Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the	e 2008 ca	alendar	year, or tax y	ear beginning	07/01	, 2008, ar	nd ending	06/		, 20 09	
B	Check if a	applicable:	Please	C Name of orga	anization Univers	sity Glen Corpo	oration) Employe	r identification r	number
110000		change	use IRS label or	Doing Busine	ss As					73	163309	6
_	Name ch	17.5%	print or	Number and st	reet (or P.O. box if ma	il is not delivered to st	reet address)	Room/suite	1	Telephon	e number	
			type. See	45 Rincon	Dr			Suite	104-A	(805)	437-887	1
	Initial ret	10000	Specific		state or country, a	nd ZIP + 4						
	Terminat		Instruc- tions.	Camarillo,						G Gross rece	ipts \$ 1,37	73,869
		d return	F Nan		of principal officer:	W		X00000-0	LU(a) le this a	aroup return fo	or affiliates? Yes	
L /	Applicatio	n pending			oanne Coville						cluded? Yes	
-	Tay ave	empt status			nsert no.) 494	17(a)(1) or 5	27				st. (see instruction	
					orp.csuci.edu			W. W. C.	H(c) Group ex			
J	websi	te: ► nu	Come	versitygiend	Association O	ther >	I Year	of formation:	1		egal domicile: C	Δ
_				oranon must _	_ Association _ O	TICL P	12 100	or rommanom	2002		-3	
P	art I	Summ	lary					Univers	ity Glen C	orporatio	n provides	
	1 1	Briefly de	escribe	the organiza	tion's mission	or most signific	ant activities	including	hoth ron	tal and fo	r cale unite	
Φ		manage	ment a	ectivities for	University Gle	n Residential i	pevelobilielli	moluding	Doniten	iai ailu io	i saic units.	
Activities & Governance	1 -											
ST.	١.											
0	2	Check this	s box ►	if the organ	nization discontinu	ed its operations	or disposed of a	more than 2	5% of its ass	sets.		-
8	3	Number	of votir	ng members	of the governing	g body (Part V	I, line 1a)			3		
es	4	Number	of inde	ependent voti	ng members of	the governing	body (Part V	I, line 1b)		4	1000	
vit:	5	Total nui	mber of	f employees	(Part V, line 2a)				5		17
Act	6	Total nu	mber of	f volunteers	estimate if nec	essary)				6		
7	7a	Total ard	oss unre	elated busine	ss revenue from	m Part VIII, line	12, column (C)		7a		
	b	Net unre	lated b	usiness taxa	ble income from	n Form 990-T,	line 34	· · · · ·		. 7b		
									Prior Yea	ar	Current Ye	ar
	8	Contribu	itions a	and grants (Pa	art VIII, line 1h)							
Revenue	9	Program	service	e revenue (Pa	art VIII, line 2g)					76,427		09,791
eve	10	Investme	ent inco	ome (Part VIII	, column (A), lii	nes 3, 4, and 7	d)			79,360		13,200
ă	11	Other re	venue ((Part VIII. col	umn (A), lines 5	6, 6d, 8c, 9c, 10	Oc, and 11e)		1	10,738		50,878
	12	Total rev	enue—a	add lines 8 th	rough 11 (must	equal Part VIII, o	olumn (A), line	e 12)	9,1	66,525	1,3	73,869
_					paid (Part IX,							
	14	Ronafite	naid to	o or for mem	hers (Part IX. c	olumn (A), line	4)					
es	15	Salaries	Benefits paid to or for members (Part IX, column (A), line 4)							16,276	9	74,992
Expenses	160	a Professional fundraising fees (Part IX, column (A), line 11e)										
ăx	Iba	Total fun	drainin	a expenses (E	art IX, column (l	1) line 25) ▶						11 (E) (C)
ш		Other	uraisiri	g expenses (lumn (A), lines	11a_11d 11f_2	4f)		7,6	528,517	1	74,382
	17	Tatal av	xpenses	S (Fait IX, CO	3–17 (must equ	ial Part IX coli	ımn (A) line :	25)	8,8	544,793	1,1	49,374
	10	Pevenue	penses	vnenses Subt	ract line 18 from	n line 12			6	521,732	2	24,495
or		Heveriue	1033 07	Aperioco. Gabi	race mile to mor				Beginning of	f Year	End of Ye	ar
ots o	200	T-4.1-	- ats /D	ant V line 10					2.0	012,799	6	57,159
Assets	20			art X, line 16				–		538,387		90,280
Net A	21	lotal lia	bilities	(Part X, line 2	s. Subtract line	21 from line 20				474,412		66,879
	art II			Block). Cabiract iiiic	21 110111 11110 21						
	artii	Under	opalties o	of periuny I decla	re that I have exam	ried this return, incl	uding accompan	ying schedule	es and statem	ents, and to	the best of my ki	nowledge
		and beli	ief, it is tr	rue, correct, and	re that I have exam complete. Declarat	ion of preparer (oth	er than officer) is	based on al	I information	of which pre	parer has any kr	nowledge.
٥.	1200000		(Ju	Con	1			1	2/10	110	
	gn	Sig	nature of	officer	0000				Date	e / / /		
H	ere	y Sig	nature or	Tor	inno C	QUILLE	V 1	FIV	ounte	/		
		-		t some and title	UIII \	OUTTLE	4 1	· \\	KULL	ul .		
_		l l l l	be or prin	t name and title			Date	Che	ck if	Preparer's ic	lentifying number	
		Prepare					Julio	self-	loyed ▶ □	(see instructi		
Pa	id	signatur	e p					emp	loyed >			
	eparer's	5		VOLUM V	- U				EIN	> :		
	e Only	LIIIII 2 I	name (or) mployed))	
	- 3	address	s, and ZIF	P + 4			!!	200	Phone n	0 (No
M	ay the	IRS disc	cuss th	is return with	the preparer s	nown above? (see instruction	115)		• • •	. Yes	100

Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: The charitable purposes for which this corporation is to manage, develop implement and maintain affordable
	housing and other related facilities and activities for the use and convenience of faculty, staff and students of
*	California State University Channel Islands.
	California State Oniversity Orialine Islands.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	(Code:) (Expenses \$ 755,068 including grants of \$) (Revenue \$ 1,309,791)
4a	University Glen Corporation operates as an Auxiliary Organization for California State University Channel Islands
	for the purpose of providing affordable housing for staff, faculty and educational allies; which includes
	the management of 474 residential rental units, 14 retail spaces, and the management of 184 for sale residential
	units.
	unto:
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
15/50	
- 500	(D) the lie Ochedule (C)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ►\$ 755,068 (Must equal Part IX, Line 25, column (B).)

Part	IV Checklist of Required Schedules	T	. 1	
		-	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	✓_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		✓_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I.	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the erganization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		7	
b	Did the organization maintain an energy of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 17		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
18	Did the organization report more than \$15,000 total of Yalt VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
19 20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	1
21	2014 the appropriate report more than \$5,000 on Part IX column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Lutin	1	+-
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	1	-
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a	-	1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	+-	+
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	-	1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	+	1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or discussified parson cutetanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	-	-	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Form **990** (2008)

Pa	rt IV Checklist of Required Schedules (continued)		3112.5-102.6-1	
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	28a		1
b	complete Schedule L, Part IV	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	00		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		1

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	50 S - 50		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	313		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	2b	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	W193	B 300
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	No.	305K	
	\$75?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		DV(E)	No.
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		Terrer	
	benefit contract?	7e 7f	_	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			-
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	_	-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
	required?			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		965	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		120	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	188		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	10b	1981	12.71	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	Section 1		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management	Т	Va-	NI-
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		话题	
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
_	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	6		✓
72	Does the organization have members, stockholders, or other persons who may elect one or more members			
14	of the governing body?	7a		✓
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
٥	the year by the following:	100		16 341
_	The governing body?	8a	✓	
a	Each committee with authority to act on behalf of the governing body?	8b	✓	
0	Does the organization have local chapters, branches, or affiliates?	9a		1
9a	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	-	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		1
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
100	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓
Sec	tion B. Policies	_	1000 IV	
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	V	
h	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	1	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С	describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	_
14	Does the organization have a written document retention and destruction policy?	14	1	-
15	Did the process for determining compensation of the following persons include a review and approval by	X(Q())		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			65468
2	The organization's CEO, Executive Director, or top management official?	15a	1.0	
	Other officers or key employees of the organization?	15b	1	
b	Describe the process in Schedule O. (see instructions)			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		1
920	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	jet	
-	ction C. Disclosure	-		
17	I IST THE STATES WITH WHICH A CODY OF THIS FORTH 330 IS TOGGING TO BO THOSE TELESCOPERING			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	-/(-/-	J. 11y/	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request	of int	taract	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	OI IIII	(S) 631	53
	policy, and financial statements available to the public.	ordo -	of the	
20	State the name, physical address, and telephone number of the person who possesses the books and recognization: ▶ Joanne Coville, One University Drive, Camarillo, Ca 93012 805-437-8877			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	(B)			(0	>)			(D)	(E)	(F) Estimated	
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
Dr. Jacquelyn Kilpatrick Director	- 1	1	0			ited			130,042		
Joanne Coville Director	- 1	1							198,870		
Dr Steve Le Fevre Director	- 1	1							140,208		
Alexandra Mitchell Director	- 1	1							13,296		
David Press Director	1	1							0		
Bill Robe Chair	1	1							0		
Dr. Barbara Thorpe Secretary	1	1							90.446		
Dr. Erik Blaine Executive Officer	40				1	1			0 114,060		
Carol McCrory Vice President of Sales	-			1	1				0 82,154		
						_					
							_				
				-							
	-			-		_	-				
	-		-		-		-				
					-		1				

