

Return of Organization Exempt From Income Tax

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

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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE UNIVERSITY CORPORATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 18111 NORDHOFF STREET City or town, state or country, and ZIP + 4 NORTHRIDGE, CA 91330-8309		D Employer identification number 95-1992732
		F Name and address of principal officer: JOHN GRIFFIN 18111 NORDHOFF STREET, NORTHRIDGE, CA 91330		E Telephone number 818-677-2981
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 41,523,681.
		J Website: ▶ WWW.CSUN.EDU/UNIVERSITYCORPORATION		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1958	
M State of legal domicile: CA				

Part I Summary

1		Briefly describe the organization's mission or most significant activities: THE UNIVERSITY CORPORATION IS A SECTION 509(A)(3) SUPPORTING ORGANIZATION OF CALIFORNIA STATE		
2		Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	
	5	Total number of employees (Part V, line 2a)	1562	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	118,035.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	-69,881.	
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	31,484,896.	31,906,206.
	9	Program service revenue (Part VIII, line 2g)	-835,678.	1,942,289.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,086,235.	1,267,609.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,735,453.	35,116,104.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,142,815.	2,506,500.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,059,392.	15,923,001.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,800,161.	19,223,985.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,002,368.	37,653,486.
19	Revenue less expenses. Subtract line 18 from line 12	-2,266,915.	-2,537,382.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	51,231,737.	45,998,518.
	21	Total liabilities (Part X, line 26)	30,853,417.	26,631,547.
22	Net assets or fund balances. Subtract line 21 from line 20	20,378,320.	19,366,971.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____
 ▶ **JOHN GRIFFIN, CHIEF FINANCIAL OFFICER**
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ VICENTI, LLOYD & STUTZMAN, LLP 2210 E. ROUTE 66, SUITE 100 GLENORA, CA 91740	EIN ▶ _____		Phone no. ▶ (626) 857-7300

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE UNIVERSITY CORPORATION'S PRIMARY PURPOSES INCLUDE OPERATING THE CAMPUS BOOKSTORE, FOOD SERVICES AND VENDING OPERATIONS FOR THE CALIFORNIA STATE UNIVERSITY, NORTHRIDGE; ADMINISTERING VARIOUS FUNDS AND GRANTS; MANAGING CERTAIN CAMPUS HOUSING PROJECTS; AND PERFORMING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 17,676,512. including grants of \$ 2,506,500.) (Revenue \$ 19,386,543.) GRANTS AND CONTRACTS ADMINISTRATION

4b (Code:) (Expenses \$ 12,073,126. including grants of \$) (Revenue \$ 12,401,628.) AUXILIARY SERVICES: FOOD SERVICES, BOOKSTORE SALES, REAL ESTATE RENTALS

4c (Code:) (Expenses \$ 5,792,229. including grants of \$) (Revenue \$ 1,267,609.) UNIVERSITY PROJECTS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 35,541,867.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	234		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	1562		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	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)?		X
4a	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body	17			
b Enter the number of voting members that are independent		3		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6 Does the organization have members or stockholders?	6			X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE UNIVERSITY CORPORATION - 818-677-5298**
18111 NORDHOFF ST, NORTHRIDGE, CA 91330-8309

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HARVEY BOOKSTEIN DIRECTOR	1.00	X						0.	0.	0.
ANA CRISTINA CADAVID DIRECTOR	1.00	X						0.	[REDACTED]	[REDACTED]
LUIS CARBAJO SECOND VICE PRESIDENT	1.00	X						0.	0.	0.
RONALD S. FRIEDMAN DIRECTOR	1.00	X						0.	0.	0.
DAN HOSKEN DIRECTOR	1.00	X						0.	[REDACTED]	[REDACTED]
WILLIAM JENNINGS TREASURER	1.00	X						0.	[REDACTED]	[REDACTED]
ARTHUR KEUKAZIAN DIRECTOR	1.00	X						0.	0.	0.
JOLENE KOESTER CHAIR	1.00	X						0.	[REDACTED]	[REDACTED]
JENNIFER MATOS RECORDING SECRETARY	1.00	X						0.	[REDACTED]	[REDACTED]
MICHAEL NEUBAUER DIRECTOR	1.00	X						0.	[REDACTED]	[REDACTED]
ROB RAWITCH DIRECTOR	1.00	X						0.	0.	0.
LOUIS RUBINO DIRECTOR	1.00	X						0.	[REDACTED]	[REDACTED]
BENEDICT YASPELKIS FIRST VICE PRESIDENT	1.00	X						0.	[REDACTED]	[REDACTED]
AUDREY YOUNNA DIRECTOR	1.00	X						0.	0.	0.
SHEELA BHONGIR DIRECTOR	1.00	X						0.	0.	0.
CYNTHIA MEDRANO DIRECTOR	1.00	X						0.	0.	0.
JAMES PILKINGTON DIRECTOR	1.00	X						0.	0.	0.

