/Reorganized Enter date: _____	
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	<b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____
<b>F</b> Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)	<b>L</b> If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/>
<b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	<b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	<b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>I</b> Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	<b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	<b>48,352,093.00</b>
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>	<b>00</b>
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received	<b>3</b>	<b>00</b>
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B	<b>4</b>	<b>48,352,093.00</b>
	<b>5</b> Cost of goods sold	<b>5</b>	<b>00</b>
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	<b>00</b>
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	<b>00</b>
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	<b>48,352,093.00</b>
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	<b>46,966,249.00</b>
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	<b>1,385,844.00</b>
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F	<b>11</b>	<b>10.00</b>
	<b>12</b> Total payments	<b>12</b>	<b>00</b>
	<b>13</b> Penalties and Interest. See General Instruction J	<b>13</b>	<b>00</b>
	<b>14</b> Use tax. See General Instruction K	<b>14</b>	<b>00</b>
	<b>15</b> Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	<b>15</b>	<b>10.00</b>

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.

<b>Sign Here</b>	Signature of officer <b>CHIEF FINANCIA</b>	Title	Date	Telephone
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00109165</b>
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>NSBN LLP 9454 WILSHIRE BLVD., 4TH FLOOR BEVERLY HILLS, CA 90212-2907</b>	FEIN <b>95-2399533</b>	Telephone <b>(310) 273-2501</b>	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 12-18-12

Receipts from Other Sources  Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	00	
	3	Dividends	•	3	455,151.00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	SEE STATEMENT 1	•	7	47,896,942.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	48,352,093.00
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 2	•	9	4,260,643.00
	10	Disbursements to or for members		•	10	00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 3	•	11	381,542.00
	12	Other salaries and wages		•	12	16,753,218.00
	13	Interest		•	13	533,784.00
	14	Taxes		•	14	00
	15	Rents		•	15	607,693.00
	16	Depreciation and depletion (See instructions)		•	16	1,615,248.00
	17	Other Expenses and Disbursements	SEE STATEMENT 4	•	17	22,814,121.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	46,966,249.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		7,241,402.		• 4,832,832.
2 Net accounts receivable		410,730.		• 490,561.
3 Net notes receivable STMT 5		1,803,351.		• 65,680.
4 Inventories		238,971.		• 261,126.
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 6		15,186,654.		• 20,124,615.
10 a Depreciable assets	36,247,428.		35,841,227.	
b Less accumulated depreciation	(16,889,159.)	19,358,269.	(18,504,409.)	17,336,818.
11 Land				• 1,229,437.
12 Other assets STMT 7		4,740,222.		• 5,116,127.
13 Total assets		48,979,599.		49,457,196.
<b>Liabilities and net worth</b>				
14 Accounts payable		5,229,949.		• 5,025,551.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 8		19,940,349.		18,643,485.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		23,809,301.		• 25,788,159.
22 Total liabilities and net worth		48,979,599.		49,457,195.

**Schedule M-1** Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 1,978,858.	7 Income recorded on books this year not included in this return. STMT 9	• 810,557.
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	810,557.
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	1,168,301.
6 Total. Add line 1 through line 5	1,978,858.		

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
OTHER REVENUE		1,274,463.	
CONTRACT REVENUE		30,862,226.	
AUXILIARY SERVICES		15,760,253.	
TOTAL TO FORM 199, PART II, LINE 7		47,896,942.	

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
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ACTIVITY CLASSIFICATION: STIPENDS/FELOWSHIPS PAID FROM GRANTING AGENCY FUNDS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
752 RECIPIENTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	NONE	2,835,247.
TOTAL FOR THIS ACTIVITY			2,835,247.

ACTIVITY CLASSIFICATION: BOOKS/SUPPLIES/TUITION

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
139 RECIPIENTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	NONE	1,041,548.
TOTAL FOR THIS ACTIVITY			1,041,548.

ACTIVITY CLASSIFICATION: TRAVEL ASSISTANCE

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
108 RECIPIENTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	NONE	230,520.

TOTAL FOR THIS ACTIVITY 230,520.

ACTIVITY CLASSIFICATION: OTHER STUDENT COSTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
818 RECIPIENTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	NONE	153,328.

