

Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE UNIVERSITY CORPORATION	D Employer identification number 95-1992732
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) 18111 NORDHOFF STREET	Room/suite	E Telephone number 818-677-2981
<input type="checkbox"/> Name change		City or town, state or country, and ZIP + 4 NORTHRIDGE, CA 91330-8309	
<input type="checkbox"/> Initial return		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
<input type="checkbox"/> Termination	* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations.		
<input type="checkbox"/> Amended return	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ N/A H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Application pending	I Group Exemption Number ▶ N/A M Check <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).		

G Website: ▶ **WWW.CSUN.EDU/UNIVERSITYCORPORATION**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **38,753,832.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
		a	Contributions to donor advised funds	1a		
		b	Direct public support (not included on line 1a)	1b		
		c	Indirect public support (not included on line 1a)	1c		
		d	Government contributions (grants) (not included on line 1a)	1d		
		e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)		1e	0.
		2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	31,948,262.
		3	Membership dues and assessments		3	
		4	Interest on savings and temporary cash investments		4	26,199.
		5	Dividends and interest from securities		5	1,438,001.
		6a	Gross rents SEE STATEMENT 1	6a	19,755.	
		b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a		6c	19,755.	
	7	Other investment income (describe ▶)		7		
	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
			5,242,289.	61,938.		
	b	Less: cost or other basis and sales expenses	8b	45,285.		
	c	Gain or (loss) (attach schedule)	8c	16,653.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2 STMT 3		8d	743,907.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c		
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c		
	11	Other revenue (from Part VII, line 103)		11	17,388.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	34,193,512.	
Expenses	13	Program services (from line 44, column (B))		13	31,191,233.	
	14	Management and general (from line 44, column (C))		14	1,949,789.	
	15	Fundraising (from line 44, column (D))		15		
	16	Payments to affiliates (attach schedule)		16		
	17	Total expenses. Add lines 16 and 44, column (A)		17	33,141,022.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	1,052,490.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	29,669,554.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		20	-4,792,785.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	25,929,259.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	597,079.	0.	597,079.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(i)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	13,428,341.	12,621,393.	806,948.	
27 Pension plan contributions not included on lines 25a, b, and c	7,792.	229.	7,563.	
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	2,795,412.	2,314,705.	480,707.	
30 Professional fundraising fees				
31 Accounting fees	83,860.	25,860.	58,000.	
32 Legal fees	55,372.	44,201.	11,171.	
33 Supplies	1,070,703.	976,395.	94,308.	
34 Telephone	100,107.	78,684.	21,423.	
35 Postage and shipping	10,432.	1,372.	9,060.	
36 Occupancy				
37 Equipment rental and maintenance	536,640.	419,721.	116,919.	
38 Printing and publications	58,566.	42,914.	15,652.	
39 Travel	794,924.	791,278.	3,646.	
40 Conferences, conventions, and meetings	15,750.	13,595.	2,155.	
41 Interest	674,995.	310,404.	364,591.	
42 Depreciation, depletion, etc. (attach schedule)	1,267,421.	943,442.	323,979.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	11,643,628.	12,607,040.	-963,412.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	33,141,022.	31,191,233.	1,949,789.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 if "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SPONSORED PROJECTS: THE UNIVERSITY STRIVES TO CREATE AND MAINTAIN A BALANCE BETWEEN INSTRUCTION AND CREATIVE SCHOLARLY INQUIRY. RESEARCH ACTIVITIES AND INNOVATIVE DEVELOPMENT IN INSTRUCTIONAL METHODS ARE VITAL ELEMENTS TO CSUN'S PURSUIT OF ACADEMIC EXCELLENCE.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	16,674,628.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) SEE STATEMENT 7	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	14,516,605.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	31,191,233.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	4,235,088.	45	3,718,508.
	46 Savings and temporary cash investments	847,197.	46	721,298.
	47 a Accounts receivable	47a 419,069.		
	b Less: allowance for doubtful accounts	47b 30,157.		
			583,786.	47c 388,912.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		3,775,189.	49 3,569,826.
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		156,308.	52 171,178.
	53 Prepaid expenses and deferred charges		122,686.	53 91,540.
	54 a investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
b Investments - other securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		28,582,084.	54b 26,125,940.	
55 a Investments - land, buildings, and equipment: basis	55a 126,759.			
b Less: accumulated depreciation STMT 8	55b	172,044.	55c 126,759.	
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 28,609,570.			
b Less: accumulated depreciation STMT 9	57b 10,735,336.			
		12,820,314.	57c 17,874,234.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 10)		4,941,629.	58 696,720.	
59 Total assets (must equal line 74). Add lines 45 through 58		56,236,325.	59 53,484,915.	
Liabilities	60 Accounts payable and accrued expenses	4,998,929.	60	5,541,050.
	61 Grants payable		61	
	62 Deferred revenue	2,990,063.	62	2,166,093.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities	3,100,000.	64a	2,915,000.
	b Mortgages and other notes payable	236,966.	64b	314,540.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 11)		15,240,813.	65 16,618,973.
66 Total liabilities. Add lines 60 through 65		26,566,771.	66 27,555,656.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	21,768,968.	67	18,656,779.
	68 Temporarily restricted	5,575,965.	68	4,947,859.
	69 Permanently restricted	2,324,621.	69	2,324,621.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		29,669,554.	73 25,929,259.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		56,236,325.	74 53,484,915.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts 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?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: 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.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ CA		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	500
91 a	The books are in care of ▶ THE UNIVERSITY CORPORATION Telephone no. ▶ 818-677-4815 Located at ▶ 18111 NORDHOFF ST, NORTHRIDGE, CA ZIP + 4 ▶ 91330-8309		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 Yes No
 and enter the amount of tax-exempt interest received or accrued during the tax year N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a AUXILIARY SERVICES	722320	180,046.			12,891,091.
b CONTRACT REVENUE					18,449,960.
c FEES AND HANDLING					
d CHARGES					427,165.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	26,199.	
96 Dividends and interest from securities			14	1,438,001.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	19,755.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	743,907.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE			03	17,388.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		180,046.		2,245,250.	31,768,216.
105 Total (add line 104, columns (B), (D), and (E))					34,193,512.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 15

