Department of the Treasury Internal Revenue Service

Return of Organization Exempt From 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

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

Open to Public Inspection

Α	For	the 2006 calend	lar year, o	r tax year beginnin	ig 7/01	, 2006	, and e	nding	6/30)	, 2007	<u>'</u>	
В	Chec	k if applicable:	Dia	С						D Employ	yer Identification	Number	
	\square	Address change	Please use IRS label	University (Glen_Corp	oration				73-	1633096		
		Name change	or print or type.	One Univers	ity Drive	;				E Teleph	one number		
		Initial return	See specific	Camarillo, (CA 93012					(80	5) 437-8	877	
		Final return	instruc- tions.	•						F Account	nting	ash X	Accrual
	\Box	Amended return								_	ther (specify)		,
		Application pending	Section	on 501(c)(3) organiz	zations and 49	47(a)(1) nonexempt		H and I	are not applic		ion 527 organiza	lions.	
			charit	able trusts must at 990 or 990-EZ).	tach a comple	ted Schedule A					affiliates?	Yes	X No
C	Wat	site: ► N/A	(FOILE	330 Cl 330-EZ).					If "Yes," enter		r	_	
<u>u</u>				<u></u>				H (c)			? <u>.</u> [Yes	∐ No
J	Org	anization type eck only one)		▼			ا ا		•		instructions.)		
_					(insert no.)	4947(a)(1) or	527	H (d)	Is this a sepa		filed by an a group ruling? [¬	₩
n	orne	sk riere - III i	me organi ormaliv m	zation is not a 509((a)(3) supporti	ng organization and s not required, but if	its the					Yes	X No
	orga	anization choose	es to file a	return, be sure to	file a complet	e return.		<u>I</u> М			lumber rganization is ne	. eamilea	d
	Gros	ss receints: Add	Llines 6h	8b, 9b, and 10b to	line 12 ► 67	1 056		171			rm 990, 990-EZ,		
	н					Assets or Fund	Ralai	1000					20
10.000.	1	333374		nts, and similar am			Daiai	ICCS	(See III	e nisau	CHOHS.)		
	l '					u.	l 1a	I					
	1						_						
					•			_					
		d Government o	contributio	ns (grants) (not inc	luded on line	la)	1.0						
	•	P Total (add lines	ich Š	···· (g. c. ·····) (······ ·····	noncash Ś						1e		0.
	2	Program servi	ice revenu	e includina govern	ment fees and	contracts (from Par	/ 4 VII. ii	ne 93		· · · · · · ·	2	661	439.
	3										3	001,	105.
	4										4	3.	944.
	5										5	<u> </u>	
	68												
	•	Net rental inco	ome or (lo	ss). Subtract line 6	b from line 6a						6c		
R	7	Other investm	ent incom	e (describe	. ►)	7		
REVENUE	8:			es of assets other		(A) Securities			(B) Other	r 🖁			
E N		than inventory	(8a						
Ë	t	Less: cost or o	other basi	s and sales expens	ses [8b						
	c	Gain or (loss) (att	ach schedule	e) <u> </u>			8c						
	c	d Net gain or (lo	ss). Com	bine line 8c, colum	ns (A) and (B)		Ģ		<u></u>		8d		
	9	Special events	s and activ	vities (attach sched	lule). If any an	nount is from gamin e	g, chec	k here	₃ ► []			
	a	Gross revenue	(not incli	uding \$		of contributions	1 . 1	ı					
i						•••••							
						b from line 9a					9c		
									· · · · · · · · · · · · · · · · · · ·				
						t line 10b from line 10a					10 -		
	11										10c		673.
	12					, and 11					11 12		056.
	13	Program servi	ces (from	line 44 column (R)	7, 60, 90, 100	, and 11					13		147.
E	14												239.
EXPENSES	15										14 15	110,	233.
N S	16					• • • • • • • • • • • • • • • • • • • •					16		
E S	17	Total expenses	s. Add line	es 16 and 44. colum	nn (Δ\				• • • • • • • • • • • • • • • • • • • •	·····	17	177	386.
	18	Excess or (def	icit) for th	e vear Subtract lin	e 17 from line	12					18		
NŠ	19					ne 73, column (A)).					19	193,	770.
NS EE	20	Other changes	in net as	sets or fund halanc	es (attach ev	planation)				·····-	20	505,	110.
S	21	Net assets or f	und halar	ices at end of year	Combine line	es 18, 19, and 20.					20 21	757	440.
1			- TO Daidi	oos at one or year.	. COMBINE IN	15 10, 13, and 20					41 [131,	uuU.

Form 990 (2006) University Glen Corporation 73-1633096

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are

Do not include amounts reported on line	(4) organiz	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised			30141063	and general	
funds (attach sch)					
(cash \$					
non-cash \$)		1			
If this amount includes	22a				
foreign grants, check here	228				
(cash \$					
non-cash \$)					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach schedule)	. 23				
24 Benefits paid to or for members (attach schedule)	. 24				
25a Compensation of current officers,				100 mm m m m m m m m m m m m m m m m m m	
directors, key employees, etc listed in Part V-A (attach sch)	25a	0.	0.	0.	0.
b Compensation of former officers,	jî.				
directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.	0.
c Compensation and other distributions, not		OMAN I			
included above, to disqualified persons (as defined under section 4958(f)(1)) and persons					
described in section 4958(c)(3)(B) (attach schedule)	. 25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26		200		
	20				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27					
29 Payroli taxes					
30 Professional fundraising fees					
31 Accounting fees		10.456	10 200	66.	
32 Legal fees		10,456.	10,390.	00.	
33 Supplies		2 160		3,168.	
34 Telephone		3,168. 1,050.		1,050.	
- THE PROPERTY WAS A STREET WITH THE PARTY OF THE PARTY O	530	1,030.		1,000.	
37 Equipment rental and maintenance					
38 Printing and publications					
39 Travel	72-70				
40 Conferences, conventions, and meetings					
41 Interest	. 41	2,060.	2,060.		
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):		450 550	004 505	160 000	
a See_Statement_1	43a	460,652.	294,697.	165,955.	
b	43b				
	43c				
d	43d				
e	43e				
	431 43q				-2-22
9	-				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (8) - (0), carry these totals to lines 13 - 15)	. 44	477,386.	307,147.	170,239.	0.
Joint Costs, Check if you are following	na SOP 98-	2.		SECTION ASSESSED ASSESSED	. m
Are any joint costs from a combined education	onal campai	gn and fundraising soli		Program services?	Yes X No
If 'Yes,' enter (i) the aggregate amount of the				mount allocated to Prog	
	allocated to	Management and gen	eral \$; and (iv) th	ie amount anocated
to Fundraising \$					Form 990 /2006

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Form 990 (2006) University Glen Corporation

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about	it a particular
organization. How the public perceives an organization in such cases may be determined by the information presented on	its return. Therefore,
please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and acc	omplishments.

picas	e mare sale me reminis	complete and accurate and full	ly describes, in Fart III, the organization's programs and ac	comprisments.
What	is the organization's prim	nary exempt purpose? See	e Statement 2	Program Service Expenses (Required for 501(c)(3) and
All or client izatio	ganizations must describe is served, publications iss ons and 4947(a)(1) nonexe	e their exempt purpose achiever ued, etc. Discuss achievements empt charitable trusts must also	ments in a clear and concise manner. State the number of that are not measurable. (Section 501(c)(3) and (4) organenter the amount of grants and allocations to others.)	(Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
	The activities	of University Glen (Corporation are limited to sales and	
	<u>leasing</u> service	s for homes and apai	rtments built.	
	(Grants and allocations	\$) If this amount includes foreign grants, check here ▶	307,147.
b				
				i
	(Grants and allocations	\$) If this amount includes foreign grants, check here	
С				
	(Grants and allocations) If this amount includes foreign grants, check here	
d			y was direct metades to orgin grants, crisen note	
				
	(Grants and allocations) If this amount includes foreign grants, check here	
e		\$) It tills amount includes foreign grants, theck here • [+
	(Grants and allocations) If this amount includes foreign grants, check here	
f	1		4, column (B), Program services)	307,147.
BAA				Form 990 (2006)

Form 990 (2006)