TOTAL FOR THIS ACTIVITY 153,328.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 4,260,643.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
SYDNI POWELL 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	SECOND VICE PRESIDENT 1.00	0.
ANA CRISTINA CADAVID 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
RICK EVANS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	PRESIDENT 1.00	0.
DAN HOSKEN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
JENNIFER MATOS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	RECORDING SECRETARY 1.00	0.

MICHAEL NEUBAUER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	TREASURER 1.00	0.
BOB RAWITCH 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
LOUIS RUBINO 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
MARABELLA LUPERCIO 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
MICHAEL SPAGNA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
BENEDICT YASPELKIS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	FIRST VICE PRESIDENT 1.00	0.
CHRISTOPHER WOOLETT 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
HARVEY BOOKSTEIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
JESUS MARTINEZ-RAMIREZ 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
RONALD S. FRIEDMAN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
BRITTNEY HOOGERVORST 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
DR. DIANNE HARRISON 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	CHAIR 1.00	0.
JOHN GRIFFIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	SECRETARY AND CFO 45.00	120,711.

RAFI EFRAT  
18111 NORDHOFF STREET  
NORTHRIDGE, CA 91330-8310

DIRECTOR / GRANTS  
45.00

RICHARD MOORE  
18111 NORDHOFF STREET  
NORTHRIDGE, CA 91330-8310

DIRECTOR / GRANTS  
45.00

SANDRA PLOTIN  
18111 NORDHOFF STREET  
NORTHRIDGE, CA 91330-8310

DIRECTOR, CENTER ON DISIBI  
45.00

DR. JOLENE KOESTER  
18111 NORDHOFF STREET  
NORTHRIDGE, CA 91330-8310

FORMER-CHAIR  
1.00 0.

TOTAL TO FORM 199, PART II, LINE 11

381,542.

FORM 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
COSTS OF GOODS SOLD	4,643,096.
DISTRIBUTIONS & RESERVE	2,813,686.
SUPPLIES	1,806,874.
EQUIPMENT	833,574.
OTHER EMPLOYEE BENEFITS	3,400,143.
OTHER PROFESSIONAL FEES	6,895,908.
TRAVEL	820,230.
ALL OTHER EXPENSES	1,600,610.
TOTAL TO FORM 199, PART II, LINE 17	22,814,121.

FORM 199 NET NOTES RECEIVABLE STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	1,803,351.	65,680.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	1,803,351.	65,680.

FORM 199	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
FIXED-INCOME FUNDS	2,000,308.	6,921,134.
EQUITY FUNDS	4,410,344.	3,564,835.
OTHER INVESTMENTS	94,183.	1,173,061.
INVESTMENT IN PUBLIC SAFETY BUILDING	5,800,451.	5,488,000.
HEDGE FUNDS	733,782.	803,471.
EQUITY SECURITIES	2,147,586.	2,174,114.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	15,186,654.	20,124,615.

FORM 199	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
CONSTRUCTION IN PROGRESS	96,375.	346,673.
PLEDGES AND GRANTS RECEIVABLE	4,585,605.	4,689,838.
PREPAID EXPENSES AND DEFERRED CHARGES	58,242.	79,616.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	4,740,222.	5,116,127.

FORM 199	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPOSITS HELD FOR OTHERS	1,520,119.	1,700,518.
CAPITAL LEASE OBLIGATIONS	9,911,421.	9,700,249.
BONDS AND COMMERCIAL PAPER	6,205,000.	4,099,053.
DEFERRED REVENUE	2,303,809.	3,143,665.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	19,940,349.	18,643,485.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 9
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DESCRIPTION	AMOUNT
FASB 158 PENSION COST EFFECT	356,395.
NET UNREALIZED GAIN	454,162.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	810,557.

FORM 199	FUND BALANCES	STATEMENT 10
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	18,132,454.	20,184,058.
TEMPORARILY RESTRICTED ASSETS	1,813,054.	1,740,308.
PERMANENTLY RESTRICTED ASSETS	3,863,793.	3,863,793.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	23,809,301.	25,788,159.