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: **JOHN GRIFFIN, CHIEF FINANCIAL OFFICER** Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **VICENTI, LLOYD & STUTZMAN, LLP**
2210 E. ROUTE 66, SUITE 100
GLENDORA, CA 91740

Preparer's SSN or PTIN (See Gen. Inst. X): _____ EIN: _____ Phone no.: **(626) 857-7300**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EMBLEM SCARPACI, CLOVIS 18111 NORDHOFF STREET, NORTHRIDGE, CA	CLINICAL SUPERVISOR 45.00	70,224.	16,885.	
KILLOPS, TIMOTHY 18111 NORDHOFF STREET, NORTHRIDGE, CA	FACILITIES & PROJECT 45.00	74,247.	19,237.	
CORRIGAN, ELIZABETH 18111 NORDHOFF STREET, NORTHRIDGE, CA	ASSOC. DIRECTOR 45.00	79,792.	21,965.	
PLOTIN, SANDRA C 18111 NORDHOFF STREET, NORTHRIDGE, CA	DIRECTOR 45.00	100,436.	21,922.	
LOREN, TERESA 18111 NORDHOFF STREET, NORTHRIDGE, CA	ACCOUNTING MANAGER 45.00	89,315.	23,645.	
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

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

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE	95-1992732	6	X		814,031.
Total					814,031.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. **N/A**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
41		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. 67

Name(s) shown on return THE UNIVERSITY CORPORATION	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 95-1992732
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	1,267,421.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,267,421.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2007 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2007 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
HUD RENTAL PROPERTIES	1	19,755.
TOTAL TO FORM 990, PART I, LINE 6A		<u>19,755.</u>

