

Form **990**

Department of the Treasury  
Internal Revenue Service

# 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.

OMB No. 1545-0047

**2011**

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</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	<b>C</b> Name of organization <b>THE UNIVERSITY CORPORATION</b>		<b>D</b> Employer identification number <b>95-1992732</b>
	Doing Business As		<b>E</b> Telephone number <b>818-677-2981</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>44,634,718.</b>
	<b>18111 NORDHOFF STREET</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 <b>NORTHRIDGE, CA 91330-8310</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>H(c)</b> Group exemption number ▶
F Name and address of principal officer: <b>JOHN GRIFFIN</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.CSUN.EDU</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1958</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE UNIVERSITY CORPORATION IS A SECTION 509(A)(3) SUPPORTING ORGANIZATION OF THE CALIFORNIA STATE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>3</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>1869</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>105,619.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-50,858.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,029,370.	42,931,106.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,314,312.	427,646.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,307,130.	1,275,966.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,650,812.	44,634,718.
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	3,970,415.	3,900,072.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	17,688,202.	19,393,274.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,405,482.	20,357,059.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,064,099.	43,650,405.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,586,713.	984,313.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	53,717,656.	48,979,599.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	32,294,942.	25,170,298.
		21,422,714.	23,809,301.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>JOHN GRIFFIN, CHIEF FINANCIAL OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/type preparer's name <b>JENIFER SIOU</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00616514</b>
	Firm's name ▶ <b>NSBN LLP</b>	Firm's EIN ▶ <b>95-2399533</b>		Phone no. <b>(310) 273-2501</b>	
	Firm's address ▶ <b>9454 WILSHIRE BLVD., 4TH FLOOR</b> <b>BEVERLY HILLS, CA 90212-2907</b>				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: 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 E2? [ ] 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 25,265,062. including grants of \$ 3,900,072.) (Revenue \$ 27,894,365.) GRANTS AND CONTRACTS ADMINISTRATOR

4b (Code: ) (Expenses \$ 12,171,830. including grants of \$ ) (Revenue \$ 14,931,122.) AUXILIARY SERVICES; FOOD SERVICES, BOOKSTORE SALES, REAL ESTATE RENTALS

4c (Code: ) (Expenses \$ 2,321,586. including grants of \$ ) (Revenue \$ 1,275,966.) UNIVERSITY PROJECTS

PRELIMINARY DRAFT SUBJECT TO CHANGE

4d Other program services (Describe in Schedule O.) (Expenses \$ 442,250. including grants of \$ 188,375.) (Revenue \$ )

4e Total program service expenses 40,200,728.

**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 <i>Schedule B, Schedule of Contributors</i> ?		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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
b 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>	X	
c 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>		X
d 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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
<b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	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
b	If "Yes," enter the name of the foreign country: See instructions for 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
a	Gross income from members or shareholders		
b	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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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.

Check if Schedule O contains a response to any question in this Part VI  X

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	17													
b Enter the number of voting members included in line 1a, above, who 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?														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?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										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														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
13 Did the organization have a written whistleblower policy?							X							
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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 STREET, NORTHRIDGE, CA 91330-8310**

**PRELIMINARY DRAFT**  
**SUBJECT TO CHANGE**

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

Check if Schedule O contains a response to any question in this Part VII

**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

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(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) JONATHAN BONILLA SECOND VICE PRESIDENT	1.00	X		X			0.			
(2) ANA CRISTINA CADAVID DIRECTOR	1.00	X					0.			
(3) RICK EVANS PRESIDENT	1.00	X		X			0.	146,817.	45,436.	
(4) DAN HOSKEN DIRECTOR	1.00	X					0.			
(5) JOLENE KOESTER CHAIR	1.00	X		X			0.			
(6) JENNIFER MATOS FIRST VICE PRESIDENT	1.00	X		X			0.			
(7) MICHAEL NEUBAUER RECORDING SECRETARY	1.00	X		X			0.			
(8) BOB RAWITCH DIRECTOR	1.00	X					0.			
(9) LOUIS RUBINO DIRECTOR	1.00	X					0.			
(10) LIZABETH SCHULTZ DIRECTOR	1.00	X					0.			
(11) MICHAEL SPAGNA DIRECTOR	1.00	X					0.			
(12) BENEDICT YASPELKIS TREASURER	1.00	X		X			0.			
(13) HARVEY BOOKSTEIN DIRECTOR	1.00	X					0.			
(14) SHANE CLARK DIRECTOR	1.00	X					0.			
(15) RONALD S. FRIEDMAN DIRECTOR	1.00	X					0.			
(16) BRITTNEY HOOGERVORST DIRECTOR	1.00	X					0.			
(17) SYDNI POWELL DIRECTOR	1.00	X					0.			

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) HENRY TRAN DIRECTOR	1.00	X						0.		
(19) RICHARD MOORE DIRECTOR / GRANTS	45.00	X								
(20) SUSAN SEARS DIRECTOR / GRANTS	45.00	X								
(21) JOHN GRIFFIN SECRETARY AND CFO	45.00			X			120,268.	0.		
(22) SANDRA PLOTIN DIRECTOR, CHIEF OPERATING DIRECTOR	45.00				X		0.			
<b>1b Sub-total</b>							335,670.	1,446,997.	408,628.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							335,670.	1,446,997.	408,628.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	<b>Total.</b> Add lines 1a-1f .....						
	Program Service Revenue	2 a	<b>CONTRACT REVENUE</b>	Business Code 900099	27894365.	27894365.		
b		<b>AUXILIARY SERVICES</b>	722320	15036741.	14931122.	105,619.		
c								
d								
e								
f		All other program service revenue .....						
g		<b>Total.</b> Add lines 2a-2f .....			42931106.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		427,646.			427,646.	
	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) .....				
	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 .....	b					
	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 .....	b						
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 .....	b						
c	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			Business Code					
11 a	<b>OTHER REVENUE</b>	900099	1,275,966.	1,275,966.				
b								
c								
d	All other revenue .....							
e	<b>Total.</b> Add lines 11a-11d .....			1,275,966.				
12	<b>Total revenue.</b> See instructions. ....			44634718.	44101453.	105,619.	427,646.	

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**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).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	3,900,072.	3,900,072.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	335,670.		335,670.	
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	15,798,295.	15,014,904.	783,391.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,259,309.	2,881,583.	377,726.	
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				
g Other	4,808,908.	4,327,422.	481,486.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	583,538.	530,617.	52,921.	
17 Travel	853,702.	839,608.	14,094.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	537,971.	334,743.	203,228.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,609,279.	1,191,990.	417,289.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COSTS OF GOODS SOLD</b>	4,452,401.	4,452,401.		
b <b>DISTRIBUTIONS &amp; RESERVE</b>	2,509,961.	2,509,961.		
c <b>SUPPLIES</b>	1,680,507.	1,635,770.	44,737.	
d <b>EQUIPMENT</b>	1,612,518.	1,589,607.	22,911.	
e All other expenses	1,708,274.	992,050.	716,224.	
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>43,650,405.</b>	<b>40,200,728.</b>	<b>3,449,677.</b>	<b>0.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,753,131.	1	1,341,382.
	2	Savings and temporary cash investments	4,322,055.	2	5,900,020.
	3	Pledges and grants receivable, net	4,509,290.	3	4,585,605.
	4	Accounts receivable, net	930,579.	4	410,730.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	6,455,172.	7	1,803,351.
	8	Inventories for sale or use	224,417.	8	238,971.
	9	Prepaid expenses and deferred charges	71,177.	9	58,242.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,247,428.		
	b	Less: accumulated depreciation	10b 16,889,159.	20,077,752.	10c 19,358,269.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	15,190,639.	12	15,186,654.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	183,444.	15	96,375.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	53,717,656.	16	48,979,599.	
Liabilities	17	Accounts payable and accrued expenses	6,474,228.	17	5,229,949.
	18	Grants payable		18	
	19	Deferred revenue	3,210,048.	19	2,303,809.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	22,610,666.	25	17,636,540.
	26	<b>Total liabilities.</b> Add lines 17 through 25	32,294,942.	26	25,170,298.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	15,552,373.	27	18,050,028.
	28	Temporarily restricted net assets	2,006,548.	28	1,895,480.
	29	Permanently restricted net assets	3,863,793.	29	3,863,793.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	21,422,714.	33	23,809,301.	
34	<b>Total liabilities and net assets/fund balances</b>	53,717,656.	34	48,979,599.	

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,634,718.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,650,405.
3	Revenue less expenses. Subtract line 2 from line 1	3	984,313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,422,714.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,402,274.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	23,809,301.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
3b	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.	X	

Form 990 (2011)

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**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

**2011**

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	1,479,466.
<b>Total</b>	<b>1</b>								<b>1,479,466.</b>

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**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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"/>						

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**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2011.</b> 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>b 33 1/3% support test - 2010.</b> 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"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> 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"/>		
<b>18 Private foundation.</b> 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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**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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**  
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 education)  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, and not on a historic structure listed in the National Register .....	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?  Yes  No

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)?  Yes  No

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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
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.	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.	3,863,793.		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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?		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	10,547,955.		2,825,354.	7,722,601.
c Leasehold improvements	6,006,062.		2,663,041.	3,343,021.
d Equipment	4,423,598.		3,615,812.	807,786.
e Other	15,269,813.		7,784,952.	7,484,861.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,358,269.

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SUBJECT TO CHANGE

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BOND FUNDS	2,000,308.	END-OF-YEAR MARKET VALUE
(B) EQUITY FUNDS	4,410,344.	END-OF-YEAR MARKET VALUE
(C) OTHER INVESTMENTS	94,183.	END-OF-YEAR MARKET VALUE
(D) INVESTMENT IN PUBLIC		
(E) SAFETY BUILDING	5,800,451.	END-OF-YEAR MARKET VALUE
(F) HEDGE FUNDS	733,782.	END-OF-YEAR MARKET VALUE
(G) EQUITY SECURITIES	2,147,586.	END-OF-YEAR MARKET VALUE
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)	<b>15,186,654.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS HELD FOR OTHERS	1,520,119.
(3) CAPITAL LEASE OBLIGATIONS	9,911,421.
(4) BONDS AND COMMERCIAL PAPER	6,205,000.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	<b>17,636,540.</b>

1. If you are required to file Form 990, Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	44,634,718.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43,650,405.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	984,313.
4	Net unrealized gains (losses) on investments	4	-72,106.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1,474,380.
9	Total adjustments (net). Add lines 4 through 8	9	1,402,274.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,386,587.

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

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	46,036,992.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-72,106.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,474,380.
e	Add lines 2a through 2d	2e	1,402,274.
3	Subtract line 2e from line 1	3	44,634,718.
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	44,634,718.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	43,650,405.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	43,650,405.
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	43,650,405.

**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 X, LINE 2: THE CORPORATION HAS EVALUATED ITS TAX POSITION AND THE CERTAINTY AS TO WHETHER THOSE TAX POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY TAX POSITIONS EVALUATED ARE RELATED TO THE CORPORATION'S CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE IS UNRELATED BUSINESS INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT (>50%) OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO**

Part XIV Supplemental Information (continued)

DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

FASB 158 PENSION COST EFFECT 1,474,380.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FASB 158 PENSION COST EFFECT 1,474,380.

PRELIMINARY DRAFT
SUBJECT TO CHANGE



**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.  
Part III can be duplicated 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	478	2,806,723.	0.		
BOOKS/SUPPLIES/TUITION	250	709,719.	0.		
TRAVEL ASSISTANCE	325	286,581.	0.		
OTHER STUDENT COSTS	240	97,049.	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

PRELIMINARY DRAFT  
 SUBJECT TO CHANGE

Part IV Supplemental Information

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

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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.

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE UNIVERSITY CORPORATION**

Employer identification number

**95-1992732**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</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</p>	<b>1b</b>	
<p><b>2</b> 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?</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </p> <p> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	<b>X</b>
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	<b>X</b>
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	<b>X</b>
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p>	<b>5a</b>	<b>X</b>
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<b>X</b>
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p>	<b>6a</b>	<b>X</b>
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<b>X</b>
<p><b>7</b> 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</p>	<b>7</b>	<b>X</b>
<p><b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	<b>X</b>
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>	

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

Schedule J (Form 990) 2011

**PRELIMINARY DRAFT  
SUBJECT TO CHANGE**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANA CRISTINA CADAVID	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 RICK EVANS	(i)	146,817.	0.	0.	26,996.	18,440.	192,253.
	(ii)	0.	0.	0.	0.	0.	0.
3 JOLENE KOESTER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 MICHAEL NEUBAUER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5 LOUIS RUBINO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
6 MICHAEL SPAGNA	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

PRELIMINARY DRAFT SUBJECT TO CHANGE

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 in Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **THE UNIVERSITY CORPORATION** Employer identification number **95-1992732**

Part I Bond Issues SEE PART VI 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		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA STATE UNIVERSITY SYSTEM		NONEAVAIL	04/10/08	3,020,000.	FINANCE CAMPUS HOUSING		X		X		X
B CALIFORNIA STATE UNIVERSITY SYSTEM		NONEAVAIL	04/06/10	2,310,000.	FINANCE RENOVATION OF CAM		X		X		X
C											
D											

Part II Proceeds									
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Amount of bonds retired									
2 Amount of bonds legally defeased									
3 Total proceeds of issue			3,119,594.		2,552,683.				
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds									
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds									
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion									
14 Were the bonds issued as part of a current refunding issue?		X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X					
16 Has the final allocation of proceeds been made?		X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

Part III Private Business Use									
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X					

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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	
	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 entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
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				

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CALIFORNIA STATE UNIVERSITY SYSTEM

(F) DESCRIPTION OF PURPOSE: FINANCE RENOVATION OF CAMPUS FOOD SERVICE

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SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

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:

STUDENT GRANTS AND SCHOLARSHIPS \$188,375

BOND ISSUANCE FEES \$253,875

EXPENSES \$ 442,250. INCLUDING GRANTS OF \$ 188,375. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED IN

COLLABORATION WITH THE ASSOCIATE DIRECTOR OF ACCOUNTING, THE CFO AND  
UNIVERSITY CONTROLLER. ONCE THE RETURN HAS BEEN PREPARED BY THE 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.

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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 SURVEY STUDIES AND REQUIRES APPROVAL BY THE BOARD OF DIRECTORS. THIS WAS LAST DONE IN 2011.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, TAX RETURNS, TAX DETERMINATION LETTER, AND CONFLICTS OF INTEREST POLICY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS ARE ALSO MADE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-72,106.
FASB 158 PENSION COST EFFECT	1,474,380.
TOTAL TO FORM 990, PART XI, LINE 5	1,402,274.

FORM 990, PART XII, LINE 2C:  
AUDIT COMMITTEE OVERSIGHT -

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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:

Name of the organization

THE UNIVERSITY CORPORATION

Employer identification number  
95-1992732

(A) ISSUER NAME: CALIFORNIA STATE UNIVERSITY SYSTEM

(B) DESCRIPTION OF PURPOSE: FINANCE A PORTION OF THE CONSTRUCTION COSTS  
FOR THE NEW VALLEY PERFORMING ARTS CENTER.

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**Related Organizations and Unrelated Partnerships**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **THE UNIVERSITY CORPORATION** Employer identification number **95-1992732**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY NORTHRIDGE - 95-4358677, 18111 NORDHOFF STREET, NORTHRIDGE, CA 91330	ACCREDITED PUBLIC UNIVERSITY	CALIFORNIA	115		BOARD OF TRUSTEES, STATE OF CALIFORNIA		<b>X</b>
NORTH CAMPUS - UNIVERSITY PARK DEVELOPMENT - 95-4115921, 18111 NORDHOFF STREET, NORTHRIDGE, CA 91330	RENTAL INCOME AND LICENSING FEES FROM NORTH CAMPUS FACILITIES	CALIFORNIA	501(C)(3)	509(A)(3)	CALIFORNIA STATE UNIVERSITY NORTHRIDGE		<b>X</b>

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



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

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

	Yes	No
<b>1</b> 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?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses	X	
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

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**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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY - NORTHRIDGE	O	4,076,592.	CASH
(2) CALIFORNIA STATE UNIVERSITY - NORTHRIDGE	P	6,858,947.	CASH
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

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

For calendar year 2011 or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**

**2011**

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>48,979,599.</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions) <b>95-1992732</b></p> <p><b>E</b> Unrelated business activity codes (See instructions) <b>722320</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE UNIVERSITY CORPORATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>18111 NORDHOFF STREET</b></p> <p>City or town, state, and ZIP code <b>NORTHRIDGE, CA 91330-8310</b></p> <p><b>F</b> Group exemption number (See instructions.)</p> <p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---	--	---

**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
1 a Gross receipts or sales <b>105,619.</b>			
b Less returns and allowances <b>c Balance ▶</b>	<b>1c</b>		
2 Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3 Gross profit. Subtract line 2 from line 1c	<b>3</b>		<b>66,441.</b>
4 a Capital gain net income (attach Schedule D)	<b>4a</b>		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c Capital loss deduction for trusts	<b>4c</b>		
5 Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
6 Rent income (Schedule C)	<b>6</b>		
7 Unrelated debt-financed income (Schedule E)	<b>7</b>		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10 Exploited exempt activity income (Schedule I)	<b>10</b>		
11 Advertising income (Schedule J)	<b>11</b>		
12 Other income (See instructions; attach schedule.)	<b>12</b>		
13 <b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>66,441.</b>	<b>66,441.</b>

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	15
14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			<b>92,705.</b>
16 Repairs and maintenance			<b>1,038.</b>
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			
20 Charitable contributions (See instructions for limitation rules.)			
21 Depreciation (attach Form 4562)	<b>21</b>	<b>2,426.</b>	
22 Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b 2,426.</b>
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			<b>8,553.</b>
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			
28 Other deductions (attach schedule) <b>SEE STATEMENT 1</b>			<b>12,577.</b>
29 <b>Total deductions.</b> Add lines 14 through 28			<b>117,299.</b>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<b>-50,858.</b>
31 Net operating loss deduction (limited to the amount on line 30)			<b>0.</b>
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			<b>-50,858.</b>
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)			<b>1,000.</b>
34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			<b>-50,858.</b>

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**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 2010 overpayment credited to 2011 44a

**b 2011 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 Credit for small employer health insurance premiums** (Attach Form 8941) 44f

**g Other credits and payments:**  Form 2439  Form 4136  Other 44g Total 44g

**45 Total payments.** Add lines 44a through 44g 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 2012 estimated tax 49 Refunded 49

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**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

		Yes	No
1 At any time during the 2011 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 <input type="checkbox"/>			X
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 instructions for other forms the organization may have to file.			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>			

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

1 Inventory at beginning of year <span style="float:right">1</span> 0.	6 Inventory at end of year <span style="float:right">6</span> 0.
2 Purchases <span style="float:right">2</span> 39,178.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 <span style="float:right">7</span> 39,178.
3 Cost of labor <span style="float:right">3</span>	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float:right">8</span>
4a Additional section 263A costs <span style="float:right">4a</span>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b Other costs (attach schedule) <span style="float:right">4b</span>	
5 Total. Add lines 1 through 4b <span style="float:right">5</span> 39,178.	

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** CHIEF FINANCIAL OFFICER

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENIFER SIOU</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00616514</b>
	Firm's name <input type="checkbox"/> NSBN LLP			Firm's EIN <input type="checkbox"/> 95-2399533	
	Firm's address <input type="checkbox"/> 9454 WILSHIRE BLVD., 4TH FLOOR <input type="checkbox"/> BEVERLY HILLS, CA 90212-2907			Phone no. <input type="checkbox"/> (310) 273-2501	

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

<b>1. Description of property</b>		
(1)		
(2)		
(3)		
(4)		
<b>2. Rent received or accrued</b>		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total <b>0.</b>	Total <b>0.</b>	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <b>0.</b>		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) <b>0.</b>

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property</b> (attach schedule)	<b>5. Average adjusted basis of or allocable to debt-financed property</b> (attach schedule)	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable</b> (column 2 x column 6)	<b>8. Allocable deductions</b> (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> <b>0.</b>			<b>0.</b>	<b>0.</b>
<b>Total dividends-received deductions included in column 8</b> <b>0.</b>				<b>0.</b>

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

<b>1. Name of controlled organization</b>	<b>2. Employer identification number</b>	<b>Exempt Controlled Organizations</b>			
		<b>3. Net unrelated income (loss)</b> (see instructions)	<b>4. Total of specified payments made</b>	<b>5. Part of column 4 that is included in the controlling organization's gross income</b>	<b>6. Deductions directly connected with income in column 5</b>
(1)					
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
<b>7. Taxable income</b>	<b>8. Net unrelated income (loss)</b> (see instructions)	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's gross income</b>	<b>11. Deductions directly connected with income in column 10</b>	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b> <b>0.</b>			<b>0.</b>	<b>0.</b>	

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

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)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

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)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**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)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, 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)						
<b>(5) Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

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

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
BANK FEES		13.	
SUPPLIES		3,919.	
UTILITIES		903.	
EQUIPMENT/EQUIPMENT RENTAL		2,069.	
DUES AND SUBSCRIPTIONS		6.	
MARKETING AND ADVERTISING		59.	
PROFESSIONAL SERVICES		1,567.	
GENERAL AND ADMINISTRATIVE		4,041.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		12,577.	

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California Exempt Organization Business Income Tax Return

2011

109

Calendar Year 2011 or fiscal year beginning month JUL day 1 year 2011, and ending month JUN day 30 year 2012.

A First Return Filed? [ ] Yes [X] No B Is this an education IRA within the meaning of R&TC Section 23712? [ ] Yes [X] No CORP # 3563080

Corporation/Organization Name THE UNIVERSITY CORPORATION FEIN 95-1992732

Address 18111 NORDHOFF STREET

City NORTHBRIDGE State CA ZIP Code 91330-8310

C Is the organization under audit by the IRS or has the IRS audited in a prior year? [ ] Yes [X] No
D Final Return? [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized (attach explanation)
E Amended Return [ ] Yes [X] No
F Accounting Method Used: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other
G Nature of trade or business CATERING
H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? [ ] Yes [X] No
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 (MEA) tax benefits? [ ] Yes [X] No
J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? [ ] Yes [X] No
K Unrelated Business Activity (UBA) Code 722320

Table with 3 columns: Description, Line Number, Amount. Rows include Taxable Corporate Income (lines 1-3), Taxable Trust (lines 4-5), Tax Computation (lines 6-11), Total Tax (lines 12-14), Payments (lines 15-19), Refund (lines 20-27).

PRELIMINARY DRAFT SUBJECT TO CHANGE

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a	Gross receipts or gross sales	105,619.	b	Less returns and allowances		Balance	1c	105,619.00
2		Cost of goods sold and/or operations (Schedule A, line 7)						2	39,178.00
3		Gross profit. Subtract line 2 from line 1c						3	66,441.00
4	a	Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)						4a	00
	b	Net gain (loss) from Part II, Schedule D-1						4b	00
	c	Capital loss deduction for trusts						4c	00
5		Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule						5	00
6		Rental income (Schedule C)						6	00
7		Unrelated debt-financed income (Schedule D)						7	00
8		Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)						8	00
9		Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)						9	00
10		Exploited exempt activity income (Schedule G)						10	00
11		Advertising income (Schedule H, Part III, Column A)						11	00
12		Other income. Attach schedule						12	00
13		Total unrelated trade or business income. Add line 3 through line 12						13	66,441.00

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	92,705.00
16		Repairs						16	1,038.00
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)	2,426.			21a	2,426.00		
	b	Less: depreciation claimed on Schedule A				21b	00	21	2,426.00
22		Depletion						22	00
23	a	Contributions to deferred compensation plans						23a	00
	b	Employee benefit programs						23b	8,553.00
24		Other deductions	SEE STATEMENT 12					24	12,577.00
25		Total deductions. Add line 14 through line 24						25	117,299.00
26		Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13						26	-50,858.00
27		Excess advertising costs (Schedule H, Part III, Column B)						27	00
28		Unrelated business taxable income before specific deduction. Subtract line 27 from line 26						28	-50,858.00
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	-50,858.00

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 CHIEF FINANCIAL OFFICER	Date	Telephone
	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	PTIN P00616514
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) ▶	NSBN LLP	FEIN 95-2399533	Telephone (310) 273-2501
	and address	9454 WILSHIRE BLVD., 4TH FLOOR BEVERLY HILLS, CA 90212-2907	May the FTB discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

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

Table with 7 rows for Schedule A. Line 1: Inventory at beginning of year 00. Line 2: Purchases 39,178.00. Line 3: Cost of labor 00. Line 4a: Additional IRC Section 263A costs 00. Line 4b: Other costs 00. Line 5: Total 39,178.00. Line 6: Inventory at end of year 00. Line 7: Cost of goods sold and/or operations 39,178.00. Includes a checkbox for IRC Section 263A rules.

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

Table for Schedule B with 4 rows. Line 1-3: Enter credit name and code no. (00). Line 4: Total of all claimed credits 00.

Schedule K Add-On Taxes or Recapture of Tax.

Table for Schedule K with 5 rows. Line 1: Interest computation under look-back method 00. Line 2: Interest on tax attributable to installment (Sales of certain timeshares or residential lots) 00. Line 3: IRC Section 197(f)(9)(B)(ii) election 00. Line 4: Credit recapture. Credit name 00. Line 5: Total 00.

Schedule R Apportionment Formula Worksheet

Is this organization electing the Alternate Method - Single-Sales Factor Formula? [ ] Yes [X] No
If "Yes," skip Part A and complete Part B. If "No," complete Part A and skip Part B.

Part A. Standard Method - Three Factor Formula. Complete this part only if the corporation uses the three-factor formula. (The three-factor formula includes the double-weighted sales factor.)

Table for Part A with 6 rows and 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California (b) ÷ (a). Line 6 result: 100.0000%

Part B. Alternate Method - Single-Sales Factor Formula. Complete this part only if the corporation elects the single-sales factor formula. This is an Irrevocable annual election.

Table for Part B with 2 rows and 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California (b) ÷ (a).

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

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with 3 columns: 1 Description of property, 2 Rent received or accrued, 3 Percentage of rent attributable to personal property.

Table for Schedule C with 5 columns: (a) Deductions directly connected, (b) Income includible, (c) Gross income reportable, (d) Deductions directly connected with personal property, (e) Net income includible.

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

Table with 6 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 indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income.

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

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

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

Table for Nonexempt Controlled Organizations with 6 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).

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 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 from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includable.

PRELIMINARY DRAFT
SUBJECT TO CHANGE

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6...

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns, same structure as Part I, for separate basis reporting.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7, (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

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

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

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

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

PRELIMINARY DRAFT SUBJECT TO CHANGE

FORM 109	OTHER DEDUCTIONS	STATEMENT 12
DESCRIPTION		AMOUNT
BANK FEES		13.
SUPPLIES		3,919.
UTILITIES		903.
EQUIPMENT/EQUIPMENT RENTAL		2,069.
DUES AND SUBSCRIPTIONS		6.
MARKETING AND ADVERTISING		59.
PROFESSIONAL SERVICES		1,567.
GENERAL AND ADMINISTRATIVE		4,041.
TOTAL TO FORM 109, PAGE 2, LINE 24		12,577.

PRELIMINARY DRAFT  
 SUBJECT TO CHANGE

TAXABLE YEAR

2011

California Exempt Organization Annual Information Return

128941 12-15-11 FORM

199

Calendar Year 2011 or fiscal year beginning month JULY day 1 year 2011, and ending month JUNE day 30 year 2012.

THE UNIVERSITY CORPORATION
18111 NORDHOFF STREET
NORTHRIDGE
State CA ZIP Code 91330-8310
California corporation number 3563080
FEIN 95-1992732

A First Return [X] No
B Amended Return [X] No
C IRC Section 4947(a)(1) trust [X] No
D Final Return [X] No
E Check accounting method: (1) [X] Accrual (3) [ ] Other
F Federal return filed? (1) [X] 990T (2) [ ] 990(PF) (3) [ ] Sch H (990)
G Is this a group filing for the subordinates/affiliates? [X] No
H Is this organization in a group exemption? [X] No
I 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? [X] No
J 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)? [X] No
K Is the organization exempt under R&TC Section 23701g? [X] No
L 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. No filing fee is required. [ ]
M Is the organization a Limited Liability Company? [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? [X] Yes [ ] No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? [X] No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Line 1: 44,634,718.00; Line 4: 44,634,718.00; Line 8: 44,634,718.00; Line 9: 43,650,405.00; Line 10: 984,313.00; Line 11: 10.00; Line 15: 10.00

Sign Here: Signature of officer CHIEF FINANCIA, Date, Telephone
Preparer's signature: NSBN LLP, 9454 WILSHIRE BLVD., 4TH FLOOR, BEVERLY HILLS, CA 90212-2907
Check if self-employed [ ]
PTIN: P00616514
FEIN: 95-2399533
Telephone: (310) 273-2501
May the FTB discuss this return with the preparer shown above? [X] 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.

128951 12-08-11

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	00
	3	Dividends	•	3	427,646.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income SEE STATEMENT 1	•	7	44,207,072.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	44,634,718.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 2	•	9	3,900,072.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	•	11	335,670.00
	12	Other salaries and wages	•	12	15,798,295.00
	13	Interest	•	13	537,971.00
	14	Taxes	•	14	00
	15	Rents	•	15	583,538.00
	16	Depreciation and depletion (See instructions)	•	16	1,609,279.00
	17	Other Expenses and Disbursements SEE STATEMENT 4	•	17	20,885,580.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	43,650,405.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		6,075,186.		• 7,241,402.
2	Net accounts receivable		930,579.		• 410,730.
3	Net notes receivable STMT 5		6,455,172.		• 1,803,351.
4	Inventories		224,417.		• 238,971.
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments STMT 6		15,190,639.		• 15,186,654.
10 a	Depreciable assets	35,357,632.		36,247,428.	
b	Less accumulated depreciation	(15,279,880.)	20,077,752.	(16,889,159.)	19,358,269.
11	Land				•
12	Other assets STMT 7		4,763,911.		• 4,740,222.
13	Total assets		53,717,656.		48,979,599.
<b>Liabilities and net worth</b>					
14	Accounts payable		6,474,228.		• 5,229,949.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities STMT 8		25,820,714.		19,940,349.
19	Capital stock or principle fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		21,422,714.		• 23,809,301.
22	Total liabilities and net worth		53,717,656.		48,979,599.

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	• 2,386,587.	7	Income recorded on books this year not included in this return STMT 10	• 1,474,380.
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	1,474,380.
4	Income not recorded on books this year	•	10	Net income per return. Subtract line 9 from line 6	984,313.
5	Expenses recorded on books this year not deducted in this return STMT 9	• 72,106.			
6	Total. Add line 1 through line 5	2,458,693.			

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
OTHER REVENUE		1,275,966.	
CONTRACT REVENUE		27,894,365.	
AUXILIARY SERVICES		15,036,741.	
TOTAL TO FORM 199, PART II, LINE 7		44,207,072.	

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
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ACTIVITY CLASSIFICATION: STIPENDS/FELOWSHIPS PAID FROM GRANTING AGENCY FUNDS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
478 RECIPIENTS	DETAILED RECORDS MAINTAINED AT THE ORGANIZATION	NONE	2,806,723.
TOTAL FOR THIS ACTIVITY			2,806,723.

ACTIVITY CLASSIFICATION: BOOKS/SUPPLIES/TUITION

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
250 RECIPIENTS	DETAILED RECORDS MAINTAINED AT THE ORGANIZATION	NONE	709,719.
TOTAL FOR THIS ACTIVITY			709,719.

ACTIVITY CLASSIFICATION: TRAVEL ASSISTANCE

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
325 RECIPIENTS	DETAILED RECORDS MAINTAINED AT THE ORGANIZATION	NONE	286,581.

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

TOTAL FOR THIS ACTIVITY 286,581.

ACTIVITY CLASSIFICATION: OTHER STUDENT COSTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
240 RECIPIENTS	DETAILED RECORDS MAINTAINED AT THE ORGANIZATION	NONE	97,049.

TOTAL FOR THIS ACTIVITY 97,049.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 3,900,072.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
JONATHAN BONILLA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	SECOND VICE PRESIDENT 1.00	0.
ANA CRISTINA CADAVID 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
RICK EVANS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	PRESIDENT 1.00	0.
DAN HOSKEN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
JOLENE KOESTER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	CHAIR 1.00	0.

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

THE UNIVERSITY CORPORATION

95-1992732

JENNIFER MATOS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	FIRST VICE PRESIDENT 1.00	0.
MICHAEL NEUBAUER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	RECORDING SECRETARY 1.00	0.
BOB RAWITCH 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
LOUIS RUBINO 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
LIZABETH SCHULTZ 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
MICHAEL SPAGNA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
BENEDICT YASPELKIS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	TREASURER 1.00	0.
HARVEY BOOKSTEIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
SHANE CLARK 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
RONALD S. FRIEDMAN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
BRITTNEY HOOGERVORST 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
SYDNI POWELL 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.
HENRY TRAN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR 1.00	0.

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

RICHARD MOORE 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR / GRANTS 45.00	
SUSAN SEARS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR / GRANTS 45.00	
JOHN GRIFFIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	SECRETARY AND CFO 45.00	120,268.
SANDRA PLOTIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8310	DIRECTOR, CHIEF OPERATING 45.00	0.
TOTAL TO FORM 199, PART II, LINE 11		335,670.

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
COSTS OF GOODS SOLD	4,452,401.
DISTRIBUTIONS & RESERVE	2,509,961.
SUPPLIES	1,680,507.
EQUIPMENT	1,612,518.
OTHER EMPLOYEE BENEFITS	3,259,309.
OTHER PROFESSIONAL FEES	4,808,908.
TRAVEL	853,702.
ALL OTHER EXPENSES	1,708,274.
TOTAL TO FORM 199, PART II, LINE 17	20,885,580.

FORM 199	NET NOTES RECEIVABLE	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	6,455,172.	1,803,351.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	6,455,172.	1,803,351.

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

FORM 199	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
BOND FUNDS	888,042.	2,000,308.
EQUITY FUNDS	5,291,760.	4,410,344.
OTHER INVESTMENTS	104,644.	94,183.
INVESTMENT IN PUBLIC SAFETY BUILDING	6,143,586.	5,800,451.
HEDGE FUNDS	767,319.	733,782.
EQUITY SECURITIES	1,995,288.	2,147,586.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	15,190,639.	15,186,654.

FORM 199	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
CONSTRUCTION IN PROGRESS	183,444.	96,375.
PLEDGES AND GRANTS RECEIVABLE	4,509,290.	4,585,605.
PREPAID EXPENSES AND DEFERRED CHARGES	71,177.	58,242.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	4,763,911.	4,740,222.

FORM 199	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPOSITS HELD FOR OTHERS	1,717,355.	1,520,119.
CAPITAL LEASE OBLIGATIONS	10,039,311.	9,911,421.
BONDS AND COMMERCIAL PAPER	10,854,000.	6,205,000.
DEFERRED REVENUE	3,210,048.	2,303,809.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	25,820,714.	19,940,349.

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT 9
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DESCRIPTION	AMOUNT
NET UNREALIZED LOSS	72,106.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	72,106.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 10
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DESCRIPTION	AMOUNT
FASB 158 PENSION COST EFFECT	1,474,380.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	1,474,380.

FORM 199	FUND BALANCES	STATEMENT 11
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	15,552,373.	18,050,028.
TEMPORARILY RESTRICTED ASSETS	2,006,548.	1,895,480.
PERMANENTLY RESTRICTED ASSETS	3,863,793.	3,863,793.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	21,422,714.	23,809,301.

PRELIMINARY DRAFT  
SUBJECT TO CHANGE

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>  <b>THE UNIVERSITY CORPORATION</b> <small>Name of Organization</small> <u>18111 NORDHOFF STREET</u> <small>Address (Number and Street)</small> <u>NORTHRIDGE, CA 91330-8310</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>3563080</u>  Federal Employer I.D. No. <u>95-1992732</u>
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**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 07/01/2011 ending 06/30/2012) list:  
 Gross annual revenue \$ 44,634,718. Total assets \$ 48,979,599.

**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 JOHN.GRIFFIN@CSUN.EDU

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 <small>Printed Name</small>	CHIEF FINANCIAL OFFICER <small>Title</small>
	<small>Date</small>

PRELIMINARY DRAFT  
 SUBJECT TO CHANGE