California Exempt Organization Business Income Tax Return

Calendar Year 2012 or fiscal year beginning month JUL day 1 year 2012, and ending month JUN day 30 year 2013

Corporation/Organization Name THE UNIVERSITY CORPORATION California corporation number 3563080

Address (suite, room, or PMB no.) 18111 NORDHOFF STREET FEIN 95-1992732

City NORTHRIDGE State CA ZIP Code 91330-8310

- 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 (attach explanation) Enter date
- E Amended Return  Yes  No
- F Accounting Method Used: (1)  Cash (2)  Accrual (3)  Other
- G Nature of trade or business CATERING
- 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 Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), 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 722320
- L Is this a Hospital?  Yes  No If "Yes," attach IRS Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	-67,756.00
	2	Multiply line 1 by the average apportionment percentage 100 % from the Schedule R, Apportionment Formula Worksheet, Part A, line 6 or Part B, line 2. See instructions	2	-67,756.00
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	3	-67,756.00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4	00
	5	Unrelated business taxable income from line 3 or line 4	5	-67,756.00
Tax Computation	6	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	6	00
	7	Net Operating Loss deduction. See General Information N	7	457,871.00
	8	Add line 6 and line 7	8	457,871.00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	-525,627.00
	10	Tax 8.84 % x line 9. See General Information J	10	00
	11a	New jobs credit, amount generated. a)	11b	00
	11c	Tax credits from Schedule B. See instructions	11d	00
Total Tax	12	Balance. Subtract line 11d from line 10. If line 11d 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	2012 estimated tax payments. See instructions	16	00
	17	2012 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
Refund (Direct Deposit of Refund) or Amount Due	20	Tax due. Subtract line 19 from line 14. Pay entire amount with return	20	00
	21	Overpayment. Subtract line 14 from line 19	21	00
	22	Enter amount of line 21 to be applied to 2013 estimated tax	22	00
	23	Use tax. See instructions	23	00
	24	Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21	24	00
	24a	Fill in the account information to have the refund directly deposited. Routing number	24a	
	24c	Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	24c	
	25	Penalties and interest. See General Information M	25	00
	26	Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	27	Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result	27	00

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

1	a	Gross receipts or gross sales	77,980.	b	Less returns and allowances		c	Balance	1c	77,980.00
2		Cost of goods sold and/or operations (Schedule A, line 7)							2	30,655.00
3		Gross profit. Subtract line 2 from line 1c							3	47,325.00
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	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	47,325.00

**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	86,472.00
16		Repairs							16	1,590.00
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	4,342.00						
	b	Less: depreciation claimed on Schedule A	21b	00	21	4,342.00				
22		Depletion							22	00
23	a	Contributions to deferred compensation plans							23a	00
	b	Employee benefit programs							23b	7,229.00
24		Other deductions				SEE STATEMENT 11			24	15,448.00
25		Total deductions. Add line 14 through line 24							25	115,081.00
26		Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13							26	-67,756.00
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	-67,756.00
29		Specific deduction							29	1,000.00
30		Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28							30	-67,756.00

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	Date	Telephone
		CHIEF FINANCIAL OFFICER		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name (or yours, if self-employed) and address		<input type="checkbox"/>	P00109165
				FEIN
				95-2399533
				Telephone
				(310) 273-2501
				May the FTB discuss this return with the preparer shown above? See instructions
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**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	30,655.00
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	30,655.00
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	30,655.00

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. Do not claim the New Jobs Credit on Schedule B.**

1 Enter credit name	code no.	1	00
2 Enter credit name	code no.	2	00
3 Enter credit name	code no.	3	00
4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Jobs Credit, on line 4. Enter here and on Side 1, line 11c	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.**

Is this organization electing the Alternate Method - Single-Sales Factor Formula?

If "Yes," complete Part B. If "No," complete Part A  Yes  No

Part A. Standard Method - Three Factor Formula. Complete if the corporation uses the three-factor formula. (The three-factor formula includes the double-weighted sales factor.)	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
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 Multiply the factor on line 3, column (c) by 2			
5 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4			
6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			100.0000%
Part B. Alternate Method - Single-Sales Factor Formula. Complete if the corporation elects the single-sales factor formula. This is an irrevocable annual election.	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Total Sales	•	•	•
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and enter the result here and on Form 109, Side 1, line 2			•

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

Schedule D Unrelated Debt-Financed Income

Table with 6 columns: 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

Table with 6 columns: 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

Table with 6 columns: 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). Sub-section: Exempt Controlled Organizations.

Table with 6 columns: 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). Sub-section: Nonexempt Controlled Organizations.