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	5,242,289.	4,515,035.	0.	727,254.
TO FORM 990, PART I, LINE 8	<u>5,242,289.</u>	<u>4,515,035.</u>	<u>0.</u>	<u>727,254.</u>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
	07/01/07	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	61,938.	45,285.	0.	0.	16,653.
TO FM 990, PART I, LN 8	61,938.	45,285.	0.	0.	16,653.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS	-3,765,184.
EFFECT OF FASB STATEMENT # 158	-1,027,601.
TOTAL TO FORM 990, PART I, LINE 20	-4,792,785.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
	INSURANCE	110,624.	68,814.	41,810.
MARKETING	49,965.	28,174.	21,791.	
EQUIPMENT	571,788.	552,538.	19,250.	
AMORTIZATION	140,653.	8,320.	132,333.	
CONTRACTED SERVICES	875,317.	724,226.	151,091.	
UTILITIES	375,659.	199,652.	176,007.	
TRAINING	76,725.	76,725.		
PROGRAM COSTS	814,031.	814,031.		
SUBCONTRACT SERVICES	996,348.	996,348.		
HANDLING FEE	33,265.	33,265.		
ENDOWMENT EXPENDITURES	696,520.	696,520.		
GRANT SPECIFIC EXPENDITURES	534,378.	534,378.		
COMPUTER SYSTEMS SUPPORT	12,082.	12,082.		

DISTRIBUTIONS & RESERVE ACTIVITY	1,395,163.	1,395,163.	
TAXES & LICENSES	67,369.	67,369.	
DUES	114,271.	114,271.	
GENERAL AND ADMIN. ALLOCATION	0.	1,941,882.	-1,941,882.
OTHER OPERATING EXPENSE	1,120,163.	683,975.	436,188.
AUXILIARY SERVICES	3,659,307.	3,659,307.	
TOTAL TO FM 990, LN 43	11,643,628.	12,607,040.	-963,412.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

THE UNIVERSITY CORPORATION'S PRIMARY PURPOSES INCLUDE OPERATING THE CALIFORNIA STATE UNIVERSITY, NORTHRIDGE'S CAMPUS BOOKSTORE, FOOD SERVICES, AND VENDING OPERATIONS; AND ADMINISTERING VARIOUS FUNDS AND GRANTS; MANAGING CERTAIN CAMPUS HOUSING PROJECTS; AND PERFORMING OTHER ACTIVITIES SUPPORTING THE UNIVERSITY COMMUNITY.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
UNIVERSITY PROJECTS	0.	2,157,195.
AUXILIARY SERVICES	0.	12359410.
TOTAL TO FORM 990, PART III, LINE E		14516605.

FORM 990 DEPRECIATION OF ASSETS HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
INVESTMENTS IN REAL ESTATE	126,759.	0.	126,759.
TOTAL TO FORM 990, PART IV, LN 55	126,759.	0.	126,759.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
CAPITAL LEASES	12,914,389.	5,088,990.	7,825,399.
BUILDINGS	8,343,098.	1,593,481.	6,749,617.
BUILDINGS IMPROVEMENTS	2,129,383.	1,050,751.	1,078,632.
REAL ESTATE PROPERTIES	712,716.	0.	712,716.
FURNITURE, FIXTURES, AND EQUIPMENT	3,395,111.	1,974,877.	1,420,234.
COMPUTERS AND SOFTWARE	1,114,873.	1,027,237.	87,636.
TOTAL TO FORM 990, PART IV, LN 57	28,609,570.	10,735,336.	17,874,234.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED FINANCING COSTS	188,012.	0.
CONSTRUCTION IN PROGRESS	4,753,617.	696,720.
TOTAL TO FORM 990, PART IV, LINE 58	4,941,629.	696,720.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS HELD FOR OTHERS	4,773,888.	6,438,088.
CAPITAL LEASE OBLIGATION	10,466,925.	10,180,885.
TOTAL TO FORM 990, PART IV, LINE 65	15,240,813.	16,618,973.

FORM 990	OTHER SECURITIES	STATEMENT 12
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
BOND FUNDS	FMV	79,052.
EQUITY FUNDS	FMV	13,819,404.
INTERNATIONAL EQUITY FUNDS	FMV	1,585,211.
EMERGING MARKETS FUNDS	FMV	996,393.
CORPORATE SECURITIES	FMV	1,707,528.
OTHER INVESTMENTS	FMV	6,000.
COMMERCIAL PAPER	FMV	1,200,000.
INVESTMENT IN PUBLIC SAFETY BUILDING	FMV	6,461,888.
GLOBAL REAL ESTATE FUND	FMV	128,874.
COMMODITIES FUND	FMV	141,590.
TO FORM 990, LINE 54B, COL B		26,125,940.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 13
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RACHEL BENTLEY 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
HARVEY BOOKSTEIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
ANA CRISTINA CADAVID 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
RONALD FRIEDMAN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
DAN HOSKEN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.

