

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <p>THE UNIVERSITY CORPORATION</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>18111 NORDHOFF STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p>NORTHRIDGE, CA 91330-8310</p> | D Employer identification number <p>95-1992732</p> |
| | F Name and address of principal officer: RICK EVANS SAME AS C ABOVE | E Telephone number <p>818-677-2981</p> |
| | I 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 | G Gross receipts \$ 55,848,733. |
| | J Website: ▶ WWW.CSUN.EDU/TUC | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation: 1958 M State of legal domicile: CA |

Part I Summary

| | | | | |
|------------------------------------|------------|---|----------------------------------|---------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | |
| Activities & Governance | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 4 |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 2304 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 4 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 129,842. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -55,073. |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 52,732,664. | 54,391,887. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 881,961. | 1,141,683. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0. | 0. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 53,614,625. | 55,533,570. |
| Expenses | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 8,122,453. | 7,582,921. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 23,732,259. | 23,974,119. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | 0. | 0. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 20,791,094. | 21,728,602. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 52,645,806. | 53,285,642. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 968,819. | 2,247,928. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 60,175,976. | 61,972,539. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 26,261,359. | 25,097,617. |
| | | | 33,914,617. | 36,874,922. |

Part II Signature Block

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

| | | | |
|-------------------------------|---|---|---|
| Sign Here | Signature of officer RICK EVANS, EXECUTIVE DIRECTOR Type or print name and title | Date | 3/14/2019 |
| Paid Preparer Use Only | Print/Type preparer's name LISA M. CUMMINGS, CPA | Preparer's signature LISA M. CUMMINGS, CP | Date 03/07/19 |
| | Firm's name ▶ COHNREZNICK LLP | Firm's EIN ▶ 22-1478099 | Check if self-employed <input type="checkbox"/> PTIN P00043433 |
| | Firm's address ▶ 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814 | Phone no. 916-442-9100 | |

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 29,237,141. including grants of \$ 7,582,921.) (Revenue \$ 32,653,188.) GRANTS AND CONTRACTS ADMINISTRATION - THE UNIVERSITY CORPORATION PROVIDES POST-AWARD ADMINISTRATION OF SPONSORED PROGRAMS. WORKING WITH THE UNIVERSITY'S OFFICE OF RESEARCH AND SPONSORED PROJECTS, THE CORPORATION SPONSORED PROGRAMS DIVISION PROVIDES SUPPORT TO PRINCIPAL INVESTIGATORS AND PROJECT STAFF WITH INTERPRETATION OF REGULATIONS, PROCESSING OF EXPENSES, PAYROLL, HUMAN RESOURCES, RISK MANAGEMENT, FINANCIAL REPORTING, MANAGEMENT OF AUDITS AND OTHER SERVICES IN SUPPORT OF EXTERNALLY FUNDED PROGRAMS. AFTER DEDUCTING ALL DIRECT COSTS OF THE SPONSORED PROGRAMS DEPARTMENT, A RESERVE ALLOCATION AND 3.9% ADMINISTRATION COSTS, THE UNIVERSITY CORPORATION RETURNS TO THE UNIVERSITY THE REMAINING INDIRECT COST RECOVERY FUNDS.

4b (Code:) (Expenses \$ 18,910,504. including grants of \$) (Revenue \$ 20,376,137.) AUXILIARY SERVICES, FOOD SERVICES, BOOKSTORE COMMISSIONS, REAL ESTATE RENTALS - SEE SCHEDULE O

4c (Code:) (Expenses \$ 3,525,822. including grants of \$) (Revenue \$ 1,232,720.) UNIVERSITY PROJECTS - SEE SCHEDULE O

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

4e Total program service expenses 51,673,467.

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 Section 501(c)(3) organizations. 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, for escrow or custodial account liability, 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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 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? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, 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> | | |
| 36 Section 501(c)(3) organizations. 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 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|--|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1a | 643 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1b | 0 | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 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 | | |
| 2a | 2304 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 |
| 4b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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 as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | 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 or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 18 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. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | | X |
| 6 | Did the organization have members or stockholders? 6 | | 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? 7a | | 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? 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 | | X |

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

| | Yes | No |
|-----|-----|----|
| 10a | | X |
| b | | |
| 10b | | |
| 11a | X | |
| b | | |
| 11a | | |
| 12a | X | |
| b | X | |
| 12b | X | |
| c | X | |
| 12c | X | |
| 13 | X | |
| 14 | X | |
| 15 | | |
| a | X | |
| 15a | X | |
| b | X | |
| 15b | X | |
| 16a | | X |
| b | | |
| 16a | | |
| 16b | | |

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 Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records: ►
 LIH WU, THE UNIVERSITY CORPORATION - 818-677-4815
 18111 NORDHOFF STREET, MD 8310, NORTHRIDGE, CA 91330-8310

