

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2015California e-file Return Authorization for
Exempt OrganizationsFORM
8453-EO

Exempt Organization name	Identifying number
THE UNIVERSITY CORPORATION	95-1992732

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 55,587,759. 00
2 Total gross income (Form 199, line 8)	2 54,006,444. 00
3 Total expenses and disbursements (Form 199, line 9)	3 52,422,515. 00

Part II Settle Your Account Electronically for Taxable Year 2015

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign
Here

Signature of officer

Date

Title

[Signature] | 5/10/2017 | *Executive Director*
Rick Evans

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer	Check if self-employed	ERO's PTIN
	<i>[Signature]</i>	5/9/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P00043433
	Firm's name (or yours if self-employed) and address	COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA			FEIN 22-1478099 ZIP code 95814

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed	Paid preparer's PTIN
	<i>[Signature]</i>		<input type="checkbox"/>	
	Firm's name (or yours if self-employed) and address	FEIN ZIP code		

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2016

PREPARED FOR:

MS. LIH WU
THE UNIVERSITY CORPORATION
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

PREPARED BY:

COHNREZNICK LLP
400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	10
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	10

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

FRANCHISE TAX BOARD

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE JUNE 15, 2017.

TAXABLE YEAR

2015

California Exempt Organization Annual Information Return

528941 11-25-15

FORM

199

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 07/01/2015, and ending (mm/dd/yyyy) 06/30/2016

Corporation/organization name

THE UNIVERSITY CORPORATION

Additional information. See instructions.

California corporation number

0356308

FEIN

95-1992732

Street address (suite or room)

18111 NORDHOFF STREET

City

NORTHRIDGE

State
CA

ZIP code

91330-8310

Foreign country name

Foreign province/state/county

Foreign postal code

A First Return ☐ Yes ☒ No

B Amended Return ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final Information Return?

• ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy) •

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1) ☒ 990-T (2) ☐ 990-PF (3) ☐ Sch H (990) (4) ☒ Other 990 series

G Is this a group filing? See instructions ☐ Yes ☒ No

H Is this organization in a group exemption ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources \$

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. ☐

M Is the organization a Limited Liability Company? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☒ Yes ☐ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

P Is a federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	55,587,759.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	55,587,759.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,581,315.00
	7	Total costs. Add line 5 and line 6	7	1,581,315.00
	8	Total gross income. Subtract line 7 from line 4	8	54,006,444.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	52,422,515.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,583,929.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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 *Rich Evans* Title EXECUTIVE DIRE Date 5/10/2017

Preparer's signature

Firm's name (or yours, if self-employed) and address COHNREZNICK LLP
400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814

Check if self-employed ☐

Telephone P00043433
FEIN 22-1478099
Telephone 916-442-9100

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

THE UNIVERSITY CORPORATION

95-1992732

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.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	581,427. 00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
Expenses and Disbursements	6	Gross amount received from sale of assets (See Instructions)	•	6	1,223,672. 00
	7	Other income	•	7	53,782,660. 00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	55,587,759. 00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	8,541,619. 00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	316,030. 00
	12	Other salaries and wages	•	12	18,487,941. 00
	13	Interest	•	13	592,066. 00
	14	Taxes	•	14	00
	15	Rents	•	15	485,817. 00
	16	Depreciation and depletion (See instructions)	•	16	2,086,307. 00
	17	Other Expenses and Disbursements	•	17	21,912,735. 00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	52,422,515. 00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1 Cash			4,416,061.		6,834,819.
2 Net accounts receivable			1,741,249.		736,647.
3 Net notes receivable	STMT 6		59,849.		56,265.
4 Inventories			273,795.		320,365.
5 Federal and state government obligations					
6 Investments in other bonds					
7 Investments in stock					
8 Mortgage loans					
9 Other investments	STMT 7		22,525,784.		21,892,068.
10 a Depreciable assets		38,114,126.		45,735,524.	
b Less accumulated depreciation		(21,739,091.)	16,375,035.	(23,332,115.)	22,403,409.
11 Land			1,596,437.		1,596,437.
12 Other assets	STMT 8		11,759,138.		5,599,860.
13 Total assets			58,747,348.		59,439,870.
Liabilities and net worth					
14 Accounts payable			7,290,316.		7,227,706.
15 Contributions, gifts, or grants payable					
16 Bonds and notes payable	STMT 9		3,567,526.		3,226,642.
17 Mortgages payable					
18 Other liabilities	STMT 10		17,332,340.		16,844,427.
19 Capital stock or principal fund					
20 Paid-in or capital surplus. Attach reconciliation					
21 Retained earnings or income fund			30,557,166.		32,141,095.
22 Total liabilities and net worth			58,747,348.		59,439,870.