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2 a	CONTRACT REVENUE	Business Code 900099	19386543.	19386543.			
	b	AUXILIARY SERVICES	722320	12519663.	12401628.	118,035.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			31906206.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		812,162.			812,162.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)		1,130,127.		1130127.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a	OTHER REVENUE	900099	1,267,609.	1,267,609.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,267,609.				
12	Total revenue. See instructions.			35116104.	33055780.	118,035.	1942289.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,506,500.	2,506,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	175,242.		175,242.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,952,218.	12,415,653.	536,565.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,795,541.	2,643,959.	151,582.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,447,627.	2,314,910.	132,717.	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	571,237.	540,263.	30,974.	
17 Travel	564,022.	533,439.	30,583.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	625,847.	397,118.	228,729.	
20 Interest				
21 Payments to affiliates	1,615,069.	1,527,496.	87,573.	
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DISTRIBUTIONS & RESERVE	5,961,843.	5,638,575.	323,268.	
b COST OF GOODS SOLD	3,389,609.	3,389,609.		
c SUPPLIES	1,284,088.	1,214,461.	69,627.	
d EQUIPMENT	851,724.	805,541.	46,183.	
e REPAIRS & MAINTENANCE	699,135.	661,226.	37,909.	
f All other expenses	1,213,784.	953,117.	260,667.	
25 Total functional expenses. Add lines 1 through 24f	37,653,486.	35,541,867.	2,111,619.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,314,486.	1	2,875,964.
	2	Savings and temporary cash investments	4,266,822.	2	1,810,819.
	3	Pledges and grants receivable, net	4,283,887.	3	3,772,938.
	4	Accounts receivable, net	662,503.	4	1,612,848.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	876,552.	7	698,400.
	8	Inventories for sale or use	167,302.	8	168,851.
	9	Prepaid expenses and deferred charges	155,623.	9	149,065.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	34,283,142.	10a	34,283,142.
	b	Less: accumulated depreciation	13,685,180.	10b	13,685,180.
	11	Investments - publicly traded securities	18,037,419.	10c	20,597,962.
	12	Investments - other securities. See Part IV, line 11	19,424,070.	11	14,290,630.
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11	1,043,073.	14	21,041.
16	Total assets. Add lines 1 through 15 (must equal line 34)	51,231,737.	15	45,998,518.	
Liabilities	17	Accounts payable and accrued expenses	6,645,237.	16	5,901,922.
	18	Grants payable		17	
	19	Deferred revenue	2,310,110.	18	3,284,086.
	20	Tax-exempt bond liabilities	2,915,000.	19	5,105,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities. Complete Part X of Schedule D	18,983,070.	24	12,340,539.
	26	Total liabilities. Add lines 17 through 25	30,853,417.	25	26,631,547.
Net Assets or Fund Balances	27	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	12,453,416.	26	14,063,591.
	28	Temporarily restricted net assets	4,061,111.	27	1,439,587.
	29	Permanently restricted net assets	3,863,793.	28	3,863,793.
	30	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		29	
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
	33	Total net assets or fund balances	20,378,320.	32	19,366,971.
	34	Total liabilities and net assets/fund balances	51,231,737.	33	45,998,518.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

THE UNIVERSITY CORPORATION

Employer identification number
95-1992732

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
CALIFORNIA STATE UNIVER	95-43586776		X		X		X		881,500.
Total									881,500.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

THE UNIVERSITY CORPORATION

Employer identification number

95-1992732

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,863,793.	3,863,793.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,863,793.	3,863,793.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	9,944,390.		2,150,074.	7,794,316.
c Leasehold improvements	5,475,674.		1,699,041.	3,776,633.
d Equipment	4,070,092.		2,891,464.	1,178,628.
e Other	14,792,986.		6,944,601.	7,848,385.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,597,962.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,116,104.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	37,653,486.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,537,382.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1,526,033.
9	Total adjustments (net). Add lines 4 through 8	9	1,526,033.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,011,349.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	36,167,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,050,918.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,050,918.
3	Subtract line 2e from line 1	3	35,116,104.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,116,104.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	37,178,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-475,115.
e	Add lines 2a through 2d	2e	-475,115.
3	Subtract line 2e from line 1	3	37,653,486.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	37,653,486.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAIN: 1050918.