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

Check if Schedule O contains a response or note to any line 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.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (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) ANA CRISTINA CADAVID DIRECTOR | 0.20 39.80 | X | | | | | 0. | | | |
| (2) BENEDICT YASPELKIS FIRST VICE PRESIDENT | 0.20 39.80 | X | | X | | | 0. | | | |
| (3) CARLOS FUENTES DIRECTOR | 0.20 | X | | | | | 0. | 0. | 0. | |
| (4) COLIN DONAHUE RECORDING SECRETARY | 0.20 39.80 | X | | X | | | 0. | | | |
| (5) DAVE MOON DIRECTOR | 0.20 39.80 | X | | | | | 0. | | | |
| (6) DIANNE F. HARRISON CHAIR | 0.20 39.80 | X | | X | | | | | | |
| (7) HAMID JOHARI DIRECTOR | 0.20 | X | | | | | 0. | 0. | 0. | |
| (8) HARVEY BOOKSTEIN DIRECTOR | 0.20 | X | | | | | 0. | 0. | 0. | |
| (9) JONATHAN GOLDENBERG DIRECTOR | 0.20 3.00 | X | | | | | 0. | | 0. | |
| (10) LOUIS RUBINO DIRECTOR | 0.20 39.80 | X | | | | | 0. | | | |
| (11) MICHAEL PHILLIPS TREASURER | 0.20 39.80 | X | | X | | | 0. | | | |
| (12) NICHOLAS JACKSON DIRECTOR | 0.20 3.00 | X | | | | | 0. | | 0. | |
| (13) RICK EVANS PRESIDENT | 32.00 8.00 | X | | X | | | 142,118. | 35,530. | 68,113. | |
| (14) RONALD S. FRIEDMAN DIRECTOR | 0.20 | X | | | | | 0. | 0. | 0. | |
| (15) SEVAG ALEXANIAN SECOND VICE PRESIDENT | 0.20 39.80 | X | | X | | | 0. | | 0. | |
| (16) STACEY AGUILA DIRECTOR | 0.20 3.00 | X | | | | | 0. | | 0. | |
| (17) TOREN ARUSI DIRECTOR | 0.20 3.00 | X | | | | | 0. | | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (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) ZAHRAA KHURAIBET DIRECTOR | 0.20 3.00 | X | | | | | | 0. | | 0. |
| (19) LIH WU SECRETARY/CFO | 45.00 | | | X | | | | 142,684. | 0. | 23. |
| (20) HEATHER CAIRNS DIRECTOR OF ADMIN & HR | 40.00 | | | | | X | | 106,211. | 0. | 34,021. |
| (21) JULIE GOULD GRANTS - CALSWEC | 40.00 | | | | | X | | | | |
| (22) PATRICK OSBURN AGENCY FUND-KCSN RADIO | 40.00 | | | | | X | | | | |
| (23) SANDRA PLOTIN AGENCY FUND-CENTER OF DISABILITIES | 40.00 | | | | | X | | | | |
| (24) WENDY GREUEL AGENCY FUND-A3126 | 40.00 | | | | | X | | | | |
| 1b Sub-total | | | | | | | | 914,998. | 1,252,261. | 642,125. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 914,998. | 1,252,261. | 642,125. |

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 **10**

| | Yes | No |
|--|-----|----|
| 3 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 |
| 4 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 | |
| 5 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 | | |
| | | |
| | | |
| | | |
| | | |

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

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---|---|----------------------|---|---|--|----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | | | | | |
| Program Service Revenue | 2 a | GRANT ADMINISTRATION | Business Code 900099 | 32,653,188. | 32,653,188. | | | |
| | b | AUXILIARY SERVICES | 722320 | 20,505,979. | 20,376,137. | 129,842. | | |
| | c | UNIVERSITY PROJECTS | 900099 | 1,232,720. | 1,232,720. | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | 54,391,887. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 594,613. | | | 594,613. | |
| | 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) | | 547,070. | | | 547,070. |
| | 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 | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | | |
| 12 | Total revenue. See instructions. | | | 55,533,570. | 54,262,045. | 129,842. | 1,141,683. | |