BRYANNE KNIGHT 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
WILLIAM JENNINGS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	RECORDING SECRETARY 1.00	0.	0.	0.
JOLENE KOESTER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	CHAIR 1.00	0.	0.	0.
JENNIFER MATOS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	TREASURER 1.00	0.	0.	0.
MICHAEL NEUBAUER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
BOB RAWITCH 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
NICOLE UMALI 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
MICHAEL SPAGNA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
BENEDICT YASPELKIS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	FIRST VICE PRESIDENT 1.00	0.	0.	0.
JUANA ZAMORA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	2ND VICE PRESIDENT 1.00	0.	0.	0.
JOHN GRIFFIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	SECRETARY/C.F.O 45.00	117,474.	24,022.	0.
RICK EVANS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	PRESIDENT/INTERIM EXEC DIR 45.00	124,546.	25,169.	0.
DAVID NIRENBERG 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR/COMMERCIAL SERVICES 45.00	111,405.	22,569.	0.

JANE DELORENZIS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR/REAL ESTATE 25.00	60,130.	11,161.	0.
YOLIE VASQUEZ 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00		0.	0.
GEORG JAHN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR/SPONSORED PROGRAMS 45.00	86,069.	14,534.	0.
JOSH HANSEN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00		0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>499,624.</u>	<u>97,455.</u>	<u>0.</u>

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 14

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
ANA CRISTINA CADAVID	149,579.		
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
CAL STATE UNIVERSITY, NORTHRIDGE		95-4358677	
RELATIONSHIP BETWEEN ORGANIZATIONS			
UNIVERSITY CORP ADMINISTERS VARIOUS ACTIVITIES FOR CSU NORTHRIDGE			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DAN HOSKEN	108,828.		
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
CAL STATE UNIVERSITY, NORTHRIDGE		95-4358677	
RELATIONSHIP BETWEEN ORGANIZATIONS			
UNIVERSITY CORP ADMINISTERS VARIOUS ACTIVITIES FOR CSU NORTHRIDGE			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
WILLIAM JENNINGS	240,872.		
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
CAL STATE UNIVERSITY, NORTHRIDGE		95-4358677	
RELATIONSHIP BETWEEN ORGANIZATIONS			
UNIVERSITY CORP ADMINISTERS VARIOUS ACTIVITIES FOR CSU NORTHRIDGE			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
JOLENE KOESTER	373,116.		
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
CAL STATE UNIVERSITY, NORTHRIDGE		95-4358677	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
UNIVERSITY CORP ADMINISTERS VARIOUS ACTIVITIES FOR CSU NORTHRIDGE			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
JENNIFER MATOS	105,803.		
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
CAL STATE UNIVERSITY, NORTHRIDGE		95-4358677	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
UNIVERSITY CORP ADMINISTERS VARIOUS ACTIVITIES FOR CSU NORTHRIDGE			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
MICHAEL SPAGNA	161,028.		
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
CAL STATE UNIVERSITY, NORTHRIDGE		95-4358677	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
UNIVERSITY CORP ADMINISTERS VARIOUS ACTIVITIES FOR CSU NORTHRIDGE			

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 15

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A REVENUES FROM VARIOUS AUXILIARY SERVICES INCLUDING FOOD SERVICES,
93A BOOKSTORE, AND HOUSING PROVIDED TO THE UNIVERSITY COMMUNITY IN SUPPORT
93A OF THE ORGANIZATION'S PRIMARY PURPOSES.
93B REVENUE RECEIVED FROM PROGRAMS FOR COMMUNITY PROJECTS AND UNIVERSITY
93B FUNCTIONS. THESE PROGRAMS BENEFIT THE UNIVERSITY COMMUNITY BY
93B CREATING AND MAINTAINING THE BALANCE BETWEEN INSTRUCTION AND CREATIVE
93B SCHOLARLY INQUIRY.
93C REVENUE RELATED TO THE UNIVERSITY'S SPONSORED PROJECTS PROGRAM OF
93C *RESEARCH AND TRAINING PROJECTS PRIMARILY FROM FEDERAL, STATE, AND*
93C LOCAL GOVERNMENTS. THESE PROGRAMS BENEFIT THE UNIVERSITY COMMUNITY BY
93C CREATING AND MAINTAINING A BALANCE BETWEEN INSTRUCTION AND CREATIVE
93C SCHOLARLY INQUIRY.

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

2007

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 53,484,915.</p>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE UNIVERSITY CORPORATION Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 18111 NORDHOFF STREET City or town, state, and ZIP code NORTHRIDGE, CA 91330-8309	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 95-1992732</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 722320</p>
<p>F Group exemption number (see instructions for Block F.) ▶</p> <p>G 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-subidiary 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 ▶ **818-677-4815**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 180,046.			
b Less returns and allowances c Balance ▶	1c 180,046.		
2 Cost of goods sold (Schedule A, line 7)	2 64,472.		
3 Gross profit. Subtract line 2 from line 1c	3 115,574.		115,574.
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13 115,574.		115,574.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)	14			
15 Salaries and wages	15		125,073.	
16 Repairs and maintenance	16		708.	
17 Bad debts	17			
18 Interest (attach schedule)	18			
19 Taxes and licenses	19			
20 Charitable contributions (See instructions for limitation rules.)	20			
21 Depreciation (attach Form 4562)	21	241.		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		241.	
23 Depletion	23			
24 Contributions to deferred compensation plans	24			
25 Employee benefit programs	25		23,626.	
26 Excess exempt expenses (Schedule I)	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach schedule)	28	SEE STATEMENT 16	39,258.	
29 Total deductions. Add lines 14 through 28	29		188,906.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-73,332.	
31 Net operating loss deduction (limited to the amount on line 30)	31		0.	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-73,332.	
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	33		1,000.	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-73,332.	

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. Check here and indicate which forms are attached:
 Form 3800 Form(s) (specify) _____ 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.

44a Payments: A 2006 overpayment credited to 2007 44a

b 2007 estimated tax payments 44b

c Tax deposited with Form 8868 44c

d Foreign organizations: Tax paid or withheld at source (see instructions) 44d

e Backup withholding (see instructions) 44e

f Other credits and payments: Form 2439 Form 4136 Other _____ Total 44f

45 Total payments. Add lines 44a through 44f 45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.

49 Enter the amount of line 48 you want: Credited to 2008 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2007 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. If YES, enter the name of the foreign country here Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

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

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

Sign Here Signature of officer _____ Date _____ Title **CHIEF FINANCIAL OFFICER**

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

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP code **VICENTI, LLOYD & STUTZMAN, LLP**
2210 E. ROUTE 66, SUITE 100
GLENDORA, CA 91740

Preparer's SSN or PTIN **P00050546**
 EIN **95-2242818**
 Phone no. **(626)857-7300**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 20)

Table for Schedule C: Rent Income. Includes columns for Description of property, Rent received or accrued (a) and (b), and Deductions directly connected with the income. Totals are 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

Table for Schedule E: Unrelated Debt-Financed Income. Includes columns for Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property, and various calculated columns. Totals are 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

Table for Schedule F: Interest, Annuities, Royalties, and Rents From Controlled Organizations. Divided into Exempt and Nonexempt Controlled Organizations. Includes columns for Name of Controlled Organization, Employer Identification Number, Net unrelated income, Total of specified payments made, and Deductions directly connected with income. Totals are 0.

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

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

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

FORM 990-T OTHER DEDUCTIONS STATEMENT 16

DESCRIPTION	AMOUNT
BANK FEES	20.
SUPPLIES	3,854.
UTILITIES	1,225.
EQUIPMENT/ EQUIPMENT RENTAL	7,211.
DUES AND SUBSCRIPTIONS	25.
MARKETING AND ADVERTISING	353.
PROFESSIONAL SERVICES	1,798.
GENERAL AND ADMINISTRATIVE EXPENSES	24,772.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	39,258.