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 1, line 9

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 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, Part I, line 10

**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**


**Part III Column A - Net Advertising Income**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals


Enter total here and on Side 2, Part I, line 11

(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7


**Part III Column B - Excess Advertising Costs**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals


Enter total here and on Side 2, Part II, line 27

(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4


**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	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 .....						

FORM 109

OTHER DEDUCTIONS

STATEMENT 11

DESCRIPTIONAMOUNT

BANK FEES	31.
SUPPLIES	5,443.
UTILITIES	1,339.
EQUIPMENT/EQUIPMENT RENTAL	6,156.
DUES AND SUBSCRIPTIONS	0.
MARKETING AND ADVERTISING	4.
PROFESSIONAL SERVICES	169.
GENERAL AND ADMINISTRATIVE	2,268.
PARKING AND SECURITY	38.
TOTAL TO FORM 109, PAGE 2, LINE 24	15,448.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**ANNUAL  
REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT 18815</b>  <b>THE UNIVERSITY CORPORATION</b> <small>Name of Organization</small> <b>18111 NORDHOFF STREET</b> <small>Address (Number and Street)</small> <b>NORTHRIDGE, CA 91330-8310</b> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> Corporate or Organization No. <b>3563080</b> <hr/> Federal Employer I.D. No. <b>95-1992732</b>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2012 ending 06/30/2013) list:  
 Gross annual revenue \$ 48,352,093. Total assets \$ 49,457,195.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number **818-677-2981**

Organization's e-mail address **JOHN.GRIFFIN@CSUN.EDU**

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

<b>JOHN GRIFFIN</b> <small>Signature of authorized officer</small>	<b>CHIEF FINANCIAL OFFICER</b> <small>Printed Name</small>	<small>Title</small>	<small>Date</small>
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# 2012 Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Corporations

38050

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

Corporation name <b>THE UNIVERSITY CORPORATION</b>	California corporation number 3 5 6 3 0 8 0
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During the taxable year the corporation incurred the NOL, the corporation was a(n): <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input checked="" type="checkbox"/> Exempt organization <input type="checkbox"/> Limited Liability Company (electing to be taxed as a corporation)	FEIN 9 5 1 9 9 2 7 3 2
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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 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number . . . . .	1	67,756	00
2 2012 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	67,756	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		67,756	00
c Add line 4a and line 4b . . . . . 4c		67,756	00
5 General NOL. Subtract line 4c from line 3 . . . . . 5			00
6 2012 NOL carryover. Add line 2, line 4c, and line 5. See instructions . . . . . 6		67,756	00

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

1 Net income (loss) – Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2. . . . .	(g) Available balance	
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**Prior Year NOLs**

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below	(d) Initial loss	(e) Carryover from 2011	(f) Amount used in 2012	(g)	(h) Carryover to 2013 col. (e) - col. (f)
2005		ESB	38,479	38,479	0	0	38,479
2006		ESB	19,823	19,823	0	0	19,823
2007		ESB	73,332	73,332	0	0	73,332
2008		ESB	139,435	139,435	0	0	139,435

**Current Year NOLs**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) col. (d) - col. (f)
3 2012		DIS					
4 2012		ESB	67,006				67,006
2012							
2012							
2012							

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

**Part III 2012 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 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0- . . . . .	2		00
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 7. . . . .	3		00



# Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Corporations

2012

38050

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

Corporation name <b>THE UNIVERSITY CORPORATION</b>	California corporation number <b>3 5 6 3 0 8 0</b>
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input checked="" type="checkbox"/> Exempt organization <input type="checkbox"/> Limited Liability Company (electing to be taxed as a corporation)	FEIN <b>9 5 1 9 9 2 7 3 2</b>

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 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number . . . . .	1	00
2 2012 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	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	00
6 2012 NOL carryover. Add line 2, line 4c, and line 5. See instructions . . . . .	6	00

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

1 Net income (loss) – Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2. . . . .	(g) Available balance	
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**Prior Year NOLs**

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss	(e) Carryover from 2011	(f) Amount used in 2012		(h) Carryover to 2013 col. (e) - col. (f)
2009		ESB	69,881	69,881	0	0	69,881
2010		ESB	66,063	66,063	0	0	66,063
2011		ESB	50,858	50,858	0	0	50,858

**Current Year NOLs**

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss	(e) Carryover from 2011	(f) Amount used in 2012		(h) Carryover to 2013 col. (d) - col. (f)
3 2012		DIS					
4 2012							
2012							
2012							
2012							

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

**Part III 2012 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 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0- . . . . .	2	00
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 7. . . . .	3	00