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 | 2,412,313. | 2,412,313. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 5,170,608. | 5,170,608. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 368,816. | | 368,816. | |
| 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 | 20,510,307. | 19,833,176. | 677,131. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 3,094,996. | 2,992,817. | 102,179. | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 50,085. | 48,431. | 1,654. | |
| b Legal | 14,584. | 14,103. | 481. | |
| c Accounting | 84,605. | 81,812. | 2,793. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 2,024,733. | 1,957,888. | 66,845. | |
| 12 Advertising and promotion | 439,196. | 424,696. | 14,500. | |
| 13 Office expenses | 691,387. | 668,561. | 22,826. | |
| 14 Information technology | 325,347. | 314,606. | 10,741. | |
| 15 Royalties | 49,856. | 48,210. | 1,646. | |
| 16 Occupancy | 513,458. | 496,507. | 16,951. | |
| 17 Travel | 1,059,461. | 1,024,484. | 34,977. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 44,760. | 43,282. | 1,478. | |
| 20 Interest | 425,362. | 411,319. | 14,043. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,399,251. | 2,320,042. | 79,209. | |
| 23 Insurance | 244,168. | 236,107. | 8,061. | |
| 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 COST OF SALES - AUX | 7,672,559. | 7,672,559. | | |
| b DISTRIBUTIONS & RESERVE | 2,228,698. | 2,155,119. | 73,579. | |
| c EQUIPMENT RENTAL/MAINT | 1,735,895. | 1,678,586. | 57,309. | |
| d TAXES, LICENSES & FEES | 877,860. | 848,878. | 28,982. | |
| e All other expenses | 847,337. | 819,363. | 27,974. | |
| 25 Total functional expenses. Add lines 1 through 24e | 53,285,642. | 51,673,467. | 1,612,175. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|---|-----------------|--------------------|-------------|
| Assets | 1 | Cash - non-interest-bearing | 2,586,550. | 1 | 1,886,290. |
| | 2 | Savings and temporary cash investments | 1,741,635. | 2 | 1,731,399. |
| | 3 | Pledges and grants receivable, net | 6,851,831. | 3 | 6,965,782. |
| | 4 | Accounts receivable, net | 688,935. | 4 | 1,415,694. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other 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 instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | 52,792. | 7 | 48,894. |
| | 8 | Inventories for sale or use | 315,451. | 8 | 302,795. |
| | 9 | Prepaid expenses and deferred charges | 56,538. | 9 | 39,100. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 50,053,725. | | |
| | b | Less: accumulated depreciation | 10b 26,967,190. | | |
| | | | 25,192,133. | 10c | 23,086,535. |
| | 11 | Investments - publicly traded securities | 13,143,359. | 11 | 17,140,150. |
| | 12 | Investments - other securities. See Part IV, line 11 | 9,546,752. | 12 | 9,355,900. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 60,175,976. | 16 | 61,972,539. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 7,356,298. | 17 | 7,003,677. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 2,799,070. | 19 | 2,208,977. |
| | 20 | Tax-exempt bond liabilities | 2,796,614. | 20 | 2,286,577. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other 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 | 43,456. |
| | 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 | 13,309,377. | 25 | 13,554,930. |
| | 26 | Total liabilities. Add lines 17 through 25 | 26,261,359. | 26 | 25,097,617. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 28,683,354. | 27 | 31,693,116. |
| | 28 | Temporarily restricted net assets | 1,367,470. | 28 | 1,318,013. |
| | 29 | Permanently restricted net assets | 3,863,793. | 29 | 3,863,793. |
| | Organizations that do not follow SFAS 117 (ASC 958), 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 | Total net assets or fund balances | 33,914,617. | 33 | 36,874,922. |
| | 34 | Total liabilities and net assets/fund balances | 60,175,976. | 34 | 61,972,539. |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 55,533,570. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 53,285,642. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,247,928. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 33,914,617. |
| 5 | Net unrealized gains (losses) on investments | 5 | 712,377. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 36,874,922. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 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 | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____ | X | |

Form 990 (2017)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|------------|---|---|----|---|---|
| | | | Yes | No | | |
| CAL STATE UNIV, NORTHRIDGE | 95-4358677 | 6 | X | | 938,123. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | 938,123. | 0. |

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|----|--|--------------------------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | | % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | | % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | X | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | X |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | X |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | X |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | X |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | X |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | X |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | X |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | X |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | X |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | X |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | X |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | X |
| b | A family member of a person described in (a) above? | | X |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | X |

Section B. Type I Supporting Organizations

| | | Yes | No |
|---|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|---|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | X | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | X | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | X |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input checked="" type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|--|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: | \$ | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

Part VI **Supplemental information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION E, LINE 1C

PROVIDING SERVICES AND SOLUTIONS THAT ADDRESS THE NEEDS OF AND
COMPLEMENT THE MISSION AND ACADEMIC PROGRAMS OF CALIFORNIA STATE
UNIVERSITY, NORTHRIDGE SO STUDENTS CAN ACHIEVE THEIR EDUCATIONAL GOALS.
THE ORGANIZATION IS OPERATED SOLELY FOR THE BENEFIT OF THE CAMPUS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts...

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 XIII.
- 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" on 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 | 9,758,124. | 9,402,831. | 9,781,592. | 9,992,069. | 3,863,793. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 777,088. | 688,623. | 283,577. | 295,849. | |
| d Grants or scholarships | 218,317. | 167,696. | 230,180. | 132,000. | |
| e Other expenditures for facilities and programs | | | 186,179. | 104,235. | |
| f Administrative expenses | 146,372. | 165,634. | 245,979. | 270,091. | |
| g End of year balance | 10,170,523. | 9,758,124. | 9,402,831. | 9,781,592. | 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 49.05 %
 - b Permanent endowment 37.99 %
 - c Temporarily restricted endowment 12.96 %
- The percentages on 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" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | | 1,783,168. | | 1,783,168. |
| b Buildings | | 15,144,750. | 5,343,206. | 9,801,544. |
| c Leasehold improvements | | 13,182,976. | 6,993,379. | 6,189,597. |
| d Equipment | | 5,943,852. | 4,744,877. | 1,198,975. |
| e Other | | 13,998,979. | 9,885,728. | 4,113,251. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 23,086,535. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) INVESTMENT IN PUBLIC | | |
| (B) SAFETY BUILDING | 3,625,872. | END-OF-YEAR MARKET VALUE |
| (C) POOLED INVESTMENT | 4,239,957. | END-OF-YEAR MARKET VALUE |
| (D) HEDGE FUNDS | 981,155. | END-OF-YEAR MARKET VALUE |
| (E) PRIVATE EQUITY FUNDS | 508,916. | END-OF-YEAR MARKET VALUE |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 9,355,900. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|--------------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE OBLIGATIONS | 7,278,680. |
| (3) COMMERCIAL PAPER | 3,291,384. |
| (4) DEPOSITS HELD FOR OTHERS | 2,935,993. |
| (5) PAYABLE TO CSU NORTHRIDGE | 48,873. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 13,554,930. |