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	•	1,583,929.	7 Income recorded on books this year not included in this return.	•	
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	•	
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	•	1,583,929.
6 Total. Add line 1 through line 5		1,583,929.			

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT 1
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SECURITIES	07/01/14	06/30/16	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,581,315.	0.	0.	1,223,672.
TOTAL TO FORM 199, PAGE 2, LN 6	1,581,315.	0.	0.	1,223,672.

FORM 199	OTHER INCOME		STATEMENT 2
DESCRIPTION			AMOUNT
GRANT ADMINISTRATION			32,070,084.
AUXILIARY SERVICES			20,396,531.
UNIVERSITY PROJECTS			1,316,045.
TOTAL TO FORM 199, PART II, LINE 7			53,782,660.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 3	
ACTIVITY CLASSIFICATION: STIPENDS/FELLOWSHIPS			
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
640 RECIPIENTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	NONE	2,572,660.
TOTAL FOR THIS ACTIVITY			2,572,660.

ACTIVITY CLASSIFICATION: TUITION/BOOKS/SUPPLIES			
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
120 RECIPIENTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	NONE	971,616.

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TOTAL FOR THIS ACTIVITY

971,616.

ACTIVITY CLASSIFICATION: TRAVEL ASSISTANCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
147 RECIPIENTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	NONE	492,734.

TOTAL FOR THIS ACTIVITY

492,734.

ACTIVITY CLASSIFICATION: OTHER STUDENT COSTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
67 RECIPIENTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	NONE	63,272.

TOTAL FOR THIS ACTIVITY

63,272.

ACTIVITY CLASSIFICATION: TRANSFER TO UNIVERSITY

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	SUPPORTED ORGANIZATION	1,250,000.

TOTAL FOR THIS ACTIVITY

1,250,000.

ACTIVITY CLASSIFICATION: RESEARCH GRANTS - SUB-RECIPIENT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF HAWAII	2440 CAMPUS ROAD, BOX 368 - HONOLULU, HI 96822	NONE	14,561.

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THE UNIVERSITY CORPORATION95-1992732

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PRINCETON UNIVERSITY	701 CARNEGIE CENTER, SUITE 435C - PRINCETON, NJ 08544	NONE	45,429.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF NEBRASKA AT OMAHA	6001 DODGE STREET, EAB 208 - OMAHA, NE 68182	NONE	24,476.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILD CARE RESOURCE CENTER	20001 PRAIRIE STREET - CHATSWORTH, CA 91311-6508	NONE	64,426.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TARZANA TREATMENT CENTER	18646 OXNARD STREET - TARZANA, CA 91356	NONE	83,311.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GLENDALE COMMUNITY COLLEGE	1500 N. VERDUGO ROAD - GLENDALE, CA 91208-2894	NONE	163,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COLLEGE OF THE CANYONS	26455 ROCKWELL CANYON ROAD - SANTA CLARITA, CA 91355-1803	NONE	128,287.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE UNIVERSITY OF MONTANA	INTERNAL AUDIT, UH018 - MISSOULA, MT 59812	NONE	380,415.