Par	Section A. Officers, Directors, Tru	istees, Key	Emp	loye			u nig	nesi			
	(A) Name and title	(B) Average						ply)	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
											and the second second
		-			Ī						
41.	Total			-				D	0	769,076	C
2	Total number of individuals (including thosorganization ► 1		-		-						Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete s	Schedule J	l for s	uch	ina	livia	lual	• .			3 🗸
4	For any individual listed on line 1a, is the the organization and related organizations individual.	greater th	nan \$1 	50,	000	? If •	"Yes,	" cc	mplete Sched	ule J for such	4 1
5	Did any person listed on line 1a receive services rendered to the organization? If	or accrue "Yes," con	e com nplete	Sci	nsat hed	ion ule	from J for	any suc	y unrelated or h person .	ganization for	5 ✓
Se	ction B. Independent Contractors										00.000 -f
1	Complete this table for your five highest compensation from the organization.	compensat	ted in	dep	end	ent	contr	racto	ors that receive	ed more than \$1	
	(A) Name and business ac	idress							(B) Description of	services	(C) Compensation
								-			
_								-			Winner of the second
_	Total number of independent contractors	(including	thos	e in	1)	who	rece	eiver	d more than \$	100.000 in	
2	compensation from the organization ▶	0	,	- 111	.,						

Part	-		enue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a					
grai		Membership dues	1b					
an an	С	Fundraising events .	1c		THE PARTY OF	BE LEVEL		
a a	d	Related organizations	1d		(A)			
ns,	е	Government grants (contril	outions). 1e			T. Sent State 1		
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, g	rants,		以其一种基			
당		and similar amounts not include	ded above 1f					House Rouse
9	g	Noncash contributions include	d in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		Business Code		72 31 52 5	TV and Table 1	The state of the s
Jue .		Managament Foos		532000	1,309,791	1,309,791		
ever	2a			332000	1,000,701	1,000,701		
Program Service Revenue	b							
Zic	С							
Se	d							
ram	e	All other program service	ne revenue		+			
rog		Total. Add lines 2a–2f			1,309,791	TAKE BUREAU STATE		72
<u></u>					, , ,			
	3	Investment income (incother similar amounts)	luaing aiviaend	is, interest, and	13,200	13,200		
	4	Income from investment o	f tax-exempt bo	nd proceeds				
	5	Royalties		>				
			(i) Real	(ii) Personal		原,如此为 相思		
	62	Gross Rents						
		Less: rental expenses						
		Rental income or (loss)					为 。如果是成号)	
		Net rental income or (lo	oss)	🕨				
	72	Gross amount from sales of	(i) Securities	(ii) Other	2000年	排出公共		国 推进 水石 社
	14	assets other than inventory			2.想證据至創	3 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
	b	Less: cost or other basis						
	"	and sales expenses .			新疆			
	c	Gain or (loss)						E SECTION
				<u> </u>	Market Company of the	NUMBER OF STREET		
<u>o</u>	82	Gross income from	fundraising					
enne	00	events (not including \$						
-		of contributions reporte	d on line 1c).					
Ę.		See Part IV, line 18		a				
Other Re	b	Less: direct expenses		b	MITTER SECTION			
0	C	Net income or (loss) from	om fundraising	events >				NO COSTON CONTRACTOR
	9a	Gross income from gan	ning activities.					
		See Part IV, line 19						
	b	Less: direct expenses,		b	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		mission bearing and the	*U.O. **********************************
	1	Net income or (loss) from		uvides		**************************************	and the same	
	10a	Gross sales of inv						建 建制度表示
		returns and allowances			"特殊",《新教	研究 计换值	ALC: NO	
	b	Less: cost of goods so Net income or (loss) fro	on eales of inve	b				
	- 0	Miscellaneous Rev		Business Code				
	-							
		· ····································						
	1							
	9	All other revenue			50,878	50,878		
		Total. Add lines 11a-1			50,878	IR VERTICAL	3.76	
		Total Revenue. Add li						
	12	9c, 10c, and 11e			1,373,869	1,373,869		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do 7b	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
ō	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		500.040	470.015	
7	Other salaries and wages	773,534	596,619	176,915	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)			20.000	
9	Other employee benefits	201,458	134,569	66,889	
0	Payroll taxes				
1	Fees for services (non-employees):				
	Management			F00	
	Legal	503		503	
	Accounting				
d	Lobbying		AND THE RESERVE AND THE RESERVE OF T		
е	Professional fundraising services. See Part IV, line 17		PROPERTY OF THE PARTY OF THE PA	(PARKET)	
f	Investment management fees				
	Other	40.000	0.054	2,015	
2	Advertising and promotion	10,266	8,251	11,335	
3	Office expenses	11,335		11,335	
4	Information technology				
5	Royalties				
6	Occupancy	1,316		1,316	
7	Travel	1,310		1,010	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,084		2,084	
9	. [2,004		2,004	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization.	24,373		24,373	
3	Insurance	24,070		56-75 AL 2001	Part of the last o
4	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)		7.4. 用此情奇為於	75.400	
8		75,180		75,180	
k		17,646	15.000	17,646	
c		15,629 223	15,629	223	
c				3,902	
•	Utilities	3,902 11,925		11,925	
f	All other expenses	1,149,374	755,068	394,306	
5	Total functional expenses. Add lines 1 through 24f	1,149,3/4	755,000	334,000	
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			4	

Pa	rt X	Balance Sheet				-	
			(A) Beginning of year		(B) End of	year	
	1	Cash—non-interest-bearing	1,939,003	1		621,	033
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	67,338	4		36,	126
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	equations -		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schedule L		6			
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	6.458	8			
٩	9	Prepaid expenses and deferred charges	0,456	9			0.00
	10a	Land, buildings, and equipment: cost basis 10a	多是外面的				
	b	Less: accumulated depreciation. Complete Part VI of Schedule D		10c		anter in the	Petersone
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related. See Part IV, line 11		14			
	14	Intangible assets		15			
	15 16	Other assets. See Part IV, line 11	2,012,799			657	,159
_			281,047				,221
	17	Accounts payable and accrued expenses		18			
	18	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20		1	
S	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			1411		
Ë		persons. Complete Part II of Schedule L		22			1902-01003
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable	057.040	24			050
	25	Other liabilities. Complete Part X of Schedule D	257,340 538,387	1			,059
	26	Total liabilities. Add lines 17 through 25	330,387	20		30	,200
alances		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets	612,652				
ä	28	Temporarily restricted net assets	783,463		Lange	W-1-1	_
P	29	Permanently restricted net assets		29	1916 13 13 13 13		
Net Assets or Fund		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.	是是新疆的				
ts	30	Capital stock or trust principal, or current funds		30			
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31		566	5.879
¥,	32	Retained earnings, endowment, accumulated income, or other funds	1,396,115	-	H-W-C-2-11		,879
Š		Total net assets or fund balances	2,012,799				7,159
D	34 art X		2,012,755	1 04 1			,
	artA	Financial Statements and Reporting	2,000 Marin (201)	SOLICE SELECT		Yes	No
1	Δα	counting method used to prepare the Form 990: Cash Accrua	al Other			2 = 1	
	a We	re the organization's financial statements compiled or reviewed by an in-		nt? .	. 2a		1
	b We	re the organization's financial statements audited by an independent according	countant?		. 2b		1
	c If "	Yes" to lines 2a or 2b, does the organization have a committee that assumes	s responsibility for over	rsight o	of		
	the	audit, review, or compilation of its financial statements and selection of an i	ndependent accountant	nt? .	. 2c		
3	a As	a result of a federal award, was the organization required to undergo an					1
		Single Audit Act and OMB Circular A-133? Yes," did the organization undergo the required audit or audits?			. 3a		V
	D IT "	res, did the organization undergo the required addit of addits?		• •	. 30		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Site Authority

Total

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public

Inspection

Internal Revenue Service Employer identification number Name of the organization 1633096 University Glen Corporation Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated b Type II e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (vii) Amount of (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (i) Name of supported (ii) EIN the organization in in col. (i) listed in your organization in col. support (described on lines 1-9 organization (i) organized in the above or IRC section governing document? col. (i) of your support? U.S.? (see instructions)) Yes No Yes No Yes No California State 6 0 91-2153805 University Channel Islands 6 California State 0 77-0578923 University Channel Islands

Sect	(Complete only if you check ion A. Public Support	rea the box	011 11110 0, 7,	, o or raiti	/		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		V				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	200 V 200 LEON ST	1000年	CONTRACTOR OF THE PARTY OF THE	1400 February 2006		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
	tion B. Total Support						1
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4					<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		50				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	多。然的教授基金		Mark Control		12	
12	Gross receipts from related activities, etc.	c. (see instructi	ions)				ion 501(c)(3)
13	First five years. If the Form 990 is for organization, check this box and stop he	ere		nd, third, fourt	n, or fifth tax	year as a sect	
200	tion C. Computation of Public Su	C saluma (6	livided by line 1	1 column (f)		14	%
14	Public support percentage for 2008 (line					15	%
15	Public support percentage from 2007 Sc 331/3 % support test - 2008. If the organ	reduie A, Part	check the hov	on line 13 and			eck this box
	and stop here. The organization qualifies	s as a publicly	supported orga	inization			
	331/3 % support test—2007. If the organibox and stop here. The organization qua	alifies as a pub	olicly supported	organization .			
	10%-facts-and-circumstances test—20 more, and if the organization meets the "organization meets the "facts-and-circum	facts-and-circu nstances" test.	imstances" test The organization	, check this box on qualifies as a	and stop nere publicly suppo	orted organizati	on▶ [
b	10%-facts-and-circumstances test-200 more, and if the organization meets the "organization meets the "facts-and-circumst	facts-and-circu ances" test. The	mstances" test, e organization qu	check this box alifies as a pub	and stop here licly supported o	. Explain in Par organization .	▶ [
18	Private foundation. If the organization die	d not check a b	oox on line 13, 16	oa, 100, 17a, 0r	17b, check this	S DUX and See II	IST GOTTON E

	ule A (Form 990 or 990-EZ) 2008 t III Support Schedule for Organ	nizations De	scribed in S	ection 509(a	1(2)		Page 3
	(Complete only if you checked	d the box or	line 9 of Pa	rt I.)			
	tion A. Public Support lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Ca	lendar year (or liscal year beginning iii)	(a) 2004	(b) 2000	(0) 2000	(4) 2007	(0) 2000	(1)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		-				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	LEGICAL SON				Carrie State (1974)	
	tion B. Total Support		T # 1 0005	(-) 0000	(d) 2007	(e) 2008	(f) Total
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(u) 2007	(e) 2000	(i) rotar
9 10a	Amounts from line 6						1
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					<u> </u>	-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		CANDELLESS AND			2000年后世	
14	and 12.)	the organization	on's first, seco	nd, third, fourt	th, or fifth tax	year as a sect	ion 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce					
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	e 8, column (Schedule A, P	f) divided by li eart IV-A, line 2	ne 13, column 7g	(f))	15 16	% %
Sec	ction D. Computation of Investmen	nt Income P	ercentage				
17	Investment income percentage for 200	8 (line 10c, co	olumn (f) divide	ed by line 13, o	column (f)) .	17	%
18	Investment income percentage from 20	007 Schedule	A, Part IV-A, I	ine 27h	and line of Fig.		
19a	331/3 % support tests—2008. If the organism not more than 331/3 %, check this b	ox and stop h	ere. The organ	nization qualifie	es as a publicly	supported org	ganization ▶ ⊔
b	331/3 % support tests -2007. If the organ line 18 is not more than 331/3 %, check this	ization did not s box and stor	t check a box on the box of the b	n line 14 or line anization qualifi	e 19a, and line es as a publicly	supported org	anization ► 🗆

chedule A (Fo	orm 990 or 990-EZ) 20	08						Page 4
Part IV	Supplemental Part II, line 17a	Information	Complete thi rt III, line 12.	s part to po Provide an	rovide the e y other addi	xplanation retional inform	equired by F ation. (see in	Part II, line 10; nstructions)
.								
					,			
		-						
	·							

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization			Employer ide	entification number
A. 0	ersity Glen Corporation			73	1633096
Par		nor Advised Funds or Othe " to Form 990, Part IV, line 6	r Similar Fun	ds or Acc	ounts. Complete if
	the organization and versa 100	(a) Donor advised funds		(b) Funds a	and other accounts
1 2 3 4	Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year				
5	Did the organization inform all donors and funds are the organization's property, sub	ject to the organization's exclus	ive legal contro	ol?	LYes LNo
6	Did the organization inform all grantees, dused only for charitable purposes and not impermissible private benefit? Conservation Easements. Com	for the benefit of the donor or	donor advisor (or other	Yes No
	Purpose(s) of conservation easements hel				
2	Purpose(s) of conservation easements her Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a–2d if the organization he on the last day of the tax year.	g., recreation or pleasure)	Preservation of Preservation of	of certified h	lly important land area storic structure ervation easement
					neid at the Elid of the real
а	Total number of conservation easements				
b	Total acreage restricted by conservation e	easements			
С	Number of conservation easements on a	certified historic structure includ	led in (a)		
d	Number of conservation easements include	ded in (c) acquired after 8/17/06			
3	Number of conservation easements modified the taxable year ▶				he organization during
4	Number of states where property subject	to conservation easement is loc	cated >		
5	Does the organization have a written police enforcement of the conservation easement	nts it holds?			L Yes L No
6	Staff or volunteer hours devoted to monit	oring, inspecting, and enforcing	easements du	the year	\$
7	Amount of expenses incurred in monitoring	ng, inspecting, and enforcing ea	sements during	the year	Ψ
8	Does each conservation easement report 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserv	the text of the footnote to the cation easements.	organization's t	inanciai stati	ements that describes
Pa	Organizations Maintaining Col Complete if the organization ans	lections of Art, Historical Tre wered "Yes" to Form 990, Par	easures, or O rt IV, line 8.	ther Simila	r Assets.
1a	If the organization elected, as permitted uart, historical treasures, or other similar asprovide, in Part XIV, the text of the footnotes	sets held for public exhibition, ed	lucation, or resi	earch in furti	l balance sheet works of perance of public service
b	If the organization elected, as permitted thistorical treasures, or other similar asset provide the following amounts relating to	s held for public exhibition, edu these items:	cation, or rese	arch in turth	erance of public service
	(i) Revenues included in Form 990, Part	VIII, line 1			Φ¢
	(ii) Assets included in Form 990, Part X				Ψ
2	If the organization received or held work following amounts required to be reported	d under SFAS 116 relating to th	iese items:		
a b	Revenues included in Form 990, Part VIII Assets included in Form 990, Part X	, line 1	: : : :		\$

Page	2
rage	-

3 U a [b [Ising the organization's accession arems (check all that apply): Public exhibition Scholarly research Preservation for future generation of the organizate Part XIV.	ns	d 🔲	Loan or exch			use of its collection
ь	Scholarly research Preservation for future generation provide a description of the organization provide a description of the organization provides and the organization provides a description provides a description of the organization provides a description provides a	ns	d 📙	Loan or exch	ande pr		
	Preservation for future generation Provide a description of the organization	ns	6		ange pr	ograms	
٦ ٦	Preservation for future generation Provide a description of the organization	ns	•	Other			
P							empt purpose in
5 D	During the year, did the organization so ssets to be sold to raise funds rather t	han to be mainta	ained as part of	the organization	n's colle	ction?	Yes No
Part	Part IV, line 9, or reported	an amount on f	Form 990, Pa	rt X, line 21.			
ir	s the organization an agent, trustee, ncluded on Form 990, Part X?				ions or	other assets no	Yes No
b l	f "Yes," explain the arrangement in F	Part XIV and con	nplete the follo	owing table:		Δ	mount
					1c	· · · · · · · · ·	
c E	Beginning balance				1d		
d A	Additions during the year					-	
	Distributions during the year				1e		
f E	Ending balance				. [11		Yes No
2a [Did the organization include an amount of "Yes," explain the arrangement in I	art XIV.					
Part	V Endowment Funds. Com					90, Part IV, li	
		(a) Current year	(b) Prior year	(c) Two year	's back	(d) Three years bac	(e) Four years back
1a E	Beginning of year balance		THE BEAUTION	2000			
	Contributions		Chi the late				
12.5			1 望祥生				
	Grants or scholarships		1 有 经股份证据	相邻 经股份股份	W/8 335		
1300	Other expenditures for facilities			· 图图 · 图			
	and programs						
g	Administrative expenses End of year balance					The Principle of the Park	
2	Provide the estimated percentage of	the year end ba	alance nelo as				
	Board designated or quasi-endowme		%				
	Permanent endowment ▶	%					
C	Term endowment ▶%						
	Are there endowment funds not in the organization by:		the organization	n that are held	and adm	inistered for the	Yes No
	(i) unrelated organizations						3a(ii)
	(ii) related organizations						3b
b	If "Yes" to 3a(ii), are the related orga	inizations listed	as required of	mont funds			OD
27.00	Describe in Part XIV the intended us	es of the organi	zation's endo	oo Form 990	Part Y	line 10	
Pari	VI Investments-Land, Bui						(d) Book value
	Description of investment	(a) Cost or of (investr		basis (other)	(c)	Depreciation	(d) Dook value
1a	Land					Mary and the second second second	
b	Buildings						
С	Leasehold improvements	.			-		
d	Equipment	.					
0	Other	qual Form 990, P	Part X, column (B), line 10(c).) .	<u> </u>	>	andula D (Form 990) 2009

Part VII Investments—Other Securities	. See Form 990, Part X,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
nancial derivatives and other financial products		
losely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col. (B) line 12.)		新教授的企業。 第166章 1985年 -
Part VIII Investments—Program Relate	d. See Form 990, Part X	, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(a) Description of investment type	(5) 55511 1215	Cost or end-of-year market value
	14	
15 000 P 1V -1/P 1 101 P		
otal. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	pet V line 15	
		(b) Book value
	art X, line 15.	(b) Book value
		(b) Book value
Part IX Other Assets. See Form 990, Part IX	(a) Description	
Part IX Other Assets. See Form 990, Part IX Other Assets.	(a) Description	(b) Book value
Part IX Other Assets. See Form 990, Part IX Other Assets.	ol. (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part IX Other Assets.	(a) Description	
Part IX Other Assets. See Form 990, Part IX Otal. (Column (b) should equal Form 990, Part X, column (c) Should equal Form 990, Part X, column (d) Should eq	ol. (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part IX Otal. (Column (b) should equal Form 990, Part X, column (c) Should eq	ol. (B) line 15.) Part X, line 25.	
Part IX Other Assets. See Form 990, Part IX Otal. (Column (b) should equal Form 990, Part X, column (b) Should eq	ol. (B) line 15.) Part X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part IX Otal. (Column (b) should equal Form 990, Part X, column (c) Should eq	ol. (B) line 15.) Part X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part IX Otal. (Column (b) should equal Form 990, Part X, column (c) Should eq	ol. (B) line 15.) Part X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part IX Other Assets. See Form 990, Part X, co Otal. (Column (b) should equal Form 990, Part X, co Part X Other Liabilities. See Form 990 (a) Description of liability Federal income taxes	ol. (B) line 15.) Part X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part IX Total. (Column (b) should equal Form 990, Part X, column (c) Should e	ol. (B) line 15.) Part X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part IX Total. (Column (b) should equal Form 990, Part X, column (c) Should e	ol. (B) line 15.) Part X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part IX Other Assets. See Form 990, Part X, co Otal. (Column (b) should equal Form 990, Part X, co Part X Other Liabilities. See Form 990 (a) Description of liability Federal income taxes	(a) Description Ol. (B) line 15.) Part X, line 25. (b) Amount 63,0	
Part IX Other Assets. See Form 990, Part IX Total. (Column (b) should equal Form 990, Part X, column X Part X Other Liabilities. See Form 990	(a) Description Ol. (B) line 15.) Part X, line 25. (b) Amount 63,0	
Part IX Other Assets. See Form 990, Part IX Total. (Column (b) should equal Form 990, Part X, column (c) Should equal Form 990, Part X, column (d) Should e	(a) Description Ol. (B) line 15.) Part X, line 25. (b) Amount 63,0	
Part IX Other Assets. See Form 990, Part IX Total. (Column (b) should equal Form 990, Part X, column (c) Should e	(a) Description Ol. (B) line 15.) Part X, line 25. (b) Amount 63,0	59

7-14-140-140	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	3
		1
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2
2	Total expenses (Form 990, Part IX, column (A), line 25)	3
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4
4	Net unrealized gains (losses) on investments	5
5	Donated services and use of facilities	6
6	Investment expenses	7
7	Prior period adjustments	8
8	Other (Describe in Part XIV)	9
9	Total adjustments (net). Add lines 4–8	10
10		
Par		11
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	2e
е		3
3	Subtract line 2e from line 1	a salar
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	140
C	Add lines 4a and 4b	4c 5
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es per neturn
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Losses reported on Form 990. Part IX. line 25	
d	20	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_
h	Other (Describe in Part XIV)	_
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5
Pa	art XIV Supplemental Information	
Cor	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b
and	2 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	