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 56,245,947. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 712,377. | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | 712,377. | |
| 3 | Subtract line 2e from line 1 | 3 | 55,533,570. | |
| 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 XIII.) | 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 | 55,533,570. | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|-------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 53,285,642. |
| 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 XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | 0. | |
| 3 | Subtract line 2e from line 1 | 3 | 53,285,642. | |
| 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 XIII.) | 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 | 53,285,642. | |

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE PRIMARY INVESTMENT OBJECTIVE IS TO ACHIEVE RISK-ADJUSTED REAL RETURNS NECESSARY TO PRESERVE AND GROW CAPITAL AND TO SUPPORT THE LONG-TERM AND SHORT-TERM SPENDING REQUIREMENTS OF THE CORPORATION.

PART X, LINE 2:

THE CORPORATION IS A NON-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE REVENUE TAXATION CODE OF CALIFORNIA. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

THE CORPORATION HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2018. THE CORPORATION'S FEDERAL INCOME TAX RETURNS FOR FISCAL YEARS 2017, 2016 AND 2015 REMAIN OPEN. THE CORPORATION'S STATE INCOME TAX RETURNS FOR FISCAL YEARS 2017, 2016, 2015 AND 2014 REMAIN OPEN. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF APPLICABLE, THE CORPORATION RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF INCOME TAX EXPENSE AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE STATEMENT OF FINANCIAL POSITION.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

2017

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| BOARD OF TRUSTEES OF WESTERN MICHIGAN STATE UNIVERSITY - 426 AUDITORIUM ROAD, ROOM 2 - EAST LANSING, MI 48824 | 38-6007327 | 501(C)(3) | 88,852. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION - 4910 CHESTNUT AVENUE - FRESNO, CA 93726-1852 | 94-6003272 | 501(C)(3) | 5,000. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| CALIFORNIA STATE UNIVERSITY, NORTHRIDGE - 18111 NORDHOFF STREET - NORTHRIDGE, CA 91330 | 95-4358677 | 501(C)(3) | 938,123. | 0. | | | TO SUPPORT THE UNIVERSITY |
| CHILD CARE RESOURCE CENTER 20001 PRAIRIE STREET CHATSWORTH, CA 91311-6508 | 95-3081695 | 501(C)(3) | 40,538. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| EAST LOS ANGELES COLLEGE 1301 AVENIDA CESAR CHAVEZ MONTEREY PARK, CA 91754 | 95-2587353 | 501(C)(3) | 74,204. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| FRIENDS RESEARCH INSTITUTE 17215 STUDEBAKER ROAD, STE 380 CERRITOS, CA 90703 | 52-0701445 | 501(C)(3) | 55,631. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 26.

3 Enter total number of other organizations listed in the line 1 table ▶ 1.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GLENDALE COMMUNITY COLLEGE 1500 N. VERDUGO ROAD GLENDALE, CA 91208-2894 | 95-2668744 | 501(C)(3) | 72,226. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| GONZAGA UNIVERSITY 502 EAST BOONE AVENUE SPOKANE, WA 99528-0069 | 91-0236600 | 501(C)(3) | 5,000. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| JOURNEY OUT 7136 HASKELL AVE. SUITE 125 VAN NUYS, CA 91406-4151 | 95-3817864 | 501(C)(3) | 14,380. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| LACCD - LOS ANGELES VALLEY COLLEGE 5800 FULTON AVENUE VALLEY GLEN, CA 91401-4096 | 95-2587353 | 501(C)(3) | 46,515. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| LOS ANGELES COMMUNITY COLLEGE DISTRICT - 6201 WINNETKA AVENUE - WOODLAND HILLS, CA 91371 | 91-1039199 | 501(C)(3) | 213,104. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| LOS ANGELES MISSION COLLEGE 13356 ELDRIDGE AVE. SYLMAR, CA 91342-3200 | 95-2925621 | 501(C)(3) | 13,219. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| LOS ANGELES PIERCE COLLEGE 6201 WINNETKA AVENUE WOODLAND HILLS, CA 91371 | 91-1039199 | 501(C)(3) | 42,094. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| LOVED ONES VICTIMS SERVICES 5701 W. SLAUSON AVE. #116 CULVER CITY, CA 90230 | 95-4051979 | 501(C)(3) | 12,707. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA, UCLA - 11000 KINROSS AVENUE, SUITE 211 - LOS ANGELES, CA 90095-1406 | 95-6006143 | 501(C)(3) | 39,450. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SANTA CLARITA COMMUNITY COLLEGE 26455 ROCKWELL CANYON ROAD SANTA CLARITA, CA 91355-1803 | 95-2561360 | 501(C)(3) | 174,523. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 1850 RESEARCH PARK DRIVE, SUITE 300 - DAVIS, CA 95618 | 94-6036494 | 501(C)(3) | 35,971. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| THE TRUSTEE OF PRINCETON UNIVERSITY - 701 CARNEGIE CENTER, SUITE 435C - PRINCETON, NJ 08544 | 21-0634501 | 501(C)(3) | 136,169. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| THE UNIVERSITY OF MONTANA INTERNAL AUDIT, UH018 MISSOULA, MT 59812 | 81-6001713 | 501(C)(3) | 91,739. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| TRIUMPH FOUNDATION 17186 HICKORY RIDGE COURT SANTA CLARITA, CA 91387 | 26-3295161 | 501(C)(3) | 21,886. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| TRUSTEE OF THE UNIVERSITY OF PENNSYLVANIA - P221 FRANKLIN BUILDING, 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6025 | 23-1352685 | 501(C)(3) | 21,403. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822 | 99-6000354 | 501(C)(3) | 6,296. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER - 3500 CAMP BOWIE BLVD. - FORT WORTH, TX 76107-2699 | 75-6064033 | 501(C)(3) | 16,949. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| UNIVERSITY OF TENNESSEE, KNOXVILLE 201 ANDY HOLT TOWER KNOXVILLE, TN 37996-0100 | 62-6001445 | 501(C)(3) | 38,120. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF TEXAS AT AUSTIN 101 E 27TH STREET, STOP A9000 AUSTIN, TX 78712-1539 | 74-6000203 | 501(C)(3) | 141,564. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| VENTURA COUNTY COMMUNITY COLLEGE DISTRICT, MOORPARK - 255 W. STANLEY AVENUE, SUITE 150 - VENTURA, CA 93001 | 95-2243388 | 501(C)(3) | 37,322. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| VITAL RESEARCH 6380 WILSHIRE BLVD. #1609 LOS ANGELES, CA 90048 | 95-4613233 | | 27,600. | 0. | | | RESEARCH GRANT - SUB-RECIPIENT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| STIPENDS/FELLOWSHIPS | 3308 | 3,671,746. | 0. | | |
| TUITION/BOOKS/SUPPLIES | 370 | 1,043,233. | 0. | | |
| TRAVEL ASSISTANCE | 887 | 420,264. | 0. | | |
| OTHER STUDENT COSTS | 38 | 35,365. | 0. | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