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THE UNIVERSITY CORPORATION95-1992732

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF WISCONSIN-MILWAUKEE	MITCHELL HALL, ROOM 273-D - MILWAUKEE, WI 53201	NONE	125,504.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WESTERN OREGON UNIVERSITY	345 N. MONMOUTH AVENUE - MONMOUTH, OR 97361	NONE	104,411.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF TEXAS AT AUSTIN	101 E 27TH STREET, STOP A9000 - AUSTIN, TX 78712-1539	NONE	430,115.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF TENNESSEE, KNOXVILLE	201 ANDY HOLT TOWER - KNOXVILLE, TN 37996-0100	NONE	317,504.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JACKSONVILLE STATE UNIVERSITY	700 PELHAM ROAD NORTH - JACKSON, AL 36265	NONE	99,057.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WESTERN MICHIGAN STATE UNIVERSITY	426 AUDITORIUM ROAD, ROOM 2 - EAST LANSING, MI 48824	NONE	217,637.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VITAL RESEARCH	6380 WILSHIRE BLVD. #1609 - LOS ANGELES, CA 90048	NONE	139,998.

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<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF CALIFORNIA,	11000 KINROSS AVENUE, SUITE 211 - LOS ANGELES, CA 90095-1406	NONE	188,541.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF CALIFORNIA,	1850 RESEARCH PARK DRIVE, SUITE 300 - DAVIS, CA 95618-6153	NONE	45,681.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIVANANTHAN LABORATORIES	590 TERRITORIAL DRIVE, UNIT H - BOLINGBROOK, IL 60440	NONE	121,846.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY CORPORATION AT CHANNEL ISLAND	ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012	NONE	15,708.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY CORPORATION AT MONTEREY BAY	100 CAMPUS CENTER - SEASIDE, CA 93955	NONE	9,085.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAL POLY POMONA FOUNDATION, INC.	3801 W. TEMPLE AVENUE, BLDG. 55 - POMONA, CA 91768	NONE	9,801.

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<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN FRANCISCO STATE UNIVERSITY	1600 HOLLOWAY AVENUE, ADM 358C - SAN FRANCISCO, CA 94132-1722	NONE	11,187.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALSTATE LA UNIVERSITY AUXILIARY SERVICE	5151 STATE UNIVERSITY DRIVE, GE314 - LOS ANGELES, CA 90032	NONE	58,131.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VENTURA COUNTY COMMUNITY COLLEGE DISTRICT	255 W. STANLEY AVENUE, SUITE 150 - VENTURA, CA 93001	NONE	18,074.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LONG BEACH CITY COLLEGE	4901 EAST CARSON STREET - LONG BEACH, CA 90808-1706	NONE	35,819.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALGARY	2500 UNIVERSITY DRIVE NW - CALGARY, CANADA	NONE	12,557.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE UNIVERSITY, FRESNO FOUN	4910 CHESTNUT AVENUE - FRESNO, CA 93726-1852	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LACCD - LOS ANGELES VALLEY COLLEGE	5800 FULTON AVENUE - VALLEY GLEN, CA 91401-4096	NONE	15,841.

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THE UNIVERSITY CORPORATION95-1992732

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LOS ANGELES MISSION COLLEGE	13356 ELDRIDGE AVE. - SYLMAR, CA 91342-3200	NONE	11,232.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GONZAGA UNIVERSITY	502 EAST BOONE AVENUE - SPOKANE, WA 99528-0069	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PASADENA CITY COLLEGE	1570 E. COLORADO BLVD. - PASADENA, CA 91106	NONE	77,482.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATIONAL URBAN ALLIANCE FOR EFFECTIVE ED	33 QUEENS ST NO 100 - SYOSSET, NY 11791-3063	NONE	58,289.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF GUAM/CEDDERS	303 UNIVERSITY DRIVE, UOG STATION - MANGILAO, GU 96923	NONE	25,911.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEDICAL UNIVERSITY OF GRAZ	A-8036 AUENBRUGGERPLATZ 2/4 - GRAZ, AUSTRIA	NONE	120,748.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MINOR SUB-RECIPIENTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	NONE	6,773.

