

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2016

PREPARED FOR:

MS. LIH WU
NORTH CAMPUS - UNIVERSITY PARK DEV. CORP.
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.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY
ORDER FOR \$10, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO:
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING

JUNE 30, 2016

PREPARED FOR:

MS. LIH WU
NORTH CAMPUS - UNIVERSITY PARK DEV. CORP.
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:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

OVERPAYMENT:

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

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0500

RETURN MUST BE MAILED ON OR BEFORE:

JUNE 15, 2017

SPECIAL INSTRUCTIONS:

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TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2016

PREPARED FOR:

MS. LIH WU
NORTH CAMPUS - UNIVERSITY PARK DEV. CORP.
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8310

PREPARED BY:

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

AMOUNT OF TAX:

BALANCE DUE OF \$75

MAKE CHECK PAYABLE TO:

ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS

MAIL TAX RETURN TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

TAXABLE YEAR
2015

California Exempt Organization Annual Information Return

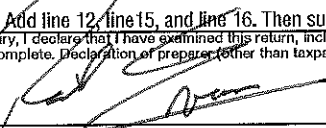
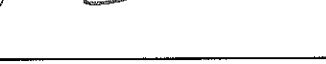
528941 11-25-15
FORM

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 NORTH CAMPUS - UNIVERSITY PARK DEVELOPMENT CORPORATION	
California corporation number 1407827	
Additional information. See instructions.	
FEIN 95-4115921	
Street address (suite or room) 18111 NORDHOFF STREET	
PMB no.	
City NORTHRIDGE	State CA
ZIP code 91330-8310	
Foreign country name	Foreign province/state/county
Foreign postal code	

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," enter the gross receipts from nonmember sources \$ _____
D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized	L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/>
Enter date: (mm/dd/yyyy) _____	M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	N Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	O 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
G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	Date filed with IRS _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,131,531.00	
	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	1,131,531.00	
	5	Cost of goods sold	5	00	
	6	Cost or other basis, and sales expenses of assets sold	6	437,278.00	
	7	Total costs. Add line 5 and line 6	7	437,278.00	
	8	Total gross income. Subtract line 7 from line 4	8	694,253.00	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	409,069.00	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	285,184.00	
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	
Sign Here	Signature of officer 		Title EXECUTIVE DIRE	Date 5/9/17	Telephone
	Preparer's signature 		Date	Check if self-employed <input type="checkbox"/>	PTIN P00043433
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814		FEIN 22-1478099		
			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					

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**NORTH CAMPUS - UNIVERSITY PARK
DEVELOPMENT CORPORATION**

95-4115921

528951 11-25-15

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	54,279. 00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 1	6	381,366. 00
	7	Other income SEE STATEMENT 2	7	695,886. 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	1,131,531. 00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 3	9	250,000. 00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	46,617. 00
	12	Other salaries and wages	12	16,056. 00
	13	Interest	13	00
	14	Taxes	14	00
	15	Rents	15	00
	16	Depreciation and depletion (See instructions)	16	00
Expenses and Disbursements	17	Other Expenses and Disbursements SEE STATEMENT 5	17	96,396. 00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	409,069. 00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1 Cash			191,042.		344,933.
2 Net accounts receivable					
3 Net notes receivable					
4 Inventories					
5 Federal and state government obligations					
6 Investments in other bonds					
7 Investments in stock					
8 Mortgage loans					
9 Other investments STMT 6			1,533,826.		1,671,438.
10 a Depreciable assets					
b Less accumulated depreciation	()		()		
11 Land					
12 Other assets STMT 7			617,475.		592,311.
13 Total assets			2,342,343.		2,608,682.
Liabilities and net worth					
14 Accounts payable			11,180.		10,866.
15 Contributions, gifts, or grants payable					
16 Bonds and notes payable					
17 Mortgages payable					
18 Other liabilities STMT 8			62,744.		62,744.
19 Capital stock or principal fund					
20 Paid-in or capital surplus. Attach reconciliation					
21 Retained earnings or income fund			2,268,419.		2,535,072.
22 Total liabilities and net worth			2,342,343.		2,608,682.

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	285,184.	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	285,184.
6 Total. Add line 1 through line 5	285,184.		

(2)

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FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT 1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
VARIOUS SECURITIES			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
			GROSS SALES PRICE
	437,278.	0.	0.
			381,366.
TOTAL TO FORM 199, PAGE 2, LN 6	437,278.	0.	0.
			381,366.

FORM 199	OTHER INCOME	STATEMENT 2
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DESCRIPTION	AMOUNT
LEASE REVENUE	683,229.
PARKING LOT RENTAL	12,657.
TOTAL TO FORM 199, PART II, LINE 7	695,886.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 3
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ACTIVITY CLASSIFICATION: GRANTS AND CONTRIBUTIONS PAID DONEE INFORMATION

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330	RELATED ORGANIZATION	250,000.