RESEARCH GRANTS SUB-RECIPIENTS (NON-PROFITS) - THE PRINCIPAL INVESTIGATOR

("PI") HAS THE RESPONSIBILITY, ON AN ONGOING BASIS THROUGHOUT THE LIFE OF

THE AWARD, TO MONITOR THE ACTIVITIES OF SUB-RECIPIENTS IN ACCORDANCE WITH

THE GOVERNING AGREEMENT, TO ASSURE THAT AWARDED FUNDS ARE USED FOR

AUTHORIZED PURPOSES IN COMPLIANCE WITH THE PROVISIONS OF THE AGREEMENT, AND

TO ENSURE THAT PERFORMANCE GOALS ARE MET.

RESEARCH GRANTS SUB-RECIPIENTS (FOR-PROFITS) - BECAUSE A-133 DOES NOT APPLY

Part IV Supplemental Information

TO FOR-PROFIT SUB-RECIPIENTS, THE UNIVERSITY CORPORATION MAY ESTABLISH ITS OWN REQUIREMENTS, AS NECESSARY ON AN INDIVIDUAL BASIS, TO ENSURE COMPLIANCE BY SUCH SUB-RECIPIENTS. THE PI SHOULD CONSIDER USING SUB-RECIPIENT MONITORING TECHNIQUES SIMILAR TO THOSE USED FOR ENTITIES THAT ARE SUBJECT TO A-133. CONTRACTS WITH FOR-PROFIT SUB-RECIPIENTS SHOULD DESCRIBE APPLICABLE COMPLIANCE REQUIREMENTS AND RESPONSIBILITIES. METHODS TO ASSESS COMPLIANCE WITH FEDERAL SUB-AWARDS MADE TO FOR-PROFIT SUB-RECIPIENTS MAY INCLUDE PRE-AWARD AUDITS, AND ON-SITE VISITS. IN ADDITION, SUB-RECIPIENTS THAT ARE NOT SUBJECT TO A-133 MAY BE ASKED TO SUBMIT SUPPORTING DOCUMENTATION IN THE FORM OF ORIGINAL RECEIPTS, COPIES OF PAYROLL RECORDS, AUDITS, ETC. IF CIRCUMSTANCES WARRANT.

GRANTS TO INDIVIDUALS - STIPENDS/FELLOWSHIPS ARE PRIMARILY GRANTED TO INDIVIDUALS TO HELP THEM IMPROVE THEIR RESEARCH SKILLS. AS SUCH, THE RESPONSIBLE PRINCIPAL 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 UNIVERSITY CORPORATION IS RESPONSIBLE FOR DISTRIBUTING GRANT FUNDS TO THOSE INDIVIDUALS INDICATED BY THE GRANTING AGENCY AND/OR PROGRAM DIRECTORS.