Schedule D (For	rm 990) 2008	Page 5
Port VIV	Supplemental Information (continued)	
Part Aiv	Supplemental information (continued)	
	· ·	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Name of the organization

Internal Revenue Service

University Glen Corporation

Employer identification number 1633096

Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ Housing allowance or residence for personal use ☐ First-class or charter travel Payments for business use of personal residence ☐ Travel for companions ☐ Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or 1b provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ✓ Written employment contract ☐ Compensation committee Compensation survey or study ☐ Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: 4a a Receive a severance payment or change of control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan?. . . . 4c c Participate in, or receive payment from, an equity-based compensation arrangement?. . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization?......... 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization?....... b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

00			(c) lotal of columns	(r) Colingerisation
(ii) (iii) ((iii) Other compensation reportable compensation	benefits	(a)-(i)(a)	Form 990-EZ
		0 14,126	183,544	198,612
(ii) (iii) (iii) (iii) (iii) (iii)				
(ii) (iii) (iii) (iii) (iii)				
(ii) (iii) (iii)				
(0)				
(ii) (iii)				
(0)				
(0)				

nc	
Informatic	
Supplemental	
t	
Pa	

The state of the s	or Part I, lines Ta, Tb, 4c, 5a, 5b, 6a, 5	
	or descriptions required to	
	explanation,	
Supplemental Information	Complete this part to provide the information, explanation	for any additional information.
Part	Comp	for an

	ssident of Sales is compensated on flat fee based on homes sold.	
for any additional information.	Part 1 Question 5a & 5b-Compendation for the VIce President of Sales is compensated on flat fee based on homes sold.	

/		

Schedule J (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection

University Glen Corporation	73 1633096
Section B Policies #12a -Annually each board member is required to con	mplete a conflict of interest form.
Section B Policies #15-Compensation is reviwed by independent persor	
Section C Disclosures #19-Conflcit of Interest Policy and Financial state	
7	

Schedule O (Form 990) 2008	Page Z
Name of the organization	Employer identification number
	·

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Identification of Disregarded Entities University Glen Corporation Part I

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

1633096

(F)
Direct controlling
entity

73

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	
		1			

Organizations
Related Tax-Exempt
Identification of
Part II

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
-California State University Channel-Islands	4 year university	Ca	State Agency		N/A
-One University Dr.; Camarillo, Ca 93012					
-92-2153805-					
- California State University Channel-Islands Site Authority	Over sees faculty and Ca	Ca	State Agency		N/A
-45 Rinoon Dr. Suite-104-A. Camarillo, Ga 93012	staff housing				
-77-0578923					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2008

related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, investment, unrelated)	Share of total income		Share of end-of-year assets	Usproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
		(famous						Yes No		Yes No
				-						
Part IV Identification	of Related Orga	anization	s Taxable as a	Identification of Related Organizations Taxable as a Corporation or Trust	Trust					
(A) Name, address, and EIN of related organization	of related organization		(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income p.	income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

74 or III II - 1- 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Yes No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.	in Darte II_IV?	
	III Laits II-iv:	12
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		- 1 db
b Gift, grant, or capital contribution to other organization(s)		2 ,
c Giff. grant. or capital contribution from other organization(s)) JC
		1d
		1e 🗸
f Sala of assets to other organization(s)		1.
		19 ^
b Exhange of security		1h .
LACITATING OI ASSETS		1i -
Lease of facilities, equipment, or other assets to other organization(s)		
i Loses of facilities equipment or other assets from other organization(s)		-1; -
	•	1k
		=
-		TH.
- Chairm of analyticate		1n
n Strarting of paid employees		
Beimblirsement paid to other organization for expenses		. 10
Beimblirsement paid by other organization for expense		1p
q Other transfer of cash or property to other organization(s)		19
	out bac onidentiales	V III V
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction unlessioned	relationships and tre	IIISACIIOII IIITESIIOIO
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(9)		
	Sche	Schedule R (Form 990) 20

Part VI Unrel

Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(B) (C) (D) (D) Name, address, and EIN of entity Primary activity Legal domicile Are all partners Sha (state or foreign section end-country) 501(c)(3) as organizations?	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	tners n 3) ons?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(H) General or managing partner?
			Yes	o _N		Yes		Yes	Yes No
	7.		1						
							1		
	li C								
	5 ½								
								27200	
	2								

Schedule R (Form 990) 2008