TOTAL FOR THIS ACTIVITY	250,000.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	250,000.
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FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DIANNE F. HARRISON 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	CHAIR 0.20	0.
COLIN DONAHUE 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	SECRETARY & TREASURER 0.20	0.
DAVID HONDA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 0.20	0.
RICK EVANS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	PRESIDENT & EXECUTIVE DIRE 8.00	46,617.
DANIEL MCCONAUGHY 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 0.20	0.
WILLIAM WATKINS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 0.20	0.
JORGE REYES 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 0.20	0.

TOTAL TO FORM 199, PART II, LINE 11

46,617.

FORM 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
REPAIRS & MAINTENANCE		45,678.
DUES & SUBSCRIPTIONS		1,400.
TAXES		85.
OTHER EMPLOYEE BENEFITS		11,112.
LEGAL FEES		6,693.
ACCOUNTING FEES		16,570.
INVESTMENT MANAGEMENT FEES		8,936.
OTHER PROFESSIONAL FEES		1,264.
OFFICE EXPENSES		115.
INSURANCE		4,543.
TOTAL TO FORM 199, PART II, LINE 17		96,396.

FORM 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	1,533,826.	1,671,438.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,533,826.	1,671,438.

FORM 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED RENT RECEIVABLE	617,475.	592,311.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	617,475.	592,311.

FORM 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSITS	18,786.	18,786.
DEFERRED REVENUE	43,958.	43,958.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	62,744.	62,744.

FORM 199

FUND BALANCES

STATEMENT 9

DESCRIPTION

BEG. OF YEAR

END OF YEAR

UNRESTRICTED ASSETS

2,268,419.

2,535,072.

TOTAL TO FORM 199, SCHEDULE L, LINE 21

2,268,419.

2,535,072.

Voucher at bottom of page.

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN
WITH THE PAYMENT VOUCHER.**

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the
"Franchise Tax Board." Write the corporation number or FEIN and
"2015 FTB 3586" on the check or money order. Detach voucher
below. Enclose, but **do not** staple, payment with voucher and
mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Fiscal year - See instructions.

Calendar year corporations - File and Pay by March 15, 2016.

Calendar year exempt organizations - File and Pay by May 16, 2016

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty
is extended to the next business day.

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted
on April 18, 2016, will be considered timely.

ONLINE SERVICES:

Corporations can make payments online with Web Pay for Businesses.
After a one-time online registration, corporations can make an immediate
payment or schedule payments up to a year in advance. Go to ftb.ca.gov
for more information.

539035
12-09-15

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER

DETACH HERE

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

2015

**Payment Voucher for Corporations and Exempt
Organizations e-filed Returns**

CALIFORNIA FORM

3586 (e-file)

00000000. NORT 95-4115921 1407827 15 FORM 3
TYB 07-01-2015 TYE 06-30-2016
NORTH CAMPUS - UNIVERSITY PARK DEVELOPMENT CORPORATION

18111 NORDHOFF STREET
NORTHRIDGE CA 91330-8310

(818) 677-4815

Amount of Payment

10.

58

022

6181156

FTB 3586 2015

TAXABLE YEAR
2015**California e-file Return Authorization for
Exempt Organizations**FORM
8453-EO

Exempt Organization name NORTH CAMPUS - UNIVERSITY PARK DEVELOPMENT CORPORATION	Identifying number 95-4115921
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	1,131,531.00
2 Total gross income (Form 199, line 8)	2	694,253.00
3 Total expenses and disbursements (Form 199, line 9)	3	409,069.00

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

EXECUTIVE DIRECTOR
Title**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's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN 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's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address	FEIN ZIP code		

2015

California Exempt Organization Business Income Tax Return

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Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 07/01/2015, and ending (mm/dd/yyyy) 06/30/2016Corporation/Organization name **NORTH CAMPUS - UNIVERSITY PARK
DEVELOPMENT CORPORATION**California corporation number
1407827

Additional information. See instructions.

FEIN
95-4115921

Street address (suite/room no.)

18111 NORDHOFF STREET

PMB no.

City (If the corporation has a foreign address, see instructions.)

NORTHRIDGE

State

CA

ZIP code

91330-8310

Foreign country name

Foreign province/state/county

Foreign postal code

A First Return Filed? ☐ Yes ☒ NoB Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ NoC Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ NoD Final Return?
• ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date (mm/dd/yyyy) ☐ Yes ☒ NoE Amended Return ☐ Yes ☒ NoF Accounting Method Used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ OtherG Nature of trade or business **PARKING LOT RENTAL**H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ NoI 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 ☒ NoJ Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ☐ Yes ☒ NoK Unrelated Business Activity (UBA) Code **531190**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	-22,850.00
	2	Mult. In 1 by the avg. appt. ptg. % from the Sch. R, Appt. 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	-22,850.00
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	-22,850.00
	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	-22,850.00
	10	Tax 8.84 % x line 9. See General Information J	10	00
	11a	New employment credit, amount generated. • a) 11b) Amount claimed	11b	00
	11c	Tax credits from Schedule B. See instructions	11c	00
	11d	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

NORTH CAMPUS - UNIVERSITY PARK
DEVELOPMENT CORPORATION

95-4115921

528971 02-25-16

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	12,657.	b Less returns and allowances		c Balance		1c	12,657. 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	12,657. 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	12,657. 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	12,618. 00
16 Repairs		16	11,419. 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	00
22 Depletion		22	00
23 a Contributions to deferred compensation plans	23a	00	
b Employee benefit programs	23b	5,829. 00	
24 Other deductions	SEE STATEMENT 10	24	5,641. 00
25 Total deductions. Add line 14 through line 24		25	35,507. 00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	-22,850. 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	-22,850. 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	-22,850. 00

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice. To request this notice by mail, call 800.852.5711.		
	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.		
Paid Preparer's Use Only	Signature of officer	Title	Date
	Preparer's signature		Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed)		PTIN
	and address		Telephone
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	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. 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 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

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

Nonexempt 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							

528171 02-25-16

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FORM 109

OTHER DEDUCTIONS

STATEMENT 10

DESCRIPTIONAMOUNT

LICENSING MANAGEMENT FEES

1,266.

AUDIT FEES

4,142.

DUES & SUBSCRIPTIONS

26.

INSURANCE

83.

LEGAL FEES

122.

OFFICE SUPPLIES & MARKETING

2.

TOTAL TO FORM 109, PAGE 2, LINE 24

5,641.

⑥

65

2015

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

3805Q

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

Corporation name

California corporation number

DEVELOPMENT CORPORATION
NORTH CAMPUS - UNIVERSITY PARK

1407827

FEBN

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)

95-4115921

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 22,850.00

2 2015 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 22,850.00

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 22,850.00

6 Current Year NOL. Add line 2, line 4c, and line 5. See instructions

6 22,850.00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2013 and/or 2014, complete

Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7 2015 NOL carryback used to offset 2013 net income. Enter the amount from Part III, line 3, column (e)

7 00

8 2015 NOL carryback used to offset 2014 net income. Enter the amount from Part III, line 3, column (g)

8 00

9 2015 NOL carryover to 2016. Add line 7 and line 8, then subtract the result from line 6. See instructions.

9 22,850.00

Election to waive carryback

☐ Check the box if the corporation elects to relinquish the entire carryback period with respect to 2015 NOL under IRC Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's irrevocable. See instructions. Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

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-).

(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 2014	(f) Amount used in 2015	(h) Carryover to 2016 col. (e) - col. (f)
2	<input checked="" type="radio"/>				<input checked="" type="radio"/>		<input checked="" type="radio"/>
	<input checked="" type="radio"/>			SEE STATEMENT 11	<input checked="" type="radio"/>		<input checked="" type="radio"/>
	<input checked="" type="radio"/>				<input checked="" type="radio"/>		<input checked="" type="radio"/>
	<input checked="" type="radio"/>				<input checked="" type="radio"/>		<input checked="" type="radio"/>

Current Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2014	(f) Amount used in 2015	(h) Carryover to 2016 col. (e) - col. (f)
3	2015		DIS				col. (d) - col. (f) See instructions.
4	2015		GEN	22,850.			22,850.
	2015						
	2015						
	2015						

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

Part III NOL carryback

1	2013 Net income - Enter the amount from 2013 Form 100, line 23; Form 100W, line 23; Form 100S, line 21; or taxable income from Form 109, line 9; (but not less than -0-)	0.
2	2014 Net income - Enter the amount from 2014 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-)	0.

(a) Year of Loss	(b) Code - See Instructions	(c) Type of NOL - See below*	(d) Initial loss - See Instructions	2013		2014		(i) Carryover to 2016 col. (d) - (col. (e) + col. (g))
				(e) Carryback used - See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used - See instructions	(h) After carryback col. (f) minus col. (g)	
3 2015		GEN	22,850	0	22,850	0	22,850	22,850
2015								
2015								
2015								
2015								

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2015 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 00

(67)

FORM 3805Q

PRIOR YEAR NOLS

STATEMENT 11

(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
2006		GEN			
	20,137.	10,152.	0.	0.	10,152.
2007		GEN			
	65,693.	65,693.	0.	0.	65,693.
2008		GEN			
	7,947.	7,947.	0.	0.	7,947.
2009		GEN			
	1,709.	1,709.	0.	0.	1,709.
2010		GEN			
	1,462.	1,462.	0.	0.	1,462.
2014		GEN			
	7,535.	7,535.	0.	0.	7,535.
TOTALS		94,498.	0.		94,498.

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: CT 069528

**NORTH CAMPUS - UNIVERSITY PARK
DEVELOPMENT CORPORATION**

Name of Organization

18111 NORDHOFF STREET

Address (Number and Street)

NORTHRIDGE, CA 91330-8310

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 1407827

Federal Employer I.D. No. 95-4115921

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 07/01/2015 ending 06/30/2016) list:
Gross annual revenue \$ 694,253. Total assets \$ 2,608,682.

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 818-677-4815

Organization's e-mail address _____

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.

Signature of authorized officer

RICK EVANS

Printed Name

EXECUTIVE DIRECTOR

Title

Date

5/9/17