FASB 158 PENSION COST EFFECT: 475115.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FASB 158 PENSION LIABILITIES: -475115.

THE UNIVERSITY CORPORATION

Schedule I (Form 990) 2009 **THE UNIVERSITY CORPORATION** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS / FELLOWSHIPS PAID FROM GRANTING AGENCY FUNDS	450	1,840,500.	0.		
BOOKS / SUPPLIES / TUITION	150	392,900.	0.		
TRAVEL ASSISTANCE	200	176,000.	0.		
OTHER STUDENT COSTS	240	97,100.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: STIPENDS/FELLOWSHIPS ARE PRIMARILY GRANTED TO INDIVIDUALS TO HELP THEM IMPROVE THEIR RESEARCH SKILLS. AS SUCH, THE RESPONSIBLE PRINCIPLE INVESTIGATOR CLOSELY MONITORS THE PROGRESS OF THE RECIPIENTS.

THE AMOUNT REPORTED IN PART III IS DISTRIBUTED FROM FUNDS RECEIVED FROM GRANTING ORGANIZATIONS THAT ARE RESPONSIBLE, ALONG WITH GRANT PROGRAM DIRECTORS OF CALIFORNIA STATE UNIVERSITY, NORTHRIDGE, FOR DETERMINING ELIGIBILITY AND INDIVIDUAL STIPEND PAYMENT AMOUNT REQUIREMENTS. THE

Part IV Supplemental Information

UNIVERSITY CORPORATION IS RESPONSIBLE FOR DISTRIBUTING GRANT FUNDS TO
THOSE INDIVIDUALS INDICATED BY THE GRANTING AGENCY AND/OR PROGRAM
DIRECTORS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

THE UNIVERSITY CORPORATION

Employer identification number
95-1992732

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Schedule J (Form 990) 2009

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

THE UNIVERSITY CORPORATION

Schedule J (Form 990) 2009

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM JENNINGS	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) [REDACTED]	0.	0.	[REDACTED]	[REDACTED]	[REDACTED]	0.
JOLENE KOESTER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) [REDACTED]	0.	0.	[REDACTED]	[REDACTED]	[REDACTED]	0.
MICHAEL NEUBAUER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) [REDACTED]	0.	0.	[REDACTED]	[REDACTED]	[REDACTED]	0.
RICK EVANS	(i) 57,975.	0.	0.	3,508.	3,326.	64,809.	0.
	(ii) 98,475.	0.	0.	17,157.	14,049.	129,681.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
Attach to Form 990. See separate instructions.

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Employer identification number
95-1992732

Name of the organization
THE UNIVERSITY CORPORATION

Part I Bond Issues
SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
CALIFORNIA STATE UNIVERSITY SYSTEM		NONE	04/10/08	3,020,000.	FINANCE CAMPUS HOUSING		X		X
CALIFORNIA STATE UNIVERSITY SYSTEM		NONE	04/06/10	2,310,000.	FINANCE RENOVATION OF CAMPUS FOOD SERV		X		X
C									
D									
E									

Part II Proceeds

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Total proceeds of issue	X								
2 Gross proceeds in reserve funds									
3 Proceeds in refunding or defeasance escrows									
4 Other unspent proceeds									
5 Issuance costs from proceeds									
6 Working capital expenditures from proceeds									
7 Capital expenditures from proceeds									
8 Year of substantial completion									
9 Were the bonds issued as part of a current refunding issue?									
10 Were the bonds issued as part of an advance refunding issue?									
11 Has the final allocation of proceeds been made?									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?									

Part III Private Business Use

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X							
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X							

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										%
6 Total of lines 4 and 5										%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X			X						
2 Is the bond issue a variable rate issue?	X			X						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X						
b Name of provider										
c Term of hedge	X			X						
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?	X			X						
6 Did the bond issue qualify for an exception to rebate?	X			X						

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE UNIVERSITY CORPORATION

Employer identification number
95-1992732

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNIVERSITY, NORTHRIDGE. THE MISSION OF THE UNIVERSITY CORPORATION IS
TO PROVIDE SERVICES AND SOLUTIONS THAT ADDRESS THE NEEDS OF CALIFORNIA
STATE UNIVERSITY, NORTHRIDGE; TO SUPPORT ACADEMIC, RESEARCH AND
CREATIVE ENDEAVORS OF ITS STUDENTS, FACULTY AND STAFF; AND TO ENHANCE
THE QUALITY OF CAMPUS LIFE. BY FOSTERING LEARNING AND PROFESSIONAL
DEVELOPMENT, THE UNIVERSITY CORPORATION EMPOWERS ITS STAFF TO BE
PROACTIVE AND RESOURCEFUL IN ORDER TO ACHIEVE THE HIGHEST STANDARD OF
CUSTOMER SERVICE TO THE UNIVERSITY COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OTHER ACTIVITIES SUPPORTING THE UNIVERSITY COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
UNIVERSITY PROJECTS