**SCHEDULE J
(Form 990)**

Compensation Information

GMB No. 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

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

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

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

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

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

3 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, but explain in Part III.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

8 Were any amounts reported on 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

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

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

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

Schedule J (Form 990) 2017

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 on 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 aren't 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 and Title | | (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 in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ANA CRISTINA CADAVID DIRECTOR | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | | | | | | | 0. |
| (2) BENEDICT YASPELKIS FIRST VICE PRESIDENT | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | | | | | | | 0. |
| (3) COLIN DONAHUE RECORDING SECRETARY | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | | | | | | | 0. |
| (4) DAVE MOON DIRECTOR | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | | | | | | | 0. |
| (5) DIANNE F. HARRISON CHAIR | (i) | | | | | | | 0. |
| | (ii) | | | | | | | 0. |
| (6) LOUIS RUBINO DIRECTOR | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | | | | | | | 0. |
| (7) MICHAEL PHILLIPS TREASURER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | | | | | | | 0. |
| (8) RICK EVANS PRESIDENT | (i) | 142,118. | 0. | 0. | 39,389. | 15,102. | 196,609. | 0. |
| | (ii) | 35,530. | 0. | 0. | 9,847. | 3,775. | 49,152. | 0. |
| (9) PATRICK OSBURN AGENCY FUND-KCSN RADIO | (i) | | | | | | | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE ESTABLISHED AND MAINTAINS THE
COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR. COMPENSATION IS DETERMINED BY
CAMPUS OFFICE OF HUMAN RESOURCES USING CALIFORNIA STATE UNIVERSITY APPROVED
METHODOLOGIES FOR DETERMINING COMPARABLE COMPENSATION.

Supplemental Information on Tax-Exempt Bonds

ENTITY 1

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2017
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Inspection

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

| Part I Bond Issues | (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 | TRUSTEES OF THE CALIFORNIA STATE UNIVERS | 91-2155587 | 13077DAY8 | 02/08/17 | 948163533. | SEE PART VI | | X | | X | | X |
| B | TRUSTEES OF THE CALIFORNIA STATE UNIVERS | 91-2155587 | 13077CRF3 | 04/10/08 | 381039616. | SEE PART VI | | X | | X | | X |
| C | TRUSTEES OF THE CALIFORNIA STATE UNIVERS | 91-2155587 | 13077CUP7 | 04/06/10 | 160852254. | SEE PART VI | | X | | X | | X |
| D | TRUSTEES OF THE CALIFORNIA STATE UNIVERS | 91-2155587 | 13077CVY7 | 09/28/11 | 476061769. | SEE PART VI | | X | | X | | X |

| Part II Proceeds | A | | B | | C | | D | | |
|------------------|--|-------------------------|------------|------------|------------|----------|----|------|----|
| | 1 | Amount of bonds retired | 180,000. | 1,370,000. | 1,760,000. | 840,000. | | | |
| 2 | Amount of bonds legally defeased | 2,390,000. | 3,100,000. | | 2,485,000. | | | | |
| 3 | Total proceeds of issue | 1,950,000. | 1,650,000. | 550,000. | 1,560,000. | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | 87,320. | | | | | |
| 6 | Proceeds in refunding escrows | 2,447,901. | 3,119,594. | | 2,733,126. | | | | |
| 7 | Issuance costs from proceeds | 5,654. | 22,007. | 19,363. | 14,511. | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | 2,535,893. | | | | | |
| 11 | Other spent proceeds | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 1997 | | 1998 | | 2010 | | 2004 | |
| 14 | Were the bonds issued as part of a current refunding issue? | Yes | No | Yes | No | Yes | No | Yes | No |
| 15 | Were the bonds issued as part of an advance refunding issue? | X | | X | | X | | X | |
| 16 | Has the final allocation of proceeds been made? | | X | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

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

Supplemental Information on Tax-Exempt Bonds

ENTITY 2

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2017
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▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

| Part I Bond Issues | (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 | TRUSTEES OF THE CALIFORNIA STATE UNIVERS | 91-2155587 | 13077CYL2 | 08/22/12 | 489403791. | SEE PART VI | | X | | X | | X |
| B | TRUSTEES OF THE CALIFORNIA STATE UNIVERS | 91-2155587 | 13077CY73 | 08/05/15 | 1154470421 | SEE PART VI | | X | | X | | X |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

| Part II Proceeds | A | | B | | C | | D | |
|---|------------|----|------------|----|-----|----|-----|----|
| 1 Amount of bonds retired | | | 100,000. | | | | | |
| 2 Amount of bonds legally defeased | 3,145,000. | | | | | | | |
| 3 Total proceeds of issue | 2,995,000. | | 2,945,000. | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | |
| 5 Capitalized interest from proceeds | | | 15,854. | | | | | |
| 6 Proceeds in refunding escrows | 3,298,350. | | | | | | | |
| 7 Issuance costs from proceeds | 22,852. | | 13,345. | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | |
| 10 Capital expenditures from proceeds | | | 4,400,000. | | | | | |
| 11 Other spent proceeds | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | |
| 13 Year of substantial completion | 2004 | | 2016 | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 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 | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | |
| 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 | | 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 | | 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 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | X | | X | | X | | X | |
| c No rebate due? | | X | | X | | X | | X |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | X | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | N/A | | N/A | | N/A | | N/A | |
| c Term of hedge | N/A | | N/A | | N/A | | N/A | |
| d Was the hedge superintegrated? | | X | | X | | X | | X |
| e Was the hedge terminated? | | X | | X | | 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 Does the bond issue meet the private security or payment test? | | X | | X | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | | | |
| b Exception to rebate? | X | | X | | | | | |
| c No rebate due? | | X | | X | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | | | |
| b Name of provider | N/A | | N/A | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | X | | X | | | | |
| e Was the hedge terminated? | | X | | X | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | N/A | | N/A | | N/A | | N/A | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | X | | X | | X | | X |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has 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 isn't available under applicable regulations? | X | | X | | X | | X | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, LINE A:

(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY
 (B) ISSUER EIN: 91-2155587
 (C) CUSIP #: 13077DAY8
 (D) DATE ISSUED: 2/8/2017
 (E) ISSUE PRICE: 948,163,533
 (F) PURPOSE: PORTION OF SRB 2017A REFUNDED SRB 2007A ALLOCABLE TO PRIOR REFUNDING OF CSUN UNIVERSITY CORPORATION SERIES 1996 BONDS ALLOCABLE TO CAMPUS BOOKSTORE.

SCHEDULE K, PART I, LINE B:

(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY
 (B) ISSUER EIN: 91-2155587
 (C) CUSIP #: 13077CRF3
 (D) DATE ISSUED: 4/10/2008
 (E) ISSUE PRICE: 381,039,616
 (F) PURPOSE: PORTION OF SRB 2008A REFUNDED CSUN UNIVERSITY CORPORATION SERIES 1996 BONDS ALLOCABLE TO CAMPUS FACULTY-STAFF HOUSING (COLLEGE COURT CONDOMINIUMS).

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b Name of provider | N/A | | N/A | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | X | | X | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has 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 isn't available under applicable regulations? | X | | X | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, LINE A:

(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY
 (B) ISSUER EIN: 91-2155587
 (C) CUSIP #: 13077DAY8
 (D) DATE ISSUED: 2/8/2017
 (E) ISSUE PRICE: 948,163,533
 (F) PURPOSE: PORTION OF SRB 2017A REFUNDED SRB 2007A ALLOCABLE TO PRIOR REFUNDING OF CSUN UNIVERSITY CORPORATION SERIES 1996 BONDS ALLOCABLE TO CAMPUS BOOKSTORE.

SCHEDULE K, PART I, LINE B:

(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY
 (B) ISSUER EIN: 91-2155587
 (C) CUSIP #: 13077CRF3
 (D) DATE ISSUED: 4/10/2008
 (E) ISSUE PRICE: 381,039,616
 (F) PURPOSE: PORTION OF SRB 2008A REFUNDED CSUN UNIVERSITY CORPORATION SERIES 1996 BONDS ALLOCABLE TO CAMPUS FACULTY-STAFF HOUSING (COLLEGE COURT CONDOMINIUMS).

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (Continued)

SCHEDULE K, PART I, LINE C:

(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY

(B) ISSUER EIN: 91-2155587

(C) CUSIP #: 13077CUP7

(D) DATE ISSUED: 4/6/2010

(E) ISSUE PRICE: 160,852,254

(F) PURPOSE: PORTION OF SRB 2010A BOND PROCEEDS USED TO FUND COSTS ASSOCIATED WITH CSUN THE UNIVERSITY CORP. SATELLITE STUDENT UNION FOOD SERVICE RENOVATION PROJECT.

SCHEDULE K, PART I, LINE D:

(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY

(B) ISSUER EIN: 91-2155587

(C) CUSIP #: 13077CVY7

(D) DATE ISSUED: 9/28/2011

(E) ISSUE PRICE: 476,061,769

(F) PURPOSE: PORTION OF SRB 2011A USED TO PARTIALLY REFUND CSU SRB 2003A ALLOCABLE TO CSUN SIERRA CENTER FOOD SERVICE FACILITY.

SCHEDULE K, PART I CONTINUATION, LINE A:

(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY

(B) ISSUER EIN: 91-2155587

(C) CUSIP #: 13077CYL2

(D) DATE ISSUED: 8/22/2012

(E) ISSUE PRICE: 489,403,791

(F) PURPOSE: PORTION OF SRB 2012A USED TO REFUND REMAINING PORTION OF CSU SRB 2003A ALLOCABLE TO SIERRA CENTER FOOD SERVICE FACILITY.

SCHEDULE K, PART I CONTINUATION, LINE B:

(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY

(B) ISSUER EIN: 91-2155587

(C) CUSIP #: 13077CY73

(D) DATE ISSUED: 8/5/2015

(E) ISSUE PRICE: 1,154,470,421

(F) PURPOSE: PORTION OF SRB 2015A USED TO FUND COSTS ASSOCIATED WITH THE ACQUISITION OF THE UNIVERSITY CORPORATION-9324 RESEDA BLVD. BUILDING PROPERTY.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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:

THE UNIVERSITY CORPORATION IS A SECTION 509(A)(3) SUPPORTING ORGANIZATION OF THE CALIFORNIA STATE 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:

ON BEHALF OF CALIFORNIA STATE UNIVERSITY, NORTHRIDGE, THE UNIVERSITY CORPORATION PERFORMS A NUMBER OF ACTIVITIES INCLUDING OPERATING THE CAMPUS BOOKSTORE, FOOD SERVICES, VENDING OPERATIONS, ADMINISTRATION OF VARIOUS FUNDS AND GRANTS, MANAGING CAMPUS FACULTY/STAFF HOUSING PROGRAM, OFF-CAMPUS RESEARCH AND ADMINISTRATIVE BUILDING, AS WELL AS THE LICENSING OF CAMPUS FACILITIES, LOGOS AND TRADEMARKS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AUXILIARY SERVICES, FOOD SERVICES, BOOKSTORE COMMISSIONS, REAL ESTATE RENTALS - THE CSUN CAMPUS STORE'S PRIMARY FUNCTION IS TO PROVIDE ACADEMIC MATERIALS TO STUDENTS IN A TIMELY AND EFFICIENT MANNER. THE STORE ACTIVELY PURSUES WAYS TO HELP CONTAIN THE COSTS OF EDUCATIONAL MATERIALS, ALWAYS STRIVES TO IMPROVE THE QUALITY OF ITS SERVICES, AND

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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

IS COMMITTED TO FACILITATING LEARNING AND ACHIEVEMENT. THE CSUN CAMPUS STORE HAS BEEN OPERATED BY FOLLETT HIGHER EDUCATION GROUP SINCE 1997. CSUN DINING PROVIDES QUALITY FOOD SERVICE TO STUDENTS, FACULTY AND STAFF WHILE GENERATING A SURPLUS FOR THE UNIVERSITY. THE REAL ESTATE DIVISION MANAGES CORPORATION-OWNED REAL ESTATE USED FOR VARIOUS PURPOSES, INCLUDING FACULTY/STAFF HOUSING AND THE OFFICIAL RESIDENCE OF THE UNIVERSITY PRESIDENT, FUTURE UNIVERSITY NEEDS, AND INVESTMENT. THE UNIVERSITY CORPORATION ALSO MANAGES THE UNIVERSITY'S LICENSING PROGRAM WHICH INCLUDES THE LICENSING OF UNIVERSITY LOGOS AND TRADEMARKS, AS WELL AS THE LICENSING OF ALL CAMPUS GROUNDS AND FACILITIES. THE CORPORATION WORKS CLOSELY WITH THE UNIVERSITY TO ESTABLISH POLICIES AND PROCEDURES THAT MAKE THE CAMPUS FACILITIES AVAILABLE TO THE COMMUNITY-AT-LARGE IN A PROFESSIONAL MANNER THAT ENSURES SAFETY, PROTECTS CAMPUS FACILITIES, AND ENSURES RECOVERY OF ALL RELATED UNIVERSITY COSTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

UNIVERSITY PROJECTS - THE UNIVERSITY CORPORATION RETURNS ALL AVAILABLE SURPLUS FUNDS FROM OPERATIONS TO THE UNIVERSITY. THE UNIVERSITY IS RESPONSIBLE FOR PRIORITIZING FISCAL REQUESTS AND ALLOCATING THOSE FUNDS. IN ADDITION, THE CORPORATION ALSO SUPPORTS MERITORIOUS ENDEAVORS AND EXPLORATORY PROJECTS CREATED AND ADMINISTERED BY STUDENTS, FACULTY AND STAFF. FOUR QUASI-ENDOWMENTS HAVE BEEN ESTABLISHED FOR THIS PURPOSE. THE STUDENT PROJECTS ENDOWMENT SUPPORTS PROJECTS THAT ARE INNOVATIVE, OF COMPELLING TEMPORARY OR CAMPUS-WIDE INTEREST OR SIGNIFICANCE, OR SO UNIQUE AS TO FALL OUTSIDE THE PURVIEW OF REGULARLY ESTABLISHED PROGRAMS. THE JUDGE JULIAN BECK LEARNING-CENTERED INSTRUCTIONAL PROJECTS PROGRAM IS SUPPORTED BY AN ENDOWMENT ESTABLISHED

Name of the organization

THE UNIVERSITY CORPORATION

Employer identification number

95-1992732

IN 1976 BY THE UNIVERSITY CORPORATION'S BOARD. FACULTY AND STAFF MAY
 SUBMIT PROPOSALS THAT PROMOTE LEARNING-CENTERED PRACTICES. PROPOSALS
 ARE SOLICITED, REVIEWED AND AWARDED ANNUALLY BY AN ADVISORY BOARD.
 FINALLY, THE UNIVERSITY CORPORATION FACULTY RESEARCH ENDOWMENT PROVIDES
 GRANTS TO FACULTY IN SUPPORT OF RESEARCH AND CREATIVE ENDEAVORS.
 PROPOSALS ARE REVIEWED BY A COMMITTEE OF THE UNIVERSITY'S GENERAL
 FACULTY.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED IN COLLABORATION WITH THE CFO, THE DIRECTOR OF
 FINANCIAL SERVICES AND THE AVP OF FINANCE FOR THE UNIVERSITY. ONCE THE
 RETURN HAS BEEN PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY 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 UNIVERSITY CORPORATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

TO AVOID CONFLICTS OF INTEREST, STRICT RULES APPLY TO TRANSACTIONS IN WHICH
 BOTH THE ORGANIZATION AND ITS DIRECTORS OR OFFICERS OR THEIR RELATIVES HAVE
 FINANCIAL INTERESTS. TO AVOID PERSONAL LIABILITY AND VARIOUS PENALTIES
 CIVIL AND CRIMINAL, EACH DIRECTOR IS REQUIRED TO SCRUTINIZE ANY SUCH
 TRANSACTION WITH PARTICULAR CARE TO ASSURE THAT ALL APPLICABLE RULES HAVE
 DEFINITELY BEEN SATISFIED.

A DIRