**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  
NORTH RIDGE, 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:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL TAX</td>
<td>$10</td>
</tr>
<tr>
<td>LESS: PAYMENTS AND CREDITS</td>
<td></td>
</tr>
<tr>
<td>PLUS: OTHER AMOUNT</td>
<td>$0</td>
</tr>
<tr>
<td>PLUS: INTEREST AND PENALTIES</td>
<td>$0</td>
</tr>
<tr>
<td><strong>BALANCE DUE</strong></td>
<td><strong>$10</strong></td>
</tr>
</tbody>
</table>

**OVERPAYMENT:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CREDITED TO YOUR ESTIMATED TAX</td>
<td>$0</td>
</tr>
<tr>
<td>OTHER AMOUNT</td>
<td>$0</td>
</tr>
<tr>
<td>REFUNDED TO YOU</td>
<td>$0</td>
</tr>
</tbody>
</table>

**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
NORTH RIDGE, 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).

<table>
<thead>
<tr>
<th>AMOUNT OF TAX:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL TAX</td>
<td>$0</td>
</tr>
<tr>
<td>LESS: PAYMENTS AND CREDITS</td>
<td>$0</td>
</tr>
<tr>
<td>PLUS: OTHER AMOUNT</td>
<td>$0</td>
</tr>
<tr>
<td>PLUS: INTEREST AND PENALTIES</td>
<td>$0</td>
</tr>
<tr>
<td>NO PAYMENT REQUIRED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERPAYMENT:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CREDITED TO YOUR ESTIMATED TAX</td>
<td>$0</td>
</tr>
<tr>
<td>OTHER AMOUNT</td>
<td>$0</td>
</tr>
<tr>
<td>REFUNDED TO YOU</td>
<td>$0</td>
</tr>
</tbody>
</table>

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:
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
NORTH RIDGE, 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 COMPRISSES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.
California Exempt Organization
Annual Information Return

TAXABLE YEAR
2015

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

NORTH CAMPUS - UNIVERSITY PARK
DEVELOPMENT CORPORATION

Corporation/Organization Name:

Additional or other information, see instructions.

18111 NORDHUFF STREET

City:

Foreign country name:

Address (suite or room):

Foreign province/state/county:

Street address (suite or room):

Foreign postal code:

Foreign country name:

State:

Foreign province/state/county:

ZIP code:

State:

Foreign postal code:

Foreign country name:

Foreign province/state/county:

ZIP code:

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Foreign province/state/county:

ZIP code:

Foreign country name:

Foreign province/state/county:

ZIP code:
NORTH CAMPUS - UNIVERSITY PARK
DEVELOPMENT CORPORATION

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.

<table>
<thead>
<tr>
<th>Receipts from Other Sources</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross sales or receipts from all business activities. See instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Dividends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Gross rents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Gross royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Gross amount received from sale of assets (See Instructions)</td>
<td>1</td>
<td>381,366.00</td>
<td></td>
</tr>
<tr>
<td>7 Other income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>3</td>
<td>1,131,531.00</td>
<td></td>
</tr>
<tr>
<td>9 Contributions, gifts, grants, and similar amounts paid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Disbursements to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Compensation of officers, directors, and trustees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Rents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Depreciation and depletion (See Instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Other Expenses and Disbursements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Total expenses and disbursements, Add line 9 through line 17. Enter here and on Side 1, Part I, line 9</td>
<td>17</td>
<td>409,069.00</td>
<td></td>
</tr>
</tbody>
</table>

Schedule L
Balance Sheets

<table>
<thead>
<tr>
<th>Assets</th>
<th>Beginning of taxable year</th>
<th>End of taxable year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash</td>
<td>191,042.00</td>
<td>344,933.00</td>
</tr>
<tr>
<td>2 Net accounts receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Net notes receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Inventories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Federal and state government obligations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Investments in other bonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Investments in stock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Mortgage loans</td>
<td>STMT 6</td>
<td>1,533,826.00</td>
</tr>
<tr>
<td>9 Other investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Depreciable assets</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>11 Land</td>
<td>STMT 7</td>
<td>617,475.00</td>
</tr>
<tr>
<td>12 Other assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total assets</td>
<td>2,342,343.00</td>
<td>2,608,682.00</td>
</tr>
</tbody>
</table>