Form	990 (2005) University Glen Corporation	73	-163309	96 Page 4
	Balance Sheets (See the instructions.)			
	: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45 Cash - non-interest-bearing	349,342.	45	612,856.
	46 Savings and temporary cash investments		46	
				-18 \$1
	47a Accounts receivable	474,574.	47c	273,087.
ĺ	b Less: allowance for doubtful accounts	1/1/0/11.	7,5	210,001
	40 - Diadece state able			
	48a Pledges receivable 48a b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
25				
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
S	51a Other notes and loans receivable			
SETS	(attach schedule)			
5	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments — publicly-traded securities ► Cost FMV		54a 54b	
- 1	b Investments — other securities (attach sch)		54B	
	55a Investments – land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55 c	
	56 Investments — other (attach schedule)		30	
	57a Land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)	2 2 2	57 c	
	58 Other assets, including program-related investments (describe ►).		58	
	59 Total assets (must equal line 74). Add lines 45 through 58	823,916.		885,943.
	60 Accounts payable and accrued expenses	128,241.	60	121,598.
	61 Grants payable		61	
Ļ	62 Deferred revenue		62	
À	63 Loans from officers, directors, trustees, and key			
Ĭ	employees (attach schedule)		63	
Ī	64a Tax-exempt bond liabilities (attach schedule)	105 000	64a	
E	b Mortgages and other notes payable (attach schedule)	125,000.		6,905.
s	65 Other liabilities (describe ► See Statement 3).	6,905. 260,146.		128,503.
-	66 Total liabilities. Add lines 60 through 65	200,140.	. 00	120,505.
N	Organizations that follow SFAS 117, check here ► X and complete lines 67			
Ė	through 69 and lines 73 and 74. 67 Unrestricted	563,770.	67	757,440.
ŝ		303,110.	68	,
CO-LITTORO			69	-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
7.0	69 Permanently restricted			
Ř	70 through 74.			
520	70 Capital stock, trust principal, or current funds	z = 1800 (80)	70	
В	71 Paid-in or capital surplus, or land, building, and equipment fund		71	- 1207 - 1207
B	72 Retained earnings, endowment, accumulated income, or other funds		72	
BALAZOW	•			
Ë	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	563,770	. 73	757,440.
5	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	000 010	. 74	885,943

Form 990 (2006) University Glen Corpor	ration		73-1633	096 Pag	ge 6
Part V-A Current Officers, Directors, Tru				Yes I	No
75a Enter the total number of officers, directors, and trustees pe					
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throu- identifies the individuals and explains the relati	sated professional and gh family or business re	other independent cont	ractors listed in Schedu	le .	х
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	sated professional and any other organization e definition of 'related o	other independent cont is, whether tax exempt or organization'	ractors listed in Schedu or taxable, that are relat	es le led 75c X	
If 'Yes,' attach a statement that includes the in			e Statement 5	!	****
d Does the organization have a written conflict of				75d X	
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	or trustee, or key emple	ovee received compens	ation or other benefits (described below)	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances	er
None			0		
		200.000			
		4			
			- (4.0) - (4.0)		
					-
200000000000000000000000000000000000000					
		Like			
		<u> </u>		11/	
Part VI Other Information (See the inst	tructions.)	- A A-W		Yes	No
76 Did the organization make a change in its active	rities or methods of con	iducting activities?		76	v
If 'Yes,' attach a detailed statement of each ch					X
77 Were any changes made in the organizing or g if 'Yes,' attach a conformed copy of the change		ut not reported to the IN	31	· · · · · · · · · · · · · · · · · · ·	
78a Did the organization have unrelated business of		or more during the yea	r covered by this return	? 78a	X
b If 'Yes,' has it filed a tax return on Form 990-T					
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ction during the			х
80a Is the organization related (other than by assomembership, governing bodies, trustees, office	ciation with a statewide	or nationwide organiza	tion) through common		х
b If 'Yes,' enter the name of the organization	1 3 3 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	only or nonoxompt of			
	and ch	neck whether it is Te	xempt or nonexe	mpt.	
81 a Enter direct and indirect political expenditures.	(See line 81 instruction	ns.)	81 a	0.	
b Did the organization file Form 1120-POL for thi		있으면 해 없는데 바이에서 있는데 HT 1000HT		81 b	Х
BAA				Form 990 (2	2006)

	2006) University Glen Co		n		/3-1033	
Part VI	Other Information (continu	ea)	7 5450 1223			Yes No
	y time during the calendar year, did					7.2.3
If 'Ye	s,' enter the name of the foreign co	untry				
92 Secti	s,' enter the name of the foreign co ion 4947(a)(1) nonexempt charitable	trusts filing F	orm 990 in lieu of Fo l	m 1041 – Check he	re	N/A
and e	enter the amount of tax-exempt inter	rest received of	or accrued during the	tax year	92	N/A
Part VII	Analysis of Income-Producing	Activities (See the instruction	ns.)		
		Unrelated	business income	Excluded by sec	tion 512, 513, or 514	(E)
Note: Ente otherwise i	r gross amounts unless indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	ogram service revenue:					63,135.
	eimbursed Expenses			1		460,507.
	ite Authority Revenu					137,797.
d 0.	tee nathority nevenu					
-				 		
e	dicare/Medicaid payments			 		
	& contracts from government agencies					
7,70,4000	이 경험 하기 있는데 가지를 이 없다는데 하지 않는데 하지만 그렇게 되었다니다.					
	mbership dues and assessments.			14	3,944.	
	rest on savings & temporary cash invmnts				5,5.11	
	ridends & interest from securities					
	rental income or (loss) from real estate:					
	ot-financed property			 		
	debt-financed property			+		
7.70 559	rental income or (loss) from pers prop			-		
99 Oth	ner investment income					
100 Ga oth	in or (loss) from sales of assets er than inventory					
101 Net	income or (loss) from special events					
102 Gro	ss profit or (loss) from sales of inventory					
103 Ott	ner revenue: a					
ь Мі	iscellaneous Income					5,673
c						(N) M
d_						0.0589.004= 0.053.000.0
e_			,			
104 Sub	ototal (add columns (B), (D), and (E))				3,944.	667,112
	tal (add line 104, columns (B), (D),				·····	671,056
	105 plus line 1e, Part I, should equ					
Parl VII	Relationship of Activities	to the Acco	mplishment of	Exempt Purpos	es (See the instru	ctions.)
Line No.		h income is re	ported in column (E)	of Part VII contribu	ited importantly to the	
032				party parky and	,	
93a	Vending revenue is an			ed to mainta	in property	
93b	Reimbursements allow Site authority revenu	Services	Cita Authori	ty contribut	ions to the wa	rious
93c		e is the	SILE MULIOIT	cy Concernati	TOUR CO CHE VO	22040
**************************************	reserves. Information Regarding Ta	vahla Cuka	idiaries and Dis	regarded Entiti	es (See the instru	ctions.)
			idiaries and Dis			(E)
	(A)	(B)		(C)	(D)	
Name par	, address, and EIN of corporation, rtnership, or disregarded entity	Percentag ownership in		of activities	Total income	End-of-year assets
N/A	- 908	Socia	8			
			8			
			%			
			%			
Part X	Information Regarding Tr	ansfers As	sociated with Pe	rsonal Benefit	Contracts (See th	e instructions.)
	e organization, during the year, receive any fo					. Yes X No
	the organization, during the year, pa					. Yes X No
	If 'Yes' to (b), file Form 8870 and Fo			200		25. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7.6			***	TEEADLOSI DA/DA	nz Form 990 (200

_	-	organization is a controlling orga	mization as defined in section of	(-)/(/		Yes	No
106	Did to	he reporting organization make any transf	ers to a controlled entity as defined in sontrolled entity	section 512(b)(13) of the C	ode? If		x
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount o	tran	sfer
а	- 						
b							
c							
		Totals					
			1			Yes	No
107	Did I	the reporting organization receive any trai	nsfers from a controlled entity as define	d in section 512(b)(13) of	the Code? If		X
	'Yes	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	D) of trai	
a	_						
ь							
с							
		Totals					
85	-				*******	Yes	No
108	Did ann	the organization have a binding written could be described in question 107 above?	ontract in effect on August 17, 2006, co	vering the interest, rents,	royalties, and		х
	- 00	Under penalties of perjury, I declare that I have example, correct, and complete. Declaration of preparer (ined this return, including accompanying schedules other than officer) is based on all information of who	and statements, and to the best on preparer has any knowledge.	of my knowledge an	d belief,	it is
Plea Sigr Here	1	TAXPAYER COPY		Date			
		Type or print name and title.	Date	at it if	Preparer's SSI General Instru	or PT)	N (See
Paic Pre-		Preparer's signature ► Rolland Vasin		O9/08 Check if self- employed ►	N/A	tion W)	
pare Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4 Firm's name (or yours if self-employed), address, and ZIP + 4 Calabasas, CA 9	Calabasas #301	EIN ► N.		-350	00
		ZiP+4 Calabasas, CA 9					

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

University Glen Corporation		4.77 EV. 1945 T. AVE. 19	73-1633096	
Part Compensation of the Five Hig (See instructions, List each or	hest Paid Employees One. If there are none, ent	ther Than Officer er 'None.')	s, Directors, ar	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				NAT - 1077 o 2 - A - 1 - 1 - 1
Total number of other employees paid				
over \$50,000	to a Deld to decorded	O - do - do - co (o - F	rofossional Se	nices
Part II — A Compensation of the Five Hig (See instructions. List each or	ne (whether individuals of	or firms). If there a	re none, enter	'None.')
(a) Name and address of each independent contr	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of others receiving over \$50,000 for professional services		0		
Part II — B Compensation of the Five Hi (List each contractor who per firms. If there are none, enter	formed services other th	an professional se	Other Services ervices, whether	er individuals or
(a) Name and address of each independent contra	ractor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
		10.00		
Total number of other contractors receiving over \$50,000 for other services		0		

	dule A (Form 990 or 990-EZ) 2006 University Glen Corporation 73-1633096			age 2
Pal	Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or incurred in connection with the lobbying activities	1		X
	(Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
	Sale, exchange, or leasing of property?	2a		Х
				v
	Lending of money or other extension of credit?			Х
	Furnishing of goods, services, or facilities?	2c		Х
	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
	Transfer of any part of its income or assets?	2e		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.).	3a	_	Х
i	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		х
	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		х
i	Did the organization make any taxable distributions under section 4966?	4b	N	/A
•	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N	/A
	Enter the total number of donor advised funds owned at the end of the tax year		_	N/I
,	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	-	_	N/2
	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.			(
	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year 🏲			0

Schedule A (Form 990 or 990-EZ) 2006

14

BAA

Sche	dule A (Form 990 or 990-EZ) 2006 U	<u>niversity Glen Co</u>	orporation		73-1633	8096 Page 3
Par	Reason for Non-Private	Foundation Status (See instructions.)			
I cert	ify that the organization is not a private	foundation because it is: (F	Please check only ONE appli	icable box.)		
5	A church, convention of churches, of	or association of churches.	Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)				
7	A hospital or a cooperative hospital	service organization. Sect	tion 170(b)(1)(A)(iii).			
8	A federal, state, or local government	nt or governmental unit. Se	ection 170(b)(1)(A)(v).			
9	A medical research organization op and state •	perated in conjunction with	a hospital. Section 170(b)(1)(A)(iii). Ent e	er the hospit 	al's name, city,
10	An organization operated for the be (Also complete the Support Sched)	enefit of a college or univer ule in Part IV-A.)	sity owned or operated by a	a governmen	tal unit. Sec	lion 170(b)(1)(A)(iv).
11 a	An organization that normally receing Section 170(b)(1)(A)(vi). (Also com	ves a substantial part of its plete the Support Schedu l	s support from a governmen e in Part IV-A.)	tal unit or fro	om the gene	ral public.
116	A community trust. Section 170(b)(1)(A)(vi). (Also complete th	ne Support Schedule in Part	IV-A.)		
12	An organization that normally receifrom activities related to its charital from gross investment income and organization after June 30, 1975. S	ble, etc, functions — subject	ct to certain exceptions, and sincome (less section 511 to	ax) from bus	inesses aco	70 OI ILS SUPPOIL
13	An organization that is not controlle requirements of section 509(a)(3).	ed by any disqualified personners. Check the box that describ	ons (other than foundation res the type of supporting or	managers) a ganization:	nd otherwise	meets the
	Type I Type II		onally Integrated	Type III		
	Provide the		oout the supported organiza)
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	Is the su organizati the sur organi gove	d) upported on listed in porting zation's rning nents?	(e) Amount of support
				Yes	No	
			10			
Tota	ıl				<u> </u>	0.
100	56					

TEEA0407L 01/22/07

An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Page 4

	You may use the worksheet in the	e msaacaons ioi co	rivering ironi uie aci	ciual to the cash meth	or accounting.		
egin	dar year (or fiscal year ning in).	(2)	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions eceived. (Do not include unusual grants. See line 28.)	N/	A				
	Membership fees received						
	Gross receipts from admissions, nerchandise sold or services performed, or furnishing of facilities in any activity hat is related to the organization's charitable, etc, purpose				7		
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business axable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
	Net income from unrelated business activities not included in line 18						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.				-		
23	Total of lines 15 through 22						
23 24	Total of lines 15 through 22 Line 23 minus line 17						
24	Total of lines 15 through 22 Line 23 minus line 17						
24 25 26	Line 23 minus line 17 Enter 1% of line 23 Organizations described on lines	10 or 11: a E	Inter 2% of amount is	n column (e), line 24.		26a	
24 25 26 b	Line 23 minus line 17	a TO or 11: a E name of and amount co for 2002 through 2005 examounts.	Enter 2% of amount in intributed by each person (seeded the amount shown	other than a governmental un in line 26a. Do not file this l	it or publicly ist with your	26b	
24 25 26 b	Line 23 minus line 17	a Ename of and amount co for 2002 through 2005 examounts	Enter 2% of amount in intributed by each person (ceeded the amount shown	other than a governmental un in line 26a. Do not file this l	it or publicly ist with your	26b	
24 25 26 b	Line 23 minus line 17	a Ename of and amount co for 2002 through 2005 examounts	Enter 2% of amount in intributed by each person (ceeded the amount shown	other than a governmental un in line 26a. Do not file this l	it or publicly ist with your	26b 26c	
24 25 26 b	Line 23 minus line 17	name of and amount co for 2002 through 2005 ex amounts	Inter 2% of amount intributed by each person (exceeded the amount shown by, column (e)	other than a governmental un in line 26a. Do not file this I 	it or publicly ist with your	26b 26c 26d	
24 25 26 b	Line 23 minus line 17 Enter 1% of line 23 Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts t return. Enter the total of all these excess: Total support for section 509(a)(1 Add: Amounts from column (e) for	name of and amount co- for 2002 through 2005 ex- amounts	Inter 2% of amount intributed by each person (ceeded the amount shown	other than a governmental unin line 26a. Do not file this l	it or publicly ist with your	26b 26c 26d 26d	
24 25 26 b c d	Line 23 minus line 17	s 10 or 11: a E name of and amount co for 2002 through 2005 ex amounts	Inter 2% of amount intributed by each person (ceeded the amount shown	other than a governmental unin line 26a. Do not file this l	it or publicly ist with your	26b 26c 26d 26d	
24 25 26 b c d	Line 23 minus line 17 Enter 1% of line 23 Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess Total support for section 509(a)(1) Add: Amounts from column (e) for Public support (line 26c minus line) Public support percentage (line 2) Organizations described on line For amounts included in lines 15, name of, and total amounts recessuch amounts for each year:	name of and amount core for 2002 through 2005 examounts	Inter 2% of amount intributed by each person (exceeded the amount shown in column (e)	other than a governmental unin line 26a. Do not file this line 26b 26b disqualified person, production of the this line 26b.	epare a list for your	26b 26c 26d 26e 26f ur recoreturn.	ords to show the Enter the sum of
24 25 26 b c d	Line 23 minus line 17 Enter 1% of line 23 Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess Total support for section 509(a)(1) Add: Amounts from column (e) for Public support (line 26c minus line) Public support percentage (line 2) Organizations described on line For amounts included in lines 15, name of, and total amounts recessuch amounts for each year:	name of and amount core for 2002 through 2005 examounts	Inter 2% of amount intributed by each person (exceeded the amount shown in column (e)	other than a governmental unin line 26a. Do not file this line 26b 26b disqualified person, production of the this line 26b.	epare a list for your	26b 26c 26d 26e 26f ur recoreturn.	ords to show the Enter the sum of
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24 25 26 b c d e f 27 a	Line 23 minus line 17. Enter 1% of line 23. Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts i return. Enter the total of all these excess a Total support for section 509(a)(1) Add: Amounts from column (e) for Public support (line 26c minus line Public support percentage (line 20 Organizations described on line For amounts included in lines 15, name of, and total amounts recesuch amounts for each year: (2005) For any amount included in line 15 to show the name of, and amounts 5,000. (Include in the list organi After computing the difference be difference (the excess of the excess	name of and amount core of 2002 through 2005 examounts. 1) test: Enter line 24 or lines: 18 22 are 26d total)	inter 2% of amount intributed by each person (ceeded the amount shown intributed by line 26c (denter received from a 'com, each 'disqualified (2003) d from each person (ceeding the person of the pe	other than a governmental unin line 26a. Do not file this line 26b 26b disqualified person, produced person. Do not file to person. Do not file to than the larger of (1), as well as individuals ger amount described in	epare a list for yohis list with your (2002) persons'), prepathe amount on lin (1) or (2), enter	26b 26c 26d 26e 26f ur recoreturn. are a lise 25 for list withe su	ords to show the Enter the sum of St for your records in the year or (2) th your return.
24 25 26 b c d e f 27 a	Line 23 minus line 17. Enter 1% of line 23. Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts i return. Enter the total of all these excess a Total support for section 509(a)(1) Add: Amounts from column (e) for Public support (line 26c minus line Public support percentage (line 20 Organizations described on line For amounts included in lines 15, name of, and total amounts recesuch amounts for each year: (2005) For any amount included in line 15 to show the name of, and amounts 5,000. (Include in the list organi After computing the difference be difference (the excess of the excess	name of and amount core of 2002 through 2005 examounts. 1) test: Enter line 24 or lines: 18 22 are 26d total)	inter 2% of amount intributed by each person (ceeded the amount shown intributed by line 26c (denter received from a 'com, each 'disqualified (2003) d from each person (ceeding the person of the pe	other than a governmental unin line 26a. Do not file this line 26b 26b disqualified person, produced person. Do not file to person. Do not file to than the larger of (1), as well as individuals ger amount described in	epare a list for yohis list with your (2002) persons'), prepathe amount on lin (1) or (2), enter	26b 26c 26d 26e 26f ur recoreturn. are a lise 25 for list withe su	ords to show the Enter the sum of St for your records in the year or (2) th your return.
24 25 26 b c d e f 27 a	Line 23 minus line 17. Enter 1% of line 23. Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts i return. Enter the total of all these excess a Total support for section 509(a)(1) Add: Amounts from column (e) for Public support (line 26c minus line Public support percentage (line 20 Organizations described on line For amounts included in lines 15, name of, and total amounts recesuch amounts for each year: (2005) For any amount included in line 15 to show the name of, and amounts 5,000. (Include in the list organi After computing the difference be difference (the excess of the excess	name of and amount core of 2002 through 2005 examounts. 1) test: Enter line 24 or lines: 18 22 are 26d total)	inter 2% of amount intributed by each person (ceeded the amount shown intributed by line 26c (denter received from a 'com, each 'disqualified (2003) d from each person (ceeding the person of the pe	other than a governmental unin line 26a. Do not file this line 26b 26b disqualified person, produced person. Do not file to person. Do not file to than the larger of (1), as well as individuals ger amount described in	epare a list for yohis list with your (2002) persons'), prepathe amount on lin (1) or (2), enter	26b 26c 26d 26e 26f ur recoreturn. are a lise 25 for list withe su	ords to show the Enter the sum of St for your records in the year or (2) th your return.
24 25 26 b c d e f 27 a	Line 23 minus line 17	is 10 or 11: a E name of and amount co for 2002 through 2005 examounts. i) test: Enter line 24 or lines: 18	inter 2% of amount intributed by each person (ceeded the amount shown interested the amount shown interested the amount shown interested from a 'com, each 'disqualified (2003) different each person (year, that was more in lines 5 through 11b received and the large (2003) and line 27b total.	other than a governmental unin line 26a. Do not file this I 19 26b disqualified person, produced person. Do not file to than the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) and the larger	epare a list for yohis list with your (2002) persons'), prepathe amount on ling in (1) or (2), enter (2002)	26b 26c 26d 26e 26f ur recoreturn. re a lise e 25 fot list with the su	ords to show the Enter the sum of st for your records or the year or (2) th your return.
24 25 26 b c d d e e f 27 a	Line 23 minus line 17	is 10 or 11: a E name of and amount co for 2002 through 2005 examounts. i) test: Enter line 24 or lines: 18	inter 2% of amount intributed by each person (ceeded the amount shown interested the amount shown interested the amount shown interested from a 'com, each 'disqualified (2003) different each person (year, that was more in lines 5 through 11b received and the large (2003) and line 27b total.	other than a governmental unin line 26a. Do not file this I 19 26b disqualified person, produced person. Do not file to than the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) and the larger	epare a list for yohis list with your (2002) persons'), prepathe amount on ling in (1) or (2), enter (2002)	26b 26c 26d 26e 26f ur recoreturn. re a lise e 25 fot list with the su	ords to show the Enter the sum of st for your records or the year or (2) th your return.
24 25 26 b c d d e e f 27 a	Line 23 minus line 17. Enter 1% of line 23. Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts i return. Enter the total of all these excess a Total support for section 509(a)(1) Add: Amounts from column (e) for Public support (line 26c minus line Public support percentage (line 20 Organizations described on line For amounts included in lines 15, name of, and total amounts recesuch amounts for each year: (2005) For any amount included in line 15 to show the name of, and amounts 5,000. (Include in the list organi After computing the difference be difference (the excess of the excess	is 10 or 11: a E name of and amount co for 2002 through 2005 examounts. i) test: Enter line 24 or lines: 18	inter 2% of amount intributed by each person (ceeded the amount shown interested the amount shown interested the amount shown interested from a 'com, each 'disqualified (2003) different each person (year, that was more in lines 5 through 11b received and the large (2003) and line 27b total.	other than a governmental unin line 26a. Do not file this I 19 26b disqualified person, produced person. Do not file to than the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) as well as individuals ger amount described in the larger of (1) and the larger	epare a list for yohis list with your (2002) persons'), prepathe amount on ling in (1) or (2), enter (2002)	26b 26c 26d 26e 26f ur recoreturn. re a lise e 25 fot list with the su	ords to show the Enter the sum of st for your records or the year or (2) th your return.

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		_
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29		
	other governing instrument, or in a resolution of its governing body?	. 23		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	. 30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	. 31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
20				
	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	8888888	2500000
	Records inclosing the racial composition of the student body, faculty, and administrative states Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.			
,	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
4	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		B40000000000		
33	Does the organization discriminate by race in any way with respect to:			
1	a Students' rights or privileges?	33a		
	b Admissions policies?	33b		
	Employment of faculty or administrative staff?	330		
	d Scholarships or other financial assistance?	33d	_	
9	e Educational policies?	33е	_	7000
	f Use of facilities?	33f		
	g Athletic programs?	33ç	_	
	h Other extracurricular activities?	331		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		E00092000		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	348		
	b Has the organization's right to such aid ever been revoked or suspended?	341)	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial	35		A 199000
Δ	Schodulo A /Form	1 990 or	990-E	Z) 20

Part VIA Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768) N/A Check ► b if you checked 'a' and 'limited control' provisions apply. if the organization belongs to an affiliated group. Check ► a (a) Affiliated group Limits on Lobbying Expenditures To be completed for all electing totais (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying)..... 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 39 Other exempt purpose expenditures..... 39 40 40 Lobbying nontaxable amount. Enter the amount from the following table -The lobbying nontaxable amount is -If the amount on line 40 is -Over \$500,000 but not over \$1,000,000...... \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000. \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000...... \$225,000 plus 5% of the excess over \$1,500,000 42 42 Grassroots nontaxable amount (enter 25% of line 41)..... 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36..... 43 44 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38...... Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4-Year Averaging Period (e) (d) Calendar year (or fiscal year (c) (a) **(b)** 2003 Total 2004 2005 2006 beginning in) > 45 Lobbying nontaxable amount..... Lobbying ceiling amount (150% of line 45(e)) . . . Total lobbying expenditures. Grassroots nontaxable amount. Grassroots ceiling amount (150% of line 48(e)). Grassroots lobbying expenditures . Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any Amount Yes No attempt to influence public opinion on a legislative matter or referendum, through the use of: X X b Paid staff or management (Include compensation in expenses reported on lines c through h.). X c Media advertisements..... X X e Publications, or published or broadcast statements X X g Direct contact with legislators, their staffs, government officials, or a legislative body...... X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means...... 0. If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2006 University Glen Corporation Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

of the	Code (other than section	า 501(ċ)(3) อก	ganizations) or in section 527, relating a noncharitable exempt organization		1	Yes	No
a Iranste	ers from the reporting or	ganization to	a noncharitable exempt organization		. 51 a (i)		X
(I) Ca	sn				-		X
	transactions:				l bm		Х
							X
(ii)Pu	rchases of assets from	a noncharitat	ole exempt organization		- D (II)		X
(iii)Re	ntal of facilities, equipm	ent, or other	assets		b (iii)		$\frac{\Lambda}{X}$
(iv)Re	imbursement arrangeme	ents			. b (iv)		X
(v)Lo	ans or loan guarantees.				b (v)		X
(vi)Pe	rformance of services o	r membershi _l	o or fundraising solicitations		<u>b (vi)</u>		X
d If the a the government	g of facilities, equipmen answer to any of the abo ods, other assets, or se ansaction or sharing arra	t, mailing list ove is 'Yes,' c rvices given t angement, sh	s, other assets, or paid employees. complete the following schedule. Colloy the reporting organization. If the cow in column (d) the value of the go	umn (b) should always show the fair programization received less than fair mods, other assets, or services received	market value arket value ed:	e of in	
(a) _ine no.	(b) Amount involved	Name of	(c) noncharitable exempt organization	Description of transfers, transactions, a	nd sharing arra	ngemen	ts
N/A							
							_
_							
		 					
							
		 					
		<u> </u>					
	<u></u>						
		1					
							1
i2a Is the	organization directly or bed in section 501(c) of	indirectly affithe Code (ot	iated with, or related to, one or mor	e tax-exempt organizations tion 527?	► Y	es X] N
	, complete the following		7,7,2				
	(a)	<u> </u>	(b)	(c)			
	Name of organization		Type of organization	Description of rela	tionship		
/A							
/ 21							
			1				
				100			
	· ···				·		
	<u> </u>						
BAA				Schedule A (F	orm 990 or	990-E	 Z)

2006	Federal Statements	Page 1					
	University Glen Corporation						
5/09/08 Statement 1 Form 990, Part II, Line 43 Other Expenses		11:5 9 AM					
	(A) (B) (C) Program Management Total Services & General	(D) <u>Fundraising</u>					
Advertising Audit Expense Bank Service Charges Consulting Services CSUCI Services Dues and Subscriptions Equipment Rental Insurance Miscellaneous Expenses Office Supplies	5,352.5,352.11,352.11,352.162.162.7,370.7,370.105,000.105,000.1,412.1,412.3,207.3,207.23,977.23,977.11,558.11,558.1,293.1,293.	83					
Outside Supplies Outside Services Redecorating Repairs and Maintenance Taxes and Licenses Travel and Entertainment Utilities	257,223. 257,223. 23,844. 6,260. 6,260. 48. 338. 2,256. Total \$\frac{1}{5}\$ 460,652. \$\frac{1}{5}\$ 294,697. \$\frac{1}{5}\$ 165,955.	<u>\$ 0.</u>					
Statement 2 Form 990 , Part III Organization's Primary Exempt Purpose Manages sales and leasing function of the site authority for California State University Channel Islands							
Statement 3 Form 990, Part IV, Line 65 Other Liabilities		£ 005					
Deposits	Total <u>\$</u>	6,905. 6,905.					
Statement 4 Form 990, Part V-A List of Officers, Directors, Truste	ees, and Key Employees						
Name and Address	Title and Contri- Average Hours Compen- bution Per Week Devoted sation EBP & D	to Account/					
George Dutra One University Drive Camarillo, CA 93012	Chair \$ 0. \$	0. \$ 0.					

2006

Federal Statements

Page 2

73-1633096

University Glen Corporation

5/09/08

11:59AM

Statement 4 (continued) Form 990, Part V-A

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Joanne Coville One University Drive Camarillo, CA 93012	Treasurer \$	0.	\$ 0.	\$ 0.
Jacquelyn Kilpatrick One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Alexandra Mitchell One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Ashish Vaidya One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Bill Robe One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Barbara Thorpe One University Drive Camarillo, CA 93012	Secretary 1	0.	₌ 0.	0.
Erik D. Blaine One University Drive Camarillo, CA 93012	Director,U Glen 40	0.	0.	0.
	Total 🛐	\$ 0.	\$ 0.	\$ 0.

Statement 5
Form 990, Part V-A, Line 75c
Individuals Compensation By Related Organizations

Joanne Coville

Related Organization:

CalState Univ, Channel Islands

FEIN:

Relationship Explanation:

91-2153805

University Glen Corporation was organized to promote and assist education, administration and related services of the California State

University, Channel Islands. University Glen

Corporation operates as an auxiliary organization

of the University.

Compensation Paid:

Benefit Plan Contributions:

Expense Account:

Compensation Arrangement:

\$ 174,636. \$ 60,249.

\$ 0.

University Glen Corporation reimburses California State University, Channel Islands for all salaries

and benefits on a monthly basis.



Return of Organization Exempt From Income Tax

OMB No. 1545-0Q47

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Ā	For th	ie 2007 ci	alendar	year, or tax year beginning	07/01	, 2007, ar	nd ending	06/30	, 20 08
В	Check if	applicable:	Please	C Name of organization				D Employer	identification number
		change	use IRS label or	University Glen Corporat	lon			73	1633096
百	Name d	change print or type. Number and street (or P.O. box if mall is not delivered to street address) Room/suite						E Telephone	number
$\bar{\Box}$	Initial re	turn	See	One University Drive				(805)	437-8877
	Termina	tion	Specific Instruc-	City or town, state or country, a	nd ZIP + 4		13		ethod: Cash 🛮 Accrual
	Amende	ed return	tions.	Camarillo, Ca 93012					(specify) ►
	Applicati	ion pending		tion 501(c)(3) organizations and					section 527 organizations. or affiliates? Yes No
20			uus	its must attach a completed Sch	edine A (Form 990 or 9	9U-EZ).			of affiliates >
<u>G</u>	Website	e: ►					1 ''	ffiliates include	
J	Organia	zation type	(check o	nly one) ▶ 🗹 501(c) (3) ◄ (ii	nsert no.) 🔲 4947(a)(1)	or 🔲 527			ee instructions.)
ĸ				rganization is not a 509(a)(3) sup	4		H(d) is this a	separate return fil	ed by an
••	receipts	are normal	ly <mark>not</mark> mo	re than \$25,000. A return is not rec			<u>, — </u>	<u>-</u>	group ruling? Yes 🗸 No
	to file a	return, be s	sure to file	a complete return.				xemption Numl	
i	Gross	receints: /	Add lines	s 6b, 8b, 9b, and 10b to line 1	2 ▶ 9,166,5	25			organization is not required n 990, 990-EZ, or 990-PF).
	art i	The second second		penses, and Changes in					
	1			gifts, grants, and similar an		ana sa	41.000 (000 1		5110.7
	a			· . ·	iounts received.	1a			
	b			upport (not included on line		1b			
	+	-		support (not included on lin	•	1c			
	d		•	intributions (grants) (not inc	•	1d	·	Rank Control	80
	e			1a through 1d) (cash \$		h \$)	1e	8,976,427
	2			revenue including governme					
	3	_		ues and assessments				. 3	
	4	Interest	on savi	ings and temporary cash in	vestments			. 4	79,360
	5	Dividend	ds and i	interest from securities .				. 5	
	6a					6a			
	b			penses		6b			
				me or (loss). Subtract line 6	b from line 6a .			6c	
e e	7			nt Income (describe 🕨	(A) Securities		(B) Other) 7	
Revenue	8a			from sales of assets other	(A) Securities	8a	(b) Ottel		
æ	Ι.	than inv	•			8b	·		
				er basis and sales expenses. attach schedule)	······································	8c			-
	1 .			·			•	8d	
	9		•	s). Combine line 8c, columns nd activities (attach schedule). I	1.1			F595(6) R00	
		•			of	garring, o	leck fiele		
	а			eported on line 1b)		9a			
	ь			penses other than fundrais		9b		a cere	
	C			loss) from special events.		m line 9a	1	9c	-
	10a	Gross s	ales of	inventory, less returns and	allowances	10a		1 2 2	
	b	Less: co	ost of g	oods sold		10b			
	С			oss) from sales of inventory (att	ach schedule). Subtra	ct line 10b	from line 10a	. 10c	
	11			(from Part VII, line 103) .				. 11	110,738
	12			Add lines 1e, 2, 3, 4, 5, 6c,		11		. 12	9,166,525
w	13	•		es (from line 44, column (E	**			. 13	8,068,654
Expenses	14	_		and general (from line 44, co	* **			. 14	476,139
Š	15		• •				771	. 15	
ű	16 17			ffiliates (attach schedule) . s. Add lines 16 and 44, co			%	. 16	9 544 702
	$\overline{}$					• • • •		. 17	8,544,793 621,732
Net Assets	18			icit) for the year. Subtract li					621,732 757,440
¥	19			fund balances at beginning			n (A))	20	101,440
臺	20			in net assets or fund balar and balances at end of year.				21	1,379,172
	,		19			-,			-1,010,112

Par	Functional Expenses organizations and s	ust con ection	nplete column (A). Col 4947(a)(1) nonexempt	charitable trusts but	optional for others. (S	tion 501(c)(3) and (4) See the instructions.
_	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	(cash \$)					
	If this amount includes foreign grants, check here 🕨 🔲	22a				
22 b	(cash \$)	22b				
23	If this amount includes foreign grants, check here ► ☐ Specific assistance to individuals (attach	23			有一大道	
24	schedule)	24	,			
25a	schedule)	25a	-			
b	key employees, etc. listed in Part V-A Compensation of former officers, directors,	25a 25b	,	- <u></u> -		
c	key employees, etc. listed in Part V-B Compensation and other distributions, not	200				
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	728,556	555,969	172,587	
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28	187,720	92,757	94,963	
29	Payroll taxes	29	46,838	46,838		
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	(3,751)	6,542	(10,293)	
33	Supplies	33	6,940	4,319	2621	
34	Telephone	34	25,776	7,489	18,287	
35	Postage and shipping	35	3,909	2,682	1,227	
36	Occupancy	36				70.777.000
37	Equipment rental and maintenance	37	109,397	107,137	2,260	
38	Printing and publications	38	4,137	3,325	812	
39	Travel	39	700	83	617	
40	Conferences, conventions, and meetings	40	566	256	310	
41	Interest , ,	41		,		and the second
42	Depreciation, depletion, etc. (attach schedule)	42		···		
43 a	Other expenses not covered above (itemize): See Statement 1	43a	7,434,005	7,241,257	192,745	
b		43b				
C		43c				- Hara
d	***************************************	43d				
e		43e				8.707 Julia
f		43f				
g	*44************************************	43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	8,544,793	9 000 004	A76 400	
		44		8,068,654	476,139	
Are a	t Costs. Check if you are following SOP my joint costs from a combined educational campaign s," enter (i) the aggregate amount of these joint cost amount allocated to Management and general \$	and f	undraising solicitation; (ii) the		to Program services	

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

_		
۷ł	nat is the organization's primary exempt purpose? See Statement 2	Program Service
All of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	The activities of University Gien Corporation are limited to sales and leasing services for homes	
	and apartments built.	

	Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	8,068,654
b		
		8
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
4		
C		
		W
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	ę.c.
d		
		3
	72	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	
<u>' </u>	Total of Frogram dervice Expenses (should equal line 44, column (b), Frogram services)	

Pa	rt IV	Balance Sheets (See the instructions.)			
N	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	612,856	45	1,939,003
	46	Savings and temporary cash investments		46	
	''				
	47a	Accounts receivable	88	200	
		Less: allowance for doubtful accounts . 47b	273,087	47c	67,338
			86		DESCRIPTION OF STREET
	48a	Pledges receivable			
		Less: allowance for doubtful accounts . 48b		48c	·
	49	Grants receivable		49	
		Receivables from current and former officers, directors, trustees, and			
	""	key employees (attach schedule)		50a	
	h	Receivables from other disqualified persons (as defined under section	0 4 8 // 240 0.000000	100	
	_	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			2-0000
छ		schedule)	_		
Assets	b	Less: allowance for doubtful accounts . 51b		51c	
¥.	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	Falls of the Control of Control o	53	6,458
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FM		54a	
	b	Investments—other securities (attach schedule) Cost FM	v	54b	
	55a	Investments—land, buildings, and	The state of the s		
		equipment: basis	_		
	b	Less: accumulated depreciation (attach		200	
		schedule)	1	55c	2000
	56	Investments—other (attach schedule)		56	
		Land, buildings, and equipment: basis . 57a			
	b	Less: accumulated depreciation (attach		57c	-
		schedule)		5/6	
	58	Other assets, including program-related investments	1	58	
	59	(describe ►	885,943	_	2,012,799
		Accounts payable and accrued expenses	121,598	_	281,047
	60 61	Grants payable		61	
	62	Deferred revenue		62	
S	[Loans from officers, directors, trustees, and key employees (attach			
lities	63	schedule)	·	63	
2	642	Tax-exempt bond liabilities (attach schedule)		64a	
Liabi		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ► See Statement 3	6,905	65	257,340
		()			
	66	Total liabilities. Add lines 60 through 65		66	
	Orga	anizations that follow SFAS 117, check here ▶ ☐ and complete lines	7 7 7 8 8		
S	- 3	67 through 69 and lines 73 and 74.			20
8	67	Unrestricted	757,440	67	612,652
텰	68	Temporarily restricted		68	783,463
8	69	Permanently restricted		69	
ם	Orga	anizations that do not follow SFAS 117, check here ▶ 🔲 and			
or Fund Balances		complete lines 70 through 74.		E STATE	4
ò	70	Capital stock, trust principal, or current funds		70	
Net Assets	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
SS	72	Retained earnings, endowment, accumulated income, or other funds		72	
¥ A	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
ž		70 through 72. (Column (A) must equal line 19 and column (B) must	757,440	73	1,396,115
	74	equal line 21)	885,943	_	2,012,799
		1 0 ser mapmedo ana not abboto fana palatibos. Add mios co and no	000,040	1	

Pa	rt IV-A	Reconciliation of Revenue per Audi instructions.)	ted Financial Statem	ents With Reve	enue per Return (S	See the
a	Total rove	enue, gains, and other support per audite	nd financial statements		lal	N/A
a b		included on line a but not on Part I, line				
1		dized gains on investments		b1		
2		services and use of facilities		b2		
3		es of prior year grants		b3		
4		ecify):			3.23	
7	Cition (sp			b4		
	Add lines	b1 through b4			ь	
C					· · · c	
d		included on Part I, line 12, but not on lin				
1		nt expenses not included on Part I, line 6		d1		
2		ecify):			6.56	
_	(- J	ii		d2	第二	
	Add lines	d1 and d2			d	
e	Total rev	enue (Part I, line 12). Add lines c and d	<u> </u>		▶ e	
Pa	rt IV-B	Reconciliation of Expenses per Aud	lited Financial Stater	nents With Exp	enses per Return	10
а	Total exp	enses and losses per audited financial st	tatements		a	N/A
b	Amounts	included on line a but not on Part I, line	17:	a II	4.35	
1	Donated	services and use of facilities	[]	b1		
2		adjustments reported on Part I, line 20		b2	1200	
3		ported on Part I, line 20		b3		
4	Other (sp	ecify):				
		·		b4		
		b1 through b4			b	
C		line b from line a ,			<u>C</u>	
d .		included on Part I, line 17, but not on lin		l ale i	5.50	
1		nt expenses not included on Part I, line 6		d1		
2	Otner (sp	ecify):		d2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
00	Add lines	d1 and d2			d	
е	Total ext	d1 and d2	d		. ▶ e	
Pa		Current Officers, Directors, Trustees				director_trustee.
		or key employee at any time during the yea				,,
		(A) Name and address	(B)	(C) Compensation	(D) Contributions to employee benefit plans & deferred	(E) Expense account and other allowances
		(A) name and address	Title and average hours per week devoted to position	-0)	compensation plans	and other allowances
Sec	Stateme	nt 4				
				V.		
						П
				40		
			3,			
					10	
					<u> </u>	

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					-	67
				725		
,						
		•				
						200
_						

race	T.

Par	V-A Current Officers, Directors, Trustees	, and Key Employed	es (continued)		Yes No		
	a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings						
	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)						
d	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.". Sec. Shatement 5						
Par	V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	ceived compensation or	r other benefits (de	escribed below) during	the year, list that		
0.5 8000	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances		
Non	9						
	*		1	i a			
					Acceptance in the second		
76	Other Information (See the instruction Did the organization make a change in its activition		iducting activities	? If "Yes," attach a	Yes No		
7 7	detailed statement of each change	_		the IRS?	76		
	Did the organization have unrelated business grothis return?				78a ✓ 78b		
b 79	b if "Yes," has it filed a tax return on Form 990-T for this year?						
80a	is the organization related (other than by associated common membership, governing bodies, trust organization?	ees, officers, etc., to	any other exe	mpt or nonexempt	80a ✓		
	If "Yes," enter the name of the organization ▶	and check whether it	t is Dexempt	or nonexempt			
	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	see ime o i instruction	S.) Ola		81b 🗸		

Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	Elegate of Segment of the business and business and a segment of the segment of t	83a	/	
	of the electron combit that the greatest refer to the results for the contract of the	83b	<u> </u>	
	The trie organization contains any contains and a given tries are the contains are the contains and a given tries are the contains ar	84a	etterio.	A STREAM
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	64664	(57)BI
85a	001(0)(7), (0), 01 (0), 11010 0000(alliam) all 0000 1011000001010 0) 11011001010 1	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	received a waiver for proxy tax owed for the prior year.			
	Dues, assessments, and similar amounts from members			
	occition 102(0) 1000ying and pointed experiences			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	4.7		
	Taxable attroduct of lobbying and political experientates (and odd load coo)	85g		- Marie Salata
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
••	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	(11)		
	Tollowing tax your	85h	es and a	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
*1.	Gross receipts, included on line 12, for public use of club facilities	4		
87 	307(c)(72) orgs. Effect. a cross moone with members of shakeholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		j	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	4.640 - 2.40	**
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		<u> </u>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ ;			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		1
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization >			
	"" " " " " " " " " " " " " " " " " " "	89e	20801	1
	, III o . gar 112410 . 10. 1 . 10. 10. 10. 10. 10. 10. 10.	89f	SCI SCI	
	at any unite during the year	89g		
	List the states with which a copy of this return is filed ▶ CA			
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	-		0
91a	The books are in care of ▶ Joanne Coville Located at ▶ One University Drive, Camarillo, Ca Telephone no. ▶ (805) ZIP + 4 ▶ 9301	•••••	7-840	<u></u>
b	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)?	91b	Yes	No ✓

	90 (2007)						F	Page 8
Part	VI Other Information (continued)				12		Yes	No
C	At any time during the calendar year, did the	e organization ma	intain an office	outside of the	United States?	91c	1	V
	If "Yes," enter the name of the foreign count	try ▶			76		**	
92	Section 4947(a)(1) nonexempt charitable trus	ts filing Form 990	in lieu of Form	1 1041—Check	here			. ▶ 🗀
	and enter the amount of tax-exempt interest	received or accru	ued during the	tax year	▶ 92			N/A
Part	VII Analysis of Income-Producing A		~	**	 			
	Enter gross amounts unless otherwise		usiness income	Excluded by sect	ion 512, 513, or 514	B	(E) elated	or
indica		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exen	npt fur	nction
93	Program service revenue: Lease income	Pasinoss 6000	Allount	- Liciusion code	Amount		incom	
а	Common Area Maintenance	-						6,308
b	Fee Revenue	-	<u> </u>					6,359
C	Commissions	_		 -				9,883
d	O THE MODICIES		·		7		118	3,877
e I	Medicare/Medicaid payments		 			-		
g	Fees and contracts from government agenci					-	12.7	
94	Membership dues and assessments				· · · · · · · · · · · · · · · · · · ·	387		
95	Interest on savings and temporary cash investmer			14	79,360			-
96	Dividends and interest from securities							
97	Net rental income or (loss) from real estate:							
а	debt-financed property			2.2		- 1		
b	not debt-financed property	ii i						
98	Net rental income or (loss) from personal propert	y						
99	Other investment income							
100	Gain or (loss) from sales of assets other than invento	- 1	_		-	<u> </u>		
101	Net income or (loss) from special events .					<u> </u>		
102	Gross profit or (loss) from sales of inventory	/	 			<u> </u>		
103	Other revenue: a Miscellaneous Income Site Authority Revenue	_			-311			6,652
b	Old Authority Nevende	— -	 				104	4,086
d d		→	 		*.6	\vdash		
u A		_						
104	Subtotal (add columns (B), (D), and (E)) .	_		Joseph - by	79,360		9.087	7,165
105	Total (add line 104, columns (B), (D), and (E)	Barren Control Control Control Control		and the same of the same of the same	10,000			6,525
	Line 105 plus line 1e, Part I, should equal th						5,150	-,
Part	VIII Relationship of Activities to the A	ccomplishment	of Exempt Pu	rposes (See th	e instructions.)			
Line	No. Explain how each activity for which inco	me is reported in co	olumn (E) of Part	VII contributed i		acco	mplish	ment
	of the organization's exempt purposes (c	other than by provid	ling funds for suc	ch purposes).				
	See Statement 6							
				<u>-</u> -				
		·						
Part	IX Information Regarding Taxable Su	boidiaries and Di	orogondod E-i	Halon (Con the i				
Fait	(A)	(B)					(C)	
	(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C Nature of	activities	(D) Total income		(E) id-ot-y	
N/A	parties in p, or disregarded entity	%				\vdash	assets	<u>; </u>
- 11.7	=	%						
		%			·			
	10.000	%						
Part	X Information Regarding Transfers Ass		sonal Benefit C	ontracts (See ti	he instructions.)			
	Did the organization, during the year, receive any funds,						es 🗸	l Na
(b)	Did the organization, during the year, pay pr	emiums, directly	or indirectly, on	a personal be	nefit contract?	┌┆	as 1.7	No
Note	e: If "Yes" to (b), file Form 8870 and Form 4	1720 (see instructi	ons).				12	,

Part	XI Information Regarding is a controlling organizati	Transfers To and From on as defined in section :	Controlled Ent 512(b)(13).	tities. Compl	lete only if the o	ganiz	ation
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a contr	olled entity as de	ofined in section	on 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C Descrip	(C) Description of transfer) transf	er
а			2000-000 E			100	8_84_4
b				*			
c							
	Totals						
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"	ceive any transfers from a	controlled entity	as defined in rolled entity.	section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) Amount of trai		er
а		-					
b		-					
С		-					
	Totals						
108	Did the organization have a bind rents, royalties, and annuities de	scribed in question 107 abo	ove?			Yes	No
Pleas Sign Here	Signature of officer Joanne Coville, Treasure	leta. Declaration of preparer (other t	ng accompanying sch than officer) is based	on all information	of which preparer has	my kno any kno	wledge wledge
Paid Prepare	Type or print name and title Preparer's signature		1	Check if self- employed ▶ □	Preparer's SSN or PTIN	(See Gen	. Inst. X)
Use On				EiN Phone n		m 990	(2007)

SCHEDULE A . (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2007

OMB No. 1545~0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Name of the organization 1633096 **University Gien Corporation** Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (e) Expense account and other (d) Contributions to (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & deferred compensation than \$50,000 per week devoted to position allowances Stephanie Barbabosa Dir. of Housing, 40 hrs One University Drive, Camarillo, Ca 93012 \$84,000 \$2,159 \$0 Emma Ashley Leasing Mgr., 40 hrs \$59,360 \$15,773 One University Drive, Camarillo, Ca 93012 \$0 Michael McConnell Dir. of Facilities, 40hrs One Unlevrsity Drive, Camarillo, Ca 93012 \$50,134 \$12,895 \$0 Total number of other employees paid over \$50,000 . Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service None Total number of other contractors receiving over

\$50,000 for other services

Par	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \text{\$\frac{1}{2}\$} \$\		\
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		1
b	Lending of money or other extension of credit?	-	1
c	Furnishing of goods, services, or facilities?		_
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	ļ	1
e	Transfer of any part of its income or assets?		1
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		1
þ	Did the organization have a section 403(b) annuity plan for its employees?		1
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		Ÿ
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
đ	Enter the total number of donor advised funds owned at the end of the tax year		N/A
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
a	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0
9			

Pa	rt I\	Reason for Non-Private	Foundation S	tatus (See pages 4 t	through 8 of	the instruction	ens.)						
l ce		that the organization is not a private				icable box.)	, i						
5		A church, convention of churches,	, or association o	f churches. Section 170	(b)(1)(A)(i).		22						
6		A school. Section 170(b)(1)(A)(ii). (A	1										
7		A hospital or a cooperative hospital											
8		A federal, state, or local government											
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶											
10		An organization operated for the be (Also complete the Support Sched		or university owned or op	perated by a gov	/ernmental unit.	Section 170(b)(1)(A)(iv)						
11a		An organization that normally recei 170(b)(1)(A)(vi). (Also complete the			governmental	unit or from the	general public. Section						
11b		A community trust. Section 170(b))(1)(A)(vi). (Also co	omplete the Support Scl	nedule in Part	IV-A.)							
12		An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% 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). (Also complete the Support Schedule in Part IV-A.)											
13	abla	An organization that is not control requirements of section 509(a)(3).					d otherwise meets the						
		☐ Type II ☐ Type II		III-Functionally Integrate		Type III-Other							
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	e 8 of the instru	ictions.)						
Na	ıme	(a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organizatio the sup organiz governing d	pported on listed in porting ation's	(e) Amount of support						
					Yes	No							
							•						
110													
Tota	.1						0						
104			<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · ·		9.						
14	П	An organization organized and or	parated to tast for	r nublic safety. Section 5	509(a)(4) (See i	nage 8 of the in	etralctions)						

Gifts, grants, and contributions received. (Do						-	
not include unusual grants. See line 28.),	N/A		₹				
Membership fees received				<u> </u>			. <u></u> _
Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose							
Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	*			1). W			
Net income from unrelated business activities not included in line 18,							
Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	e ²	2 0				12	
Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets							
							· ·
Line 23 minus line 17							
						2	
	a Enter 2% of	amount in o	olumn (e). I	ine 24	Ş	26a	
Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wit	ne of and amoun ation) whose tota th your return. E	t contributed al gifts for 20 nter the tota	d by each p 003 through of all these	erson (ot 2006 exc excess a	her than a seeded the mounts ►	26b	
Add: Amounts from column (e) for lines: 18		19	 			物質	ito value n
						-	
						-	9
Organizations described on line 12: a For person," prepare a list for your records to show t	r amounts include the name of, and	led in lines total amoun	15, 16, and ts received	17 that	were receiv	ed from	n a "disqualifie
(2006) (2005)		(2004)			(2003)		
For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and amounts) for each year:	red from each per year, that was mo through 11b, as the the larger amount	son (other the re than the la vell as individed t described i	nan "disquali urger of (1) ti duals.) Do no n (1) or (2),	fied perso he amount ot file this enter the	ns"), prepare t on line 25 fo list with you sum of these	a list foor the year return. different	or your records to ear or (2) \$5,000 After computing nces (the exces
				• • • • • • • • • • • • • • • • • • • •	(2003) .		
Add: Amounts from column (e) for lines: 15 _ 17 20 .		16			▶	27c	
						27d	
Public support (line 27c total minus line 27d tot	al)					27e	
Total support for section 509(a)(2) test: Enter ar	mount from line :	23, column ((e)▶ L	27f			y Spirite May 2
						27g	%
Investment income percentage (line 18, colu	mn (e) (numerat	or) divided	by line 27f	(denomi	nator)). ▶	27h	%
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22. Line 23 minus line 17. Enter 1% of line 23. Organizations described on lines 10 or 11: a Enter 2% of Prepare a list for your records to show the name of and amount governmental unit or publicly supported organization) whose tota amount shown in line 26a. Do not file this list with your return. Enter 1% of line 26a. Do not file this list with your return. Enter 1 and 1 amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divided by I organizations described on line 12: a For amounts included in line 17 that was received from each person," prepare a list for your records to show the name of, and Do not file this list with your return. Enter the sum of such an ont file this list with your return. Enter the sum of such an ont file this list with your return. Enter the sum of such an ont file this list with your return. Enter the sum of such an ont file this list with your return. Enter the sum of such an ont file this list with your return. Enter the sum of such an ont file	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22. Line 23 minus line 17. Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in contribute governmental unit or publicly supported organization) whose total gifts for 20 amount shown in line 26a. Do not file this list with your return. Enter the tota Total support for section 509(a)(1) test: Enter line 24, column (e) Add: Amounts from column (e) for lines: 18 19 22 26b Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divided by line 26c (de Organizations described on line 12: a For amounts included in lines person," prepare a list for your records to show the name of, and total amoun bo not file this list with your return. Enter the sum of such amounts for e (2006) (2004) For any amount included in line 17 that was received from each person (other this organizations described in lines 5 through 11b, as well as indivite difference between the amount received and the larger amount described in amounts) for each year: (2006) (2005) (2004)	Gross receipts from admissions, merchandises old or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose. Gross income from interest, dividends, amounts received from payments on securities loans (section \$12(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (ses section 511 taxes) from businesses acquired by the organization after June 30, 1975. Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. On not include the value of services or facilities generally furnished to the public without charge. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22. Line 23 minus line 17 . Enter 1% of line 23. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), I Prepare a list for your records to show the name of and amount contributed by each governmental unit or publicly supported organization) whose total gifts for 2003 through amount shown in line 26a. Do not file this list with your return. Enter the total of all these Total support for section 509(a)(1) test: Enter line 24, column (e) Add: Amounts from column (e) for lines: 18 19	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(6)), rents, royalties, income from similar sources, and unrelated business taxable income (Ses section 511 taxes) from businesses acquired by the organization after June 30, 1975 . Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. Drepare a list for your records to show the name of and amount contributed by each person (of governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exa mount shown in line 26a. Do not fire this list with your return. Enter the total of all these excess at Total support for section 509(a)(1) test: Enter line 24, column (e). Add: Amounts from column (e) for lines: 18 19 22 26b 29- Public support (line 26c minus line 26d total) Public support generating (line 26d total) Public support generating (line 26d total) Public support fline 25d to minus line 26d total) Public support fline 26d total in line 12: a For amounts included in lines 15, 16, and 17 that person, "prepare a list for your records to show the name of, and total amounts received in each ye bo not file this list with your return. Enter the sum of such amounts for each year. (2006) (2005) (2005) (2004) For any amount included in line 17 that was received from each person (other than "disqualified person who the name of, and draula amounts received in lines 5 through 11b, as well as i	Gross receipts from admissions, merchandises obid or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose. Gross income from Interest, dividends, amounts received from payments on securities closers (section 512(a)(6)). Tents, royalties, income from similar sources, and unrelated business taxable income (sees section 511 taxes) from businessess acquired by the organization after June 30, 1975. Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. Prepare a list for your records to show the name of and amount contributed by each person (other than amournt shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ Total support of section 509(a)(1) test: Enter line 24, column (e). Add: Amounts from column (e) for lines: 18	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charatable, etc. purpose

Private School Questionnaire (See page 9 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33a 33b Admissions policies? . 33c Employment of faculty or administrative staff? . . . 33d d Scholarships or other financial assistance? . . . 33e e Educational policies? 33f Use of facilities? 33g Athletic programs? 33h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? . . . 34a 34b **b** Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . .

Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by ar	ecting Public	Charities (See ization, that file	page 11 of d Form 576	the ins B)	tructions.)	
Che	ck ▶ a ☐ if the organization belongs to an affilia		ck ▶ b ☐ ify			ited control"	provisions apply.
	Limits on Lobbyi				Affil	(a) lated group totals	(b) To be completed for all electing
	(The term "expenditures" mea	ns amounts paid	or incurred.)	- 1-		totalo	organizations
36	Total lobbying expenditures to influence public						
37	Total lobbying expenditures to influence a legis			3	_		
38	Total lobbying expenditures (add lines 36 and			3			
39	Other exempt purpose expenditures						BLUC TERMINE
40	Total exempt purpose expenditures (add lines					STATE OF THE STATE	
41	Lobbying nontaxable amount. Enter the amount		-				
		obbying nontaxa of the amount on					
		000 plus 15% of the		2000			
	Over \$1,000,000 but not over \$1,500,000 . \$175,	•			1		
	Over \$1,500,000 but not over \$17,000,000. \$225,				0.0		
	Over \$17,000,000 \$1,00	•		DOM:			
42	Grassroots nontaxable amount (enter 25% of I			The second	2		10
43	Subtract line 42 from line 36. Enter -0- if line 4	•			3		
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than lir	ne 38	4	4		THE RESERVE OF THE PERSON NAMED IN
	- V 16 db t	0 !! 44			140		
_	Caution: If there is an amount on either line 43			1000		100000	
	(Some organizations that made a section See the instructions to	for lines 45 throug	do not have to o gh 50 on page 13	omplete all of of the instruc	tions.)		
		LOD	bying Expenditu	res During 4-	Tear Av	eraging Pe	erioa
	Calendar year (or	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ▶	2007	2006	2005	11	2004	Total
45	Lobbying nontaxable amount			Division Courses			
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48_	Grassroots nontaxable amount				ASSISTANT		42
49	Grassroots ceiling amount (150% of line 48(e))			(A) of the state o			
50	Grassroots lobbying expenditures ,						
	rt VI-B Lobbying Activity by Nonele	cting Public C	harities		 -	-	<u> </u>
	(For reporting only by organiza			Part VI-A) (S	ee pag	e 14 of th	e instructions.)
Duri	ng the year, did the organization attempt to infle	uence national, st	ate or local legis	lation, includin	g anv	Vac Na	
	mpt to influence public opinion on a legislative i				g ,	Yes No	Amount
а	3 7/		A			✓	
b	Paid staff or management (Include compensat	ion in expenses r	eported on lines	c through h.)		✓	
c	Media advertisements	•	•			1	
d	Mailings to members, legislators, or the public					1	
e	Publications, or published or broadcast staten	nents				/	
f	Grants to other organizations for lobbying pur			a		✓	<u></u>
g	Direct contact with legislators, their staffs, gov	vernment officials,	, or a legislative b	ody		\ -	<u> </u>
h	Rallies, demonstrations, seminars, conventions		ures, or any other	means		1	
i	Total lobbying expenditures (Add lines c throu	gh h.)					<u></u>
	If "Yes" to any of the above, also attach a sta	ternent giving a d	retalied descriptio	n of the lobby	ung activ	/πies.	

Pa	L VI			ransters to and trans e page 14 of the instructi	actions and Relationships with Non ons.)	cnarn	rable
51					e following with any other organization describ-	ed in s	ection
а	Trai	nsfers from the rep	orting organization	to a noncharitable exempt or	ganization of:	Yes	No
	(1)	Cash		. *	51a(i)	√
	(ii)	Other assets			a(ii)	==	✓
ь	Oth	er transactions:		15		+	
			es of assets with a	noncharitable exempt organiz	ration b(i)	3.5	 ✓
	(ii)			itable exempt organization .			1
	(iii)			ner assets			1
	(iv)				b(iv)		1
	٠.	Loans or loan gua	•		b(v)	\top	1
		•		ship or fundraising solicitation	· · · · · · · · · · · · - · ·		10
_				sts, other assets, or paid emp		1	1
					loyees	L realisa	مراه خالیه
u	goo	ds, other assets, o	r services given by	the reporting organization. If	the organization received less than fair market ods, other assets, or services received:	value	in any
	a)	(b) Amount involved	Name of page	(c)	(d) Description of transfers, transactions, and sharing a		
_Line	/A	Amount involved	Name of none	ariamable exempt organization	Description of transfers, transactions, and snaring a	rrangem	ents
					0		
—							
				- M			
						N	
			77				
			<u> </u>				
				· ·			
						12	
	des	cribed in section 5 (es," complete the	01(c) of the Code (other than section 501(c)(3)) o	one or more tax-exempt organizations r in section 527? ▶ □ Ye	es 🔽] No
		(a) Name of organiz	zation	(b) Type of organization	(c) Description of relationship		
		<u>(4)</u>					
				.: A)			
151							
			.,				
<u> </u>							(6)
		· · · · · · · · · · · · · · · · · · ·	- 1	2			
			5/	10			