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TOTAL FOR THIS ACTIVITY

3,191,337.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

8,541,619.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SEVAG ALEXANIAN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	SECOND VICE PRESIDENT 0.20	0.
HARVEY BOOKSTEIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 0.20	0.
ANA CRISTINA CADAVID 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 0.20	0.
RONALD S. FRIEDMAN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 0.20	0.
DIANNE F. HARRISON 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	CHAIR 0.20	0.
JENNIFER MATOS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 0.20	0.
DAVE MOON 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 0.20	0.
JEFFREY PEREZ DE LEON 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 0.20	0.

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THE UNIVERSITY CORPORATION

95-1992732

MICHAEL PHILLIPS
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

TREASURER
0.20

0.

BOB RAWITCH
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

DIRECTOR
0.20

0.

LOUIS RUBINO
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

DIRECTOR
0.20

0.

MICHAEL SPAGNA
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

RECORDING SECRETARY
0.20

0.

BENEDICT YASPELKIS
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

FIRST VICE PRESIDENT
0.20

0.

RICK EVANS
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

PRESIDENT
32.00

186,463.

KENIA LOPEZ
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

DIRECTOR
0.20

0.

JORGE REYES
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

DIRECTOR
0.20

0.

ISAAC SIMON
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

DIRECTOR
0.20

0.

TALIN YAHIAVAN
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

DIRECTOR
0.20

0.

JOHN GRIFFIN
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

SECRETARY/CFO
45.00

129,567.

SANDRA C. PLOTIN
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

MANAGING DIRECTOR, COD
40.00

0.

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THE UNIVERSITY CORPORATION

95-1992732

GEORG JAHN
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

DIRECTOR, SPONSORED PROGRA
40.00

0.

KIM GOLDBERG ROTH
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

EXEC. DIR., STRENGTH UNITE
40.00

0.

SHERI STRAHL
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

CAO, STRENGTH UNITED
40.00

0.

TOTAL TO FORM 199, PART II, LINE 11

316,030.

FORM 199

OTHER EXPENSES

STATEMENT 5

DESCRIPTION

AMOUNT

COST OF SALES - AUX	6,994,375.
EQUIPMENT RENTAL/MAINT	2,548,500.
TAXES, LICENSES & FEES	818,782.
SUPPLIES	515,625.
OTHER EMPLOYEE BENEFITS	4,321,907.
MANAGEMENT FEES	48,513.
LEGAL FEES	11,969.
ACCOUNTING FEES	71,202.
OTHER PROFESSIONAL FEES	3,348,792.
ADVERTISING AND PROMOTION	550,934.
OFFICE EXPENSES	644,254.
INFORMATION TECHNOLOGY	227,874.
ROYALTIES	51,708.
TRAVEL	1,308,633.
CONFERENCES AND CONVENTIONS	23,558.
INSURANCE	234,798.
ALL OTHER EXPENSES	191,311.

TOTAL TO FORM 199, PART II, LINE 17

21,912,735.

FORM 199

NET NOTES RECEIVABLE

STATEMENT 6

DESCRIPTION

BEG. OF YEAR

END OF YEAR

NOTES AND LOANS RECEIVABLE, NET

59,849.

56,265.

TOTAL TO FORM 199, SCHEDULE L, LINE 3

59,849.

56,265.

FORM 199	OTHER INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	12,476,342.	12,116,565.
INVESTMENT IN PUBLIC SAFETY BUILDING	4,805,794.	4,434,297.
POOLED INVESTMENT	4,103,881.	4,138,254.
HEDGE FUNDS	909,731.	879,460.
PRIVATE EQUITY FUNDS	230,036.	323,492.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	22,525,784.	21,892,068.

FORM 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	5,843,185.	4,621,614.
PREPAID EXPENSES AND DEFERRED CHARGES	51,422.	92,354.
CONSTRUCTION-IN-PROCESS	5,864,531.	885,892.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	11,759,138.	5,599,860.

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
TAX-EXEMPT BONDS LIABILITIES	3,567,526.	3,226,642.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	3,567,526.	3,226,642.

FORM 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CAPITAL LEASE OBLIGATIONS	8,522,197.	8,476,467.
COMMERCIAL PAPER	3,527,347.	3,085,569.
DEPOSITS HELD FOR OTHERS	2,107,457.	1,905,462.
PAYABLE TO CSU NORTHRIDGE	75,582.	155,142.
DEFERRED REVENUE	3,099,757.	3,221,787.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	17,332,340.	16,844,427.

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FORM 199

FUND BALANCES

STATEMENT 11

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	25,046,065.	26,874,345.
TEMPORARILY RESTRICTED ASSETS	1,647,308.	1,402,957.
PERMANENTLY RESTRICTED ASSETS	3,863,793.	3,863,793.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	30,557,166.	32,141,095.

614

2015

California Exempt Organization Business Income Tax Return

FORM
109

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 07/01/2015, and ending (mm/dd/yyyy) 06/30/2016

Corporation/Organization name
THE UNIVERSITY CORPORATIONCalifornia corporation number
0356308Additional information. See instructions.
FEIN
95-1992732Street address (suite/room no.)
18111 NORDHOFF STREET

PMB no.

City (If the corporation has a foreign address, see instructions.)
NORTHRIDGEState
CAZIP code
91330-8310

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 **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 former, 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 federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	-28,598.00
	2	Mult. In 1 by the avg. appt. potg % from the Sch. R, Appt. Formula Wkst, Part A, in 2 or Part B, in 5. See instr.	2	00
	3	Enter the lesser amt from ln 1 or ln 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from ln 1	3	-28,598.00
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	-28,598.00
	6	Pierce's disease, EZ, LARZ, 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	-28,598.00
	10	Tax 8.84 % x line 9. See General Information J	10	00
	11 a	New employment credit, amount generated. • a) 11 b) Amount claimed	11b	00
	c	Tax credits from Schedule B. See instructions	11c	00
	d	Total Credits. Add line 11b and 11c	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	2015 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/ Overpay- ment	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 2016 estimated tax	25	00

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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		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number		
	27 Penalties and interest. See General Information M		
	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	155,806.	b Less returns and allowances		c Balance		1c	155,806. 00
2 Cost of goods sold and/or operations (Schedule A, line 7)						2	54,869. 00
3 Gross profit. Subtract line 2 from line 1c						3	100,937. 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	100,937. 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	101,211. 00
16 Repairs		16	499. 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)	3,969. 00	21a	
b Less: depreciation claimed on Schedule A	00	21b	3,969. 00
22 Depletion		22	00
23 a Contributions to deferred compensation plans		23a	00
b Employee benefit programs		23b	9,544. 00
24 Other deductions	SEE STATEMENT 12	24	14,312. 00
25 Total deductions. Add line 14 through line 24		25	129,535. 00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	-28,598. 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	-28,598. 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	-28,598. 00

Sign Here	Signature of officer		Title	Date	Telephone
	<i>Kirk Evans</i>		EXECUTIVE DIRECTOR	5/19/2017	
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	PTIN
				<input type="checkbox"/>	P00043433
	Firm's name (or yours, if self-employed)		and address		FEIN
	COHNREZNICK LLP		400 CAPITOL MALL, SUITE 1200		22-1478099
	SACRAMENTO, CA 95814				Telephone
					916-442-9100
	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	54,869. 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	54,869. 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	54,869. 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 Employment Credit on Schedule B.

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, except New Employment 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.**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 2370 1g, Section 2370 1i, and Section 2370 1n 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

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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, Part I, line 10

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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. 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-

Part III Column A - Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, column 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						

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FORM 109

OTHER DEDUCTIONS

STATEMENT 12

DESCRIPTION

AMOUNT

BANK FEES	100.
BUILDING/SANITATION/CUSTODIAL	107.
DUES & SUBSCRIPTIONS	20.
EQUIPMENT/EQUIPMENT RENTAL	6,221.
MARKETING & ADVERTISING	0.
PAPER GOODS	0.
PARKING & SECURITY	35.
PROFESSIONAL SERVICES	464.
SUPPLIES	6,169.
UTILITIES	1,187.
TAXES & LICENSES	1.
TELEPHONE/PAGERS	8.

TOTAL TO FORM 109, PAGE 2, LINE 24

14,312.

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