Schedule L
Balance Sheets

<table>
<thead>
<tr>
<th>Liabilities and net worth</th>
<th>Beginning of taxable year</th>
<th>End of taxable year</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Accounts payable</td>
<td>11,180.00</td>
<td>10,866.00</td>
</tr>
<tr>
<td>15 Contributions, gifts, or grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Bonds and notes payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Mortgages payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Other liabilities</td>
<td>STMT 8</td>
<td>62,744.00</td>
</tr>
<tr>
<td>19 Capital stock or principal fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Paid-in or capital surplus. Attach reconciliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Retained earnings or income fund</td>
<td>2,268,419.00</td>
<td>2,535,072.00</td>
</tr>
<tr>
<td>22 Total liabilities and net worth</td>
<td>2,342,343.00</td>
<td>2,608,682.00</td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Net Income per books</td>
<td>285,184.00</td>
<td></td>
</tr>
<tr>
<td>2 Federal income tax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess of capital losses over capital gains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income not recorded on books this year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Expenses recorded on books this year not deducted in this return</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add line 1 through line 5</td>
<td>285,184.00</td>
<td>Subtract line 9 from line 6</td>
</tr>
<tr>
<td>7 Income recorded on books this year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Deductions in this return not charged against book income this year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Total. Add line 7 and line 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Net Income per return.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**FORM 199**  
**GROSS AMOUNT FROM SALE OF ASSETS**  
**STATEMENT 1**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>DATE ACQUIRED</th>
<th>DATE SOLD</th>
<th>METHOD ACQUIRED PURCHASED</th>
</tr>
</thead>
<tbody>
<tr>
<td>VARIOUS SECURITIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COST OR OTHER BASIS</strong></td>
<td>437,278.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 199, PAGE 2, LN 6**  
437,278.  
0.  
0.  
381,366.

**FORM 199**  
**OTHER INCOME**  
**STATEMENT 2**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEASE REVENUE</td>
<td>683,229.</td>
</tr>
<tr>
<td>PARKING LOT RENTAL</td>
<td>12,657.</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 199, PART II, LINE 7**  
695,886.

**FORM 199**  
**CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID**  
**STATEMENT 3**

**ACTIVITY CLASSIFICATION:** GRANTS AND CONTRIBUTIONS PAID DONEE INFORMATION

<table>
<thead>
<tr>
<th>DONEE'S NAME</th>
<th>DONEE'S ADDRESS</th>
<th>RELATIONSHIP</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA STATE</td>
<td>18111 NORDHOFF STREET -</td>
<td>RELATED</td>
<td>250,000.</td>
</tr>
<tr>
<td>UNIVERSITY, NORTHRIDGE</td>
<td>NORTHRIDGE, CA 91330</td>
<td>ORGANIZATION</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL FOR THIS ACTIVITY**  
250,000.