AUXILIARY SERVICES

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED IN
COLLABORATION WITH THE ASSOC. DIRECTOR OF ACCOUNTING, THE CFO AND
UNIVERSITY CONTROLLER. ONCE THE RETURN HAS BEEN PREPARED BY EXTERNAL
AUDITORS AND REVIEWED BY THE INTERNAL STAFF, THE RETURN IS GIVEN TO THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR APPROVAL. THE
FILED REPORT IS THEN SCANNED AND MADE AVAILABLE TO THE PUBLIC VIA A LINK ON
THE FRONT PAGE OF THE UNIVERSITY CORPORATION'S WEBSITE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE UNIVERSITY CORPORATION

Employer identification number
95-1992732

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SUBMIT CONFLICT OF
INTEREST STATEMENTS ANNUALLY AND THEY ARE REVIEWED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE
ORGANIZATION'S CEO / OFFICERS IS DETERMINED USING COMPENSATION SURVEYS
STUDIES AND REQUIRES APPROVAL BY THE BOARD OR DIRECTORS. LAST DONE IN 2009
FOR EXECUTIVE DIRECTOR AND IN 2008 FOR CFO.

FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST OR VIA PHONE
CALL OR E-MAIL, COPIES WILL BE MADE AVAILABLE AT A COST TO THE RECIPIENT OF
\$.25/PAGE, SINGLE SIDED.

FORM 990, PART XI, LINE 2C
AUDIT COMMITTEE OVERSIGHT.

THE AUDIT COMMITTEE OVERSEES THE SELECTION AND RETENTION OF THE
AUDITORS, APPROVING COMPENSATION OF THE AUDITORS, CONFERRING WITH THE
AUDITORS, REVIEWING AND APPROVING THE AUDIT REPORT. NO CHANGE FROM THE
PRIOR YEAR.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CALIFORNIA STATE UNIVERSITY SYSTEM

(B) DESCRIPTION OF PURPOSE: FINANCE RENOVATION OF CAMPUS FOOD SERVICE UNIT

THE UNIVERSITY CORPORATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2009

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section
 501(c)(3) 408(e) 220(e)
 408A 530(a) 529(a)

C Book value of all assets at end of year
45,998,518.

D Employer identification number (Employees' trust, see instructions for Block D on page 9.)
95-1992732

E Unrelated business activity codes (See instructions for Block E on page 9.)
722320

Name of organization (Check box if name changed and see instructions.)
THE UNIVERSITY CORPORATION

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.
18111 NORDHOFF STREET

City or town, state, and ZIP code
NORTHRIDGE, CA 91330-8309

F Group exemption number (See instructions for Block F.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **CATERING**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **THE UNIVERSITY CORPORATION** Telephone number **818-677-5298**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 118,035.			
b	Less returns and allowances			
c	Balance 118,035.	118,035.		
2	Cost of goods sold (Schedule A, line 7)	43,474.		
3	Gross profit. Subtract line 2 from line 1c	74,561.		74,561.
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	74,561.		74,561.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15 109,057.
16	Repairs and maintenance		16 3,633.
17	Bad debts		17
18	Interest (attach schedule)		18
19	Taxes and licenses		19
20	Charitable contributions (See instructions for limitation rules.)		20
21	Depreciation (attach Form 4562)	537.	21
22a	Less depreciation claimed on Schedule A and elsewhere on return		22a
22b			22b 537.
23	Depletion		23
24	Contributions to deferred compensation plans		24
25	Employee benefit programs		25 10,265.
26	Excess exempt expenses (Schedule I)		26
27	Excess readership costs (Schedule J)		27
28	Other deductions (attach schedule) SEE STATEMENT 1		28 20,950.
29	Total deductions. Add lines 14 through 28		29 144,442.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 -69,881.
31	Net operating loss deduction (limited to the amount on line 30)		31 0.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32 -69,881.
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)		33 1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34 -69,881.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ (2) \$ (3) \$
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
 (2) Additional 3% tax (not more than \$100,000) \$
 c Income tax on the amount on line 34 35c 0.
 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) 36
 37 Proxy tax. See instructions 37
 38 Alternative minimum tax 38
 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
 b Other credits (see instructions) 40b
 c General business credit. Attach Form 3800 40c
 d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
 e Total credits. Add lines 40a through 40d 40e
 41 Subtract line 40e from line 39 41 0.
 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42
 43 Total tax. Add lines 41 and 42 43 0.
 44 a Payments: A 2008 overpayment credited to 2009 44a
 b 2009 estimated tax payments 44b
 c Tax deposited with Form 8868 44c
 d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
 e Backup withholding (see instructions) 44e
 f Other credits and payments: Form 2439 Form 4136 Other Total 44f
 45 Total payments. Add lines 44a through 44f 45
 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46
 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.
 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.
 49 Enter the amount of line 48 you want: Credited to 2010 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No
 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No
 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No X
4a Additional section 263A costs	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer _____ Date _____
 CHIEF FINANCIAL OFFICER