**TOTAL INCLUDED ON FORM 199, PART II, LINE 9**  
250,000.
<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND AVERAGE HRS WORKED/WK</th>
<th>COMPENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIANNE F. HARRISON</td>
<td>CHAIR 0.20</td>
<td>0.00</td>
</tr>
<tr>
<td>18111 NORDHOFF STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH RIDGE, CA 91330-8310</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLIN DONAHUE</td>
<td>SECRETARY &amp; TREASURER 0.20</td>
<td>0.00</td>
</tr>
<tr>
<td>18111 NORDHOFF STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH RIDGE, CA 91330-8310</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAVID HONDA</td>
<td>DIRECTOR 0.20</td>
<td>0.00</td>
</tr>
<tr>
<td>18111 NORDHOFF STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH RIDGE, CA 91330-8310</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RICK EVANS</td>
<td>PRESIDENT &amp; EXECUTIVE DIRE 8.00</td>
<td>46,617</td>
</tr>
<tr>
<td>18111 NORDHOFF STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH RIDGE, CA 91330-8310</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DANIEL MCCONAUGHY</td>
<td>DIRECTOR 0.20</td>
<td>0.00</td>
</tr>
<tr>
<td>18111 NORDHOFF STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH RIDGE, CA 91330-8310</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WILLIAM WATKINS</td>
<td>DIRECTOR 0.20</td>
<td>0.00</td>
</tr>
<tr>
<td>18111 NORDHOFF STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH RIDGE, CA 91330-8310</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JORGE REYES</td>
<td>DIRECTOR 0.20</td>
<td>0.00</td>
</tr>
<tr>
<td>18111 NORDHOFF STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH RIDGE, CA 91330-8310</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL TO FORM 199, PART II, LINE 11 46,617.
## Form 199
### Other Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>45,678.</td>
</tr>
<tr>
<td>Dues &amp; Subscriptions</td>
<td>1,400.</td>
</tr>
<tr>
<td>Taxes</td>
<td>85.</td>
</tr>
<tr>
<td>Other Employee Benefits</td>
<td>11,112.</td>
</tr>
<tr>
<td>Legal Fees</td>
<td>6,693.</td>
</tr>
<tr>
<td>Accounting Fees</td>
<td>16,570.</td>
</tr>
<tr>
<td>Investment Management Fees</td>
<td>8,936.</td>
</tr>
<tr>
<td>Other Professional Fees</td>
<td>1,264.</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>115.</td>
</tr>
<tr>
<td>Insurance</td>
<td>4,543.</td>
</tr>
<tr>
<td><strong>Total to Form 199, Part II, Line 17</strong></td>
<td><strong>96,396.</strong></td>
</tr>
</tbody>
</table>

### Form 199
### Other Investments

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicly Traded Securities</td>
<td>1,533,826.</td>
<td>1,671,438.</td>
</tr>
<tr>
<td><strong>Total to Form 199, Schedule L, Line 9</strong></td>
<td>1,533,826.</td>
<td>1,671,438.</td>
</tr>
</tbody>
</table>

### Form 199
### Other Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred Rent Receivable</td>
<td>617,475.</td>
<td>592,311.</td>
</tr>
<tr>
<td><strong>Total to Form 199, Schedule L, Line 12</strong></td>
<td>617,475.</td>
<td>592,311.</td>
</tr>
</tbody>
</table>

### Form 199
### Other Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Deposits</td>
<td>18,786.</td>
<td>18,786.</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>43,958.</td>
<td>43,958.</td>
</tr>
<tr>
<td><strong>Total to Form 199, Schedule L, Line 18</strong></td>
<td>62,744.</td>
<td>62,744.</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>BEG. OF YEAR</td>
<td>END OF YEAR</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>UNRESTRICTED ASSETS</td>
<td>2,268,419</td>
<td>2,535,072</td>
</tr>
<tr>
<td>TOTAL TO FORM 199, SCHEDULE L, LINE 21</td>
<td>2,268,419</td>
<td>2,535,072</td>
</tr>
</tbody>
</table>
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.

--- 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)

| 0000000 | 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.

022 6181156

FTB 3586 2015
DO NOT MAIL THIS FORM TO THE FTB

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

Part I Electronic Return Information (whole dollars only)

1. Total gross receipts (Form 199, line 4) .............................................. 1,131,531. 00
2. Total gross income (Form 199, line 8) .................................................. 694,253. 00
3. Total expenses and disbursements (Form 199, line 9) .......................... 409,069. 00

Part II Settle Your Account Electronically for Taxable Year 2015

4. Electronic funds withdrawal
   A. Amount .......................................................... 1,131,531. 00
   B. Withdrawal date (mm/dd/yyyy) ...........................................

Part III Banking Information (Have you verified the exempt organization's banking information?)

5. Routing number
6. Account number
7. Type of account: checking
   savings

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 4a, I authorize an electronic funds withdrawal for the amount listed on line 4b.

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.

Signature of officer

EXECUTIVE DIRECTOR

Date: 5/9/17
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 will be filed 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 Name: COHNREZNICK LLP
Address: 400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814
PTIN: P00043433

Paid Preparer Name: COHNREZNICK LLP
Address: 400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814
PTIN: P00043433

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.

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2015

11240428 147227 0188820-0188820.0990 2015.05060 NORTH CAMPUS - UNIVERSITY 01888201
California Exempt Organization

Business Income Tax Return

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

FEIN 95-4115921

Street address (suite/room no.) 18111 NORDHOFF STREET

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

State CA

ZIP code 91330-8310

Foreign country name

Foreign province/state/county

Foreign postal code

A First Return Filed? □ Yes X No

B Is this an education IRA within the meaning of IRC Section 23727? □ Yes X No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? □ Yes X No

D Final Return? □ Yes X No

E Amended Return □ Yes X No

F Accounting Method Used: (1) Cash (2) Accrual (3) Other

G Nature of trade or business PARKING LOT RENTAL

Taxable Corporation

1 Unrelated business taxable income from Side 2, Part II, line 30 1 -22,850.00

2 Milt. in 1 by the avg. apport, pen □ from the Sch. R, Apport, Formula Wdth, Part A, In 2 or Part B, in S. Stat incr. 2 00

3 Enter the lesser amt from 1 or 2. If the unrelated bus. activity is wholly in CA and Sch. R was not complied, 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 Place'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 incomes, Subtotal line 8 from line 5 9 -22,850.00

10 Tax 8.84 % x line 9, See General Information J 10 00

11 a New employment credit, amount generatd. b) 11b Amount claimed 11b 00

12 Alternative minimum tax, See General Information O 12 00

13 Total tax, Add line 12 and line 13 13 00

Total Tax

14 Overpayment from a prior year allowed as a credit 14 00

15 2015 estimated tax payments, See instructions 15 00

16 Withholding (Form 100-B and/or 1099), See instructions 16 00

17 Amount paid with extension (form FT1 5530) 17 00

18 Total payments and credits, Add line 15 through line 18 18 00

19 Use tax. See instructions 19 00

20 Payments balance, If line 19 is more than line 20, subtract line 20 from line 19 20 00

21 Use tax balance, If line 20 is more than line 19, subtract line 19 from line 20 21 00

22 Tax due, Subtotal line 21 from line 14. Pay entire amount with return. See instructions 22 00

23 Overpayment, Subtract line 14 from line 21. See instructions 23 00

24 Enter amount of line 24 to be applied to 2016 estimated tax 24 00

25 Enter amount of line 24 to be applied to 2016 estimated tax 25 00

Form 109-C 2015 (REV 02-16) Sides 1

022 3641154
### Unrelated Business Taxable Income

#### Part I: Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>1</th>
<th>Gross receipts or gross sales</th>
<th>12,657.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Cost of goods sold and/or operations (Schedule A, line 7)</td>
<td>0.00</td>
</tr>
<tr>
<td>3</td>
<td>Gross profit. Subtract line 2 from line 1c</td>
<td>12,657.00</td>
</tr>
<tr>
<td>4a</td>
<td>Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)</td>
<td>0.00</td>
</tr>
<tr>
<td>4b</td>
<td>Net gain (loss) from Part II, Schedule D-1</td>
<td>0.00</td>
</tr>
<tr>
<td>4c</td>
<td>Capital loss deduction for trusts</td>
<td>0.00</td>
</tr>
<tr>
<td>5</td>
<td>Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions.</td>
<td>0.00</td>
</tr>
<tr>
<td>6</td>
<td>Rental income (Schedule C)</td>
<td>0.00</td>
</tr>
<tr>
<td>7</td>
<td>Unrelated debt-financed income (Schedule D)</td>
<td>0.00</td>
</tr>
<tr>
<td>8</td>
<td>Investment Income of an R&amp;TC Section 2370(f), 2370(l), or 2370n organization (Schedule E)</td>
<td>0.00</td>
</tr>
<tr>
<td>9</td>
<td>Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)</td>
<td>0.00</td>
</tr>
<tr>
<td>10</td>
<td>Exploited exempt activity income (Schedule G)</td>
<td>0.00</td>
</tr>
<tr>
<td>11</td>
<td>Advertising Income (Schedule H, Part III, Column A)</td>
<td>0.00</td>
</tr>
<tr>
<td>12</td>
<td>Other income. Attach schedule</td>
<td>0.00</td>
</tr>
<tr>
<td>13</td>
<td>Total unrelated trade or business income. Add line 3 through line 12</td>
<td>12,657.00</td>
</tr>
</tbody>
</table>

#### 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 | 0.00 |
| 15 | Salaries and wages | 12,618.00 |
| 16 | Repairs | 11,419.00 |
| 17 | Bad debts | 0.00 |
| 18 | Interest | 0.00 |
| 19 | Taxes | 0.00 |
| 20 | Contributions | 20.00 |
| 21a | Depreciation (Corporations and Associations - Schedule J) (Trusts - form 9885F) | 0.00 |
| 21b | Loss; depreciation claimed on Schedule A | 21.00 |
| 22 | Depletion | 0.00 |
| 23a | Contributions to deferred compensation plans | 0.00 |
| 23b | Employee benefit programs | 5,829.00 |
| 24 | Other deductions | 5,641.00 |
| 25 | Total deductions. Add line 14 through line 24 | 35,507.00 |
| 26 | Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 | 22,850.00 |
| 27 | Excess advertising costs (Schedule H, Part III, Column B) | 0.00 |
| 28 | Unrelated business taxable income before specific deduction, Subtract line 27 from line 26 | 22,850.00 |
| 29 | Specific deduction | 1,000.00 |
| 30 | Unrelated business taxable income, Subtract line 29 from line 28. If line 28 is a loss, enter line 28 | 22,850.00 |

---

**Preparer’s Signature:**

**Preparer’s Name:** COHNREZNICK LLP

**Address:**

400 CAPITOL MALL, SUITE 1200

SACRAMENTO, CA 95814

**Telephone:** 916-442-9100

---

**Preparer’s Name:**

**Address:**

**Telephone:** 22-1478099

---

**Preparer’s Name:**

**Address:**

**Telephone:** 916-442-9100

---

**Preparer’s Name:**

**Address:**

**Telephone:** 916-442-9100
### Schedule A  Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)  N/A  

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Inventory at beginning of year</td>
<td>1</td>
<td>00</td>
</tr>
<tr>
<td>2 Purchases</td>
<td>2</td>
<td>00</td>
</tr>
<tr>
<td>3 Cost of labor</td>
<td>3</td>
<td>00</td>
</tr>
<tr>
<td>4 a Additional IRC Section 263A costs. Attach schedule</td>
<td>4a</td>
<td>00</td>
</tr>
<tr>
<td>4 b Other costs. Attach schedule</td>
<td>4b</td>
<td>00</td>
</tr>
<tr>
<td>5 Total. Add line 1 through line 4b</td>
<td>5</td>
<td>00</td>
</tr>
<tr>
<td>6 Inventory at end of year</td>
<td>6</td>
<td>00</td>
</tr>
<tr>
<td>7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part 1, line 2</td>
<td>7</td>
<td>00</td>
</tr>
</tbody>
</table>

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

### Schedule B  Tax Credits. Do not claim the New Employment Credit on Schedule B.

<table>
<thead>
<tr>
<th>Item</th>
<th>Credit Name</th>
<th>Code</th>
<th>Quantity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Enter credit name</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2 Enter credit name</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3 Enter credit name</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>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. Enter here and on Side 1, line 11c</td>
<td>4</td>
<td>00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule K  Add-On Taxes or Recaputure of Tax.

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3894</td>
<td>1</td>
<td>00</td>
</tr>
<tr>
<td>2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots.</td>
<td>2a</td>
<td>00</td>
</tr>
<tr>
<td>3 IRC Section 197(h)(3)(B)(ii) election to recognize gain on the disposition of intangibles</td>
<td>3</td>
<td>00</td>
</tr>
<tr>
<td>4 Credit recaputure. Credit name</td>
<td>4</td>
<td>00</td>
</tr>
<tr>
<td>5 Total. Combine the amounts on line 1 through line 4</td>
<td>5</td>
<td>00</td>
</tr>
</tbody>
</table>

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

#### Part A. Standard Method - Single-Sales Factor Formula.

<table>
<thead>
<tr>
<th>Item</th>
<th>(a) Total within and outside California</th>
<th>(b) Total within California</th>
<th>(c) Percent within California</th>
<th>(b) / (a) x 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total Sales</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 106, Side 1, line 2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Part B. Three Factor Formula.

<table>
<thead>
<tr>
<th>Item</th>
<th>(a) Total within and outside California</th>
<th>(b) Total within California</th>
<th>(c) Percent within California</th>
<th>(b) / (a) x 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Property factor:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2 Payroll factor: Wages and other compensation of employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Sales factor: Gross sales and/or receipts less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total percentage: Add the percentages in column (c)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>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</td>
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</tr>
</tbody>
</table>

### Schedule C  Rental Income from Real Property and Personal Property Leased with Real Property.

For rental income from debt-financed property, see Schedule D, IRC Section 263A, Section 263A, and Section 2370 in organizations. See instructions for exceptions.

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Description of property</td>
<td></td>
</tr>
<tr>
<td>2 Rent received or accrued</td>
<td></td>
</tr>
<tr>
<td>3 Percentage of rent attributable to personal property</td>
<td></td>
</tr>
</tbody>
</table>

5 Complete if any item in column 3 or more than 10%, but not more than 50%

(a) Income directly connected (b) Income indeducible, column 2 less column (a)

5 Complete if any item in column 3 is more than 10%, but not more than 50%

(a) Gross income reportable, column 2 x column 3
(b) Deductible directly connected with personal property
(c) Net income indeducible, column 5a - column 5b

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part 1, line 6.
### Schedule D  Unrelated Debt-Financed Income

<table>
<thead>
<tr>
<th>1 Description of debt-financed property</th>
<th>2 Gross income from or allocable to debt-financed property</th>
<th>3 Deductions directly connected with or allocable to debt-financed property</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a) Straight-line depreciation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) Other deductions</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>4 Amount of average acquisitions, incidences on or allocable to debt-financed property</td>
<td>5 Average adjusted basis of or allocable to debt-financed property</td>
<td>6 Debt basis percentage, column 4 x column 5</td>
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<tr>
<td>7 Gross income reportable, column 2 x column 6</td>
<td>8 Allocable deductions, total of columns 5(a) and 5(b) x column 6</td>
<td>9 Net income (or loss) includable, column 7 less column 8</td>
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</tbody>
</table>

**Total:** Enter here and on Side 2, Part I, line 7

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

<table>
<thead>
<tr>
<th>1 Description</th>
<th>2 Amount</th>
<th>3 Deductions directly connected</th>
<th>4 Net investment income, column 2 less column 3</th>
<th>5 Get-aside</th>
<th>6 Balance of investment income, column 4 less column 5</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**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>
<thead>
<tr>
<th>1 Name of controlled organizations</th>
<th>2 Employer Identification Number</th>
<th>3 Net unrelated income (loss)</th>
<th>4 Total of specified payments made</th>
<th>5 Part of column (4) that is included in the controlling organization's gross income</th>
<th>6 Deductions directly connected with income in column (5)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Nonexempt Controlled Organizations:**

<table>
<thead>
<tr>
<th>7 Taxable Income</th>
<th>8 Net unrelated income (loss)</th>
<th>9 Total of specified payments made</th>
<th>10 Part of column (9) that is included in the controlling organization's gross income</th>
<th>11 Deductions directly connected with income in column (10)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Total:** Add columns 5 and 10

**Add columns 6 and 11

**Subtract line 5 from line 4:** Enter here and on Side 2, Part I, line 9

### Schedule G  Exempt Exempt Activity Income, other than Advertising Income

<table>
<thead>
<tr>
<th>1 Description of exempt activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)</th>
<th>2 Gross unrelated business income from trades or businesses</th>
<th>3 Expenses directly connected with production of unrelated business income</th>
<th>4 Net income from unrelated trades or businesses, column 2 less column 3</th>
<th>5 Gross income from activity that is not unrelated business income</th>
<th>6 Expenses attributable to column 5</th>
<th>7 Excess exempt income, column 4 less column 5 but not more than column 4</th>
<th>8 Net income includable, column 4 less column 7 but not less than zero</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Total:** Enter here and on Side 2, Part I, line 10
Schedule H  Advertising Income and Excess Advertising Costs

Part I  Income from Periodicals Reported on a Consolidated Basis

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of periodical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross advertising income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Direct advertising costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Advertising income or excess advertising costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Circulation income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Membership costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

Part II  Income from Periodicals Reported on a Separate Basis

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
</table>

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, columns 4 or 7, and amount listed in Part III, columns 4 or 7

Part III  Column B - Excess Advertising Costs

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

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

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

Schedule I  Compensation of Officers, Directors, and Trustees

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>SSN or ITIN</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Title</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Percent of time devoted to business</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation attributable to unrelated business</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Expense account allowances</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: Enter here and on Side 2, Part II, line 14

Schedule J  Depreciation (Corporations and Associations only. Trusts use Form 1040-ES.)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group or guideline class or description of property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Data acquired (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cost or other basis</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>Depreciation allowed or allowable in prior years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Method of computing depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Life or rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Depreciation for this year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LICENSING MANAGEMENT FEES</td>
<td>1,266.</td>
</tr>
<tr>
<td>AUDIT FEES</td>
<td>4,142.</td>
</tr>
<tr>
<td>DUES &amp; SUBSCRIPTIONS</td>
<td>26.</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>83.</td>
</tr>
<tr>
<td>LEGAL FEES</td>
<td>122.</td>
</tr>
<tr>
<td>OFFICE SUPPLIES &amp; MARKETING</td>
<td>2.</td>
</tr>
<tr>
<td>TOTAL TO FORM 109, PAGE 2, LINE 24</td>
<td>5,641.</td>
</tr>
</tbody>
</table>
**TAXABLE YEAR** 2015

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

Attach to Form 104, Form 104W, Form 104S, or Form 106.

**Corporation name** DEVELOPMENT CORPORATION - UNIVERSITY PARK

**California corporation number** 1407827

**FEIN** 95-4115921

During the taxable year the corporation incurred the NOL, the corporation was a(1): [ ] C Corporation [ ] S Corporation [X] Exempt Organization [ ] Limited liability company (electing to be taxed as a corporation)

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 1a; Form 100W, line 1a; Form 100S, line 15a; or Form 109, line 2.

   2. 2015 disaster loss included in line 1. Enter as a positive number

   3. Subtract line 2 from line 1. If zero or less, enter 0- and see instructions

   4. a. Enter the amount of the loss incurred by a new business included in line 3

   b. Enter the amount of the loss incurred by an eligible small business included in line 3

   c. Add line 4a and line 4b

5. General NOL. Subtract line 4c from line 3

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

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)

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

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

**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. Complete 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 1b; Form 100W, line 1b; Form 100S, line 15b; or Form 106, line 2; but not less than 0-

   (a) Available balance

   (b) Carryover to 2016 col. (d) - col. (f)

**Prior Year NOLs**

<table>
<thead>
<tr>
<th>(a) Year of loss</th>
<th>(b) Code - See instructions</th>
<th>(c) Type of NOL - See below</th>
<th>(d) Initial loss - See instructions</th>
<th>(e) Carryover from 2014</th>
<th>(f) Amount used in 2015</th>
<th>(g) Carryover to 2016 col. (d) - col. (f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
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**SEE STATEMENT 11**

<table>
<thead>
<tr>
<th>(a) Year of loss</th>
<th>(b) Code - See instructions</th>
<th>(c) Type of NOL - See below</th>
<th>(d) Initial loss - See instructions</th>
<th>(e) Carryover from 2014</th>
<th>(f) Amount used in 2015</th>
<th>(g) Carryover to 2016 col. (d) - col. (f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 2015</td>
<td>DIS</td>
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<table>
<thead>
<tr>
<th>(a) Year of loss</th>
<th>(b) Code - See instructions</th>
<th>(c) Type of NOL - See below</th>
<th>(d) Initial loss - See instructions</th>
<th>(e) Carryover from 2014</th>
<th>(f) Amount used in 2015</th>
<th>(g) Carryover to 2016 col. (d) - col. (f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 2015</td>
<td>GEN</td>
<td>22,850.00</td>
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<table>
<thead>
<tr>
<th>(a) Year of loss</th>
<th>(b) Code - See instructions</th>
<th>(c) Type of NOL - See below</th>
<th>(d) Initial loss - See instructions</th>
<th>(e) Carryover from 2014</th>
<th>(f) Amount used in 2015</th>
<th>(g) Carryover to 2016 col. (d) - col. (f)</th>
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<tbody>
<tr>
<td>2015</td>
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</table>

<table>
<thead>
<tr>
<th>(a) Year of loss</th>
<th>(b) Code - See instructions</th>
<th>(c) Type of NOL - See below</th>
<th>(d) Initial loss - See instructions</th>
<th>(e) Carryover from 2014</th>
<th>(f) Amount used in 2015</th>
<th>(g) Carryover to 2016 col. (d) - col. (f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
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</table>

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

<table>
<thead>
<tr>
<th>Year of Loss</th>
<th>Code</th>
<th>Code - See Instructions</th>
<th>Initial Loss - See Instructions</th>
<th>Carryback used - See Instructions</th>
<th>After carryback col. (d) minus col. (e)</th>
<th>Carryback used - See Instructions</th>
<th>After carryback col. (f) minus col. (g)</th>
<th>Carryover to 2016 col. (d) - (col. (e) + col. (g))</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>GEN</td>
<td>22,850</td>
<td>0</td>
<td>22,850</td>
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</tr>
</tbody>
</table>

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

### Part IV: 2015 NOL Deduction

1. Total the amounts in Part II, line 2, column (f) .................................................. 0
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- .................................................. 0
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 .................................................. 0
<table>
<thead>
<tr>
<th>YEAR</th>
<th>CODE LOSS</th>
<th>TYPE OF NOL</th>
<th>C/O AMOUNT</th>
<th>AMOUNT USED IN CURRENT YEAR</th>
<th>AVAILABLE BALANCE</th>
<th>CARRYOVER TO NEXT YEAR</th>
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<td>2006</td>
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<td>GEN</td>
<td>10,152</td>
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<td>2008</td>
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<td>GEN</td>
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<td>GEN</td>
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</table>
**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 $300, 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

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<table>
<thead>
<tr>
<th>Gross Annual Revenue</th>
<th>Fee</th>
<th>Gross Annual Revenue</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>0</td>
<td>Between $100,001 and $250,000</td>
<td>$50</td>
</tr>
<tr>
<td>Between $25,001 and $100,000</td>
<td>$25</td>
<td>Between $250,001 and $1 million</td>
<td>$75</td>
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<td>Between $1,000,001 and $10 million</td>
<td>$150</td>
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<td></td>
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<td>Between $10,000,001 and $50 million</td>
<td>$225</td>
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<td></td>
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<td>Greater than $50 million</td>
<td>$300</td>
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</tbody>
</table>

**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.

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**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.

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

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**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.**

**RICK EVANS**

**EXECUTIVE DIRECTOR**

Date: 5/4/17

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**RRF-1 [3-06]**

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