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature _____ Date _____ Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP code: VICENTI, LLOYD & STUTZMAN, LLP
 2210 E. ROUTE 66, SUITE 100
 GLENDDORA, CA 91740
 Preparer's SSN or PTIN: P00050546
 EIN: 95-2242818
 Phone no.: (626) 857-7300

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 18)

1. Description of property

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Includes rows (1)-(4) and a Totals row.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes rows (1)-(4) and a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Includes rows (1)-(4).

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes rows (1)-(4) and a Totals row.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part I, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION	AMOUNT	
BANK FEES	36.	
SUPPLIES	4,229.	
UTILITIES	1,592.	
EQUIPMENT/ EQUIPMENT RENTAL	2,996.	
DUES AND SUBSCRIPTIONS	6.	
MARKETING AND ADVERTISING	109.	
PROFESSIONAL SERVICES	22.	
GENERAL AND ADMINISTRATIVE EXPENSES	11,960.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28	20,950.	

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

Name of exempt organization

Employer identification number

THE UNIVERSITY CORPORATION

95-1992732

Name and title of officer

**JOHN GRIFFIN
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>35116104</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize VICENTI, LLOYD & STUTZMAN, LLP to enter my PIN 74875
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95115791740
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

TAXABLE YEAR
2009

California Exempt Organization Annual Information Return

Calendar Year 2009 or fiscal year beginning month JULY day 1 year 2009, and ending month JUNE day 30 year 2010.

A First Return Filed? Yes No
B Type of organization Exempt under Section 23701 d (insert letter)
IRC Section 4947(a)(1) trust

CORP #
3563080

Corporation/Organization Name
THE UNIVERSITY CORPORATION

FEIN
95-1992732

Address
18111 NORDHOFF STREET

State ZIP Code
CA 91330-8309

City
NORTHRIDGE

C Amended Return? Yes No

D Are you a subordinate/affiliate in a group exemption?
(a) Is this a group filing for affiliates? See General Instruction L Yes No
(b) If "Yes," enter the number of affiliates Yes No
(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
(e) Federal Group Exemption Number Yes No
(f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1) Cash (2) Accrual (3) Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

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

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

M Is the organization a Limited Liability Company? Yes No

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

Part I Complete Part I unless not required to file this form. See General Instructions B and C.			
Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	41,523,681.00
	2	Gross dues and assessments from members and affiliates	00
	3	Gross contributions, gifts, grants, and similar amounts received	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	41,523,681.00
	5	Cost of goods sold	00
	6	Cost or other basis, and sales expenses of assets sold	6,407,577.00
	7	Total costs. Add line 5 and line 6	6,407,577.00
	8	Total gross income. Subtract line 7 from line 4	37,653,486.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	-2,537,382.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	00
	12	Total payments	00
	13	Penalties and interest. See General Instruction J	00
	14	Use tax. See General Instruction K	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	10.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer CHIEF FINANCIA Title
Date _____ Date
Telephone 818-677-5298
Preparer's SSN/PTIN P00050546

Paid Preparer's Use Only
Preparer's signature _____
Firm's name (or yours, if self-employed) and address VICENTI, LLOYD & STUTZMAN, LLP
2210 E. ROUTE 66, SUITE 100
GLENDORA, CA 91740
Telephone 95-2242818
(626)857-7300

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

THE UNIVERSITY CORPORATION

95-1992732

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions. 928951 11-19-09

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	585,911.00
	3	Dividends	3	226,251.00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See instructions)	6	7,537,704.00
	7	Other income	7	33,173,815.00
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	41,523,681.00
	9	Contributions, gifts, grants, and similar amounts paid	9	2,506,500.00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees	11	175,242.00
	12	Other salaries and wages	12	12,952,218.00
	13	Interest	13	625,847.00
	14	Taxes	14	00
	15	Rents	15	571,237.00
	16	Depreciation and depletion (See instructions)	16	1,615,069.00
	17	Other	17	19,207,373.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	37,653,486.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		6,581,308.		4,686,783.
2	Net accounts receivable		662,503.		1,612,848.
3	Net notes receivable STMT 5		876,552.		698,400.
4	Inventories		167,302.		168,851.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans (number of loans)				
9	Other investments STMT 6		19,424,070.		14,290,630.
10	a Depreciable assets	30,136,128.		34,283,142.	
	b Less accumulated depreciation	(12,098,709.)	18,037,419.	(13,685,180.)	20,597,962.
11	Land				
12	Other assets STMT 7		5,482,583.		3,922,003.
13	Total assets		51,231,737.		45,977,477.
Liabilities and net worth					
14	Accounts payable		6,645,237.		5,901,922.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable STMT 8		2,915,000.		5,105,000.
17	Mortgages payable				
18	Other liabilities STMT 9		21,293,180.		15,624,625.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		20,378,320.		19,366,971.
22	Total liabilities and net worth		51,231,737.		45,998,518.

Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	-2,537,382.	7	Income recorded on books this year not included in this return	
2	Federal income tax		8	Deductions in this return not charged against book income this year	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year		10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return			Subtract line 9 from line 6	-2,537,382.
6	Total.	-2,537,382.			
	Add line 1 through line 5				

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	6,407,577.	0.	0.	7,537,704.
TOTAL TO FORM 199, PAGE 2, LN 6	6,407,577.	0.	0.	7,537,704.

FORM 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
OTHER REVENUE	1,267,609.
AUXILIARY SERVICES	12,519,663.
CONTRACT REVENUE	19,386,543.
TOTAL TO FORM 199, PART II, LINE 7	33,173,815.

THE UNIVERSITY CORPORATION

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
HARVEY BOOKSTEIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.
ANA CRISTINA CADAVID 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.
LUIS CARBAJO 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	SECOND VICE PRESIDENT 1.00	0.
RONALD S. FRIEDMAN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.
DAN HOSKEN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.
WILLIAM JENNINGS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	TREASURER 1.00	0.
ARTHUR KEUKAZIAN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.
JOLENE KOESTER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	CHAIR 1.00	0.
JENNIFER MATOS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	RECORDING SECRETARY 1.00	0.
MICHAEL NEUBAUER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.
ROB RAWITCH 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.

THE UNIVERSITY CORPORATION

95-1992732

LOUIS RUBINO
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330

DIRECTOR
1.00

0.

BENEDICT YASPELKIS
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330

FIRST VICE PRESIDENT
1.00

0.

AUDREY YOUNNA
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8309

DIRECTOR
1.00

0.

SHEELA BHONGIR
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8309

DIRECTOR
1.00

0.

CYNTHIA MEDRANO
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8309

DIRECTOR
1.00

0.

JAMES PILKINGTON
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8309

DIRECTOR
1.00

0.

RICK EVANS
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330

PRESIDENT AND EXECUTIVE DI
45.00

57,975.

JOHN GRIFFIN
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330

SECRETARY, CFO
45.00

117,267.

TOTAL TO FORM 199, PART II, LINE 11

175,242.

FORM 199

OTHER EXPENSES

STATEMENT 4

DESCRIPTION

AMOUNT

OFFICERS' EMPLOYEE BENEFITS
DISTRIBUTIONS & RESERVE
COST OF GOODS SOLD
SUPPLIES
EQUIPMENT
REPAIRS & MAINTENANCE
OTHER EMPLOYEE BENEFITS
OTHER PROFESSIONAL FEES
TRAVEL
ALL OTHER EXPENSES

0.
5,961,843.
3,389,609.
1,284,088.
851,724.
699,135.
2,795,541.
2,447,627.
564,022.
1,213,784.

TOTAL TO FORM 199, PART II, LINE 17

19,207,373.

FORM 199	NET NOTES RECEIVABLE	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	876,552.	698,400.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	876,552.	698,400.

FORM 199	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
BOND FUNDS	75,460.	86,862.
EQUITY FUNDS	10,993,450.	5,596,356.
OTHER INVESTMENTS	159,339.	159,599.
INVESTMENT IN PUBLIC SAFETY BUILDING	6,372,139.	6,372,139.
HEDGE FUND	509,258.	536,649.
EQUITY SECURITIES	1,314,424.	1,539,025.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	19,424,070.	14,290,630.

FORM 199	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	4,283,887.	3,772,938.
PREPAID EXPENSES AND DEFERRED CHARGES	155,623.	149,065.
CONSTRUCTION IN PROGRESS	1,043,073.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	5,482,583.	3,922,003.

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
TAX-EXEMPT BONDS LIABILITIES	2,915,000.	5,105,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	2,915,000.	5,105,000.

THE UNIVERSITY CORPORATION

FORM 199

OTHER LIABILITIES

STATEMENT 9

DESCRIPTION

DEPOSITS HELD FOR OTHERS
CAPITAL LEASE OBLIGATION
DEFERRED REVENUE

TOTAL TO FORM 199, SCHEDULE L, LINE 18

BEG. OF YEAR

END OF YEAR

8,487,645.

1,949,881.

10,495,425.

10,390,658.

2,310,110.

3,284,086.

21,293,180.

15,624,625.

FORM 199

FUND BALANCES

STATEMENT 10

DESCRIPTION

UNRESTRICTED ASSETS
TEMPORARILY RESTRICTED ASSETS
PERMANENTLY RESTRICTED ASSETS

TOTAL TO FORM 199, SCHEDULE L, LINE 21

BEG. OF YEAR

END OF YEAR

12,453,416.

14,063,591.

4,061,111.

1,439,587.

3,863,793.

3,863,793.

20,378,320.

19,366,971.

TAXABLE YEAR

2009

California Exempt Organization Business Income Tax Return

Calendar Year 2009 or fiscal year beginning month JUL day 1 year 2009, and ending month JUN day 30 year 2010

A First Return Filed? Yes No

B Is this an education IRA within the meaning of R&TC Section 23712? Yes No

CORP # 3563080

Corporation/Organization Name

FEIN

95-1992732

THE UNIVERSITY CORPORATION

Address

18111 NORDHOFF STREET

State CA

ZIP Code

91330-8309

City NORTHRIDGE

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

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No

D Final Return?

- Disolved, Surrendered (Withdrawn), Merged/Reorganized (attach explanation)

I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area tax benefits? Yes No

E Amended Return Yes No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No

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

K Unrelated Business Activity (UBA) Code 722320

G Nature of trade or business CATERING

Table with 27 rows and 2 columns. Rows include: 1 Unrelated business taxable income from Side 2, Part II, line 30; 2 Multiply line 1 by the average apportionment percentage; 3 Enter the lesser amount from line 1 or line 2; 4 Unrelated business taxable income from Side 2, Part II, line 30; 5 Unrelated business income from line 3 or line 4; 6 Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses; 7 Net Operating Loss deduction; 8 Add line 6 and line 7; 9 Net unrelated business taxable income; 10 Tax 8.84% x line 9; 11 a New jobs credit, amount generated in 2009; 11 b New jobs credit, amount claimed in 2009; 11 c Tax credits from Schedule B; 12 Balance; 13 Alternative minimum tax; 14 Total tax; 15 Overpayment from a prior year; 16 2009 estimated tax payments; 17 2009 Nonresident or real estate withholding; 18 Amount paid with extension; 19 Total payments and credits; 20 Tax due; 21 Overpayment; 22 Enter amount of line 21 to be applied to 2010 estimated tax; 23 Use tax; 24 Refund; 25 Penalties and interest; 26 Check if estimate penalty computed using Exception B or C; 27 Total amount due.

THE UNIVERSITY CORPORATION
Unrelated Business Taxable Income

95-1992732

928971 11-25-09

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales	118,035.	b Less returns and allowances	Balance	1c	118,035.00
2	Cost of goods sold and/or operations from Schedule A, line 7				2	00
3	Gross profit. Subtract line 2 from line 1c				3	118,035.00
4	a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)				4a	00
	b Net gain (loss) from Part II, Schedule D-1				4b	00
	c Capital loss deduction for trusts				4c	00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule				5	00
6	Rental income from Schedule C				6	00
7	Unrelated debt-financed income from Schedule D				7	00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization from Schedule E				8	00
9	Annuities, interest, rents, and royalties of controlled organizations from Schedule F				9	00
10	Exploited exempt activity income from Schedule G				10	00
11	Advertising income from Schedule H, Part III, Column A				11	00
12	Other income				12	00
13	Total unrelated trade or business income. Add line 3 through line 12				13	118,035.00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I				14	00
15	Salaries and wages				15	109,057.00
16	Repairs				16	3,633.00
17	Bad debts				17	00
18	Interest				18	00
19	Taxes				19	00
20	Contributions				20	00
21	a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	537.00		21	537.00
	b Less: depreciation claimed on Schedule A	21b	00			
22	Depletion				22	00
23	a Contributions to deferred compensation plans				23a	00
	b Employee benefit programs				23b	10,265.00
24	Other deductions		SEE STATEMENT 11		24	20,950.00
25	Total deductions. Add line 14 through line 24				25	144,442.00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13				26	-26,407.00
27	Excess advertising costs from Schedule H, Part III, Column B				27	00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26				28	-26,407.00
29	Specific deduction				29	1,000.00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28				30	-26,407.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title	Date	Telephone
		CHIEF FINANCIAL OF		818-677-5298
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Paid Preparer's SSN/PTIN
	Firm's name (or yours, if self-employed) and address		<input type="checkbox"/>	P00050546
	VICENTI, LLOYD & STUTZMAN, LLP 2210 E. ROUTE 66, SUITE 100 GLENORA, CA 91740			FEIN 95-2242818 Telephone (626) 857-7300
	May the FTB discuss this return with the preparer shown above? See instructions			<input type="checkbox"/> Yes <input type="checkbox"/> No

THE UNIVERSITY CORPORATION

Schedule A Cost of Goods Sold and/or Operations Method of inventory valuation (specify) N/A

Table with 7 rows for Schedule A: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 a Additional IRC Section 263A costs, 4 b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold and/or operations.

Schedule B Tax Credits Do not complete if you must file Schedule P (100 or 541).

Table for Schedule B with 4 rows: 1 Enter credit name, 2 Enter credit name, 3 Enter credit name, 4 Total. Add line 1 through line 3.

Schedule K Add-On Taxes or Recapture of Tax.

Table for Schedule K with 5 rows: 1 Interest computation under the look-back method, 2 Interest on tax attributable to installment, 3 IRC Section 197(f)(9)(B)(ii) election, 4 Credit recapture, 5 Total.

Schedule R Apportionment Formula Worksheet

Table for Schedule R with 6 rows: 1 Property factor, 2 Payroll factor, 3 Sales factor, 4 Multiply the factor on line 3, 5 Total percentage, 6 Average apportionment percentage.

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

Table for Schedule C with 4 columns: (a) Deductions directly connected, (b) Income includible, (a) Gross income reportable, (b) Deductions directly connected, (c) Net income includible.

THE UNIVERSITY CORPORATION
Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		9 Net income (or loss) includible, column 7 less column 8
			(a) Straight-line depreciation	(b) Other deductions	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	
		%			
		%			
		%			

Total. Enter here and on Side 2, Part 1, line 7

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

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5

Total. Enter here and on Side 2, Part 1, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Income (Annuities, Interest, Rents, and Royalties) from Controlled Organizations

1 Name and address of controlled organizations	2 Gross income from controlled organizations	3 Deductions directly connected with column 2 income	4 Exempt controlled organizations		
			(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under Section 23701, or the amount in column (a), whichever is greater	(c) Percentage, column (a) ÷ column (b)
					%
					%
					%

5 Nonexempt controlled organizations

(a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage col. (a) ÷ (b)	6 Gross income reportable, column 2 x column 4(c) or column 5(c)	7 Allowable deductions, column 3 x column 4(c) or column 5(c)	8 Net income includible, column 6 less column 7
		%			
		%			

Total. Enter here and on Side 2, Part 1, line 9

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero

Total. Enter here and on Side 2, Part 1, line 10

FORM 109

OTHER DEDUCTIONS

STATEMENT 11

DESCRIPTION

AMOUNT

BANK FEES	36.
SUPPLIES	4,229.
UTILITIES	1,592.
EQUIPMENT/ EQUIPMENT RENTAL	2,996.
DUES AND SUBSCRIPTIONS	6.
MARKETING AND ADVERTISING	109.
PROFESSIONAL SERVICES	22.
GENERAL AND ADMINISTRATIVE EXPENSES	11,960.

TOTAL TO FORM 109, PAGE 2, LINE 24

20,950.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>18815</u>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
THE UNIVERSITY CORPORATION Name of Organization	Corporate or Organization No. <u>3563080</u>
18111 NORDHOFF STREET Address (Number and Street)	Federal Employer I.D. No. <u>95-1992732</u>
NORTHRIDGE, CA 91330-8309 City or Town, State and ZIP Code	

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2009 ending 06/30/2010) list:
Gross annual revenue \$ 35,116,104. Total assets \$ 45,998,518.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 818-677-2981

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

JOHN GRIFFIN	CHIEF FINANCIAL OFFICER
Signature of authorized officer	Title
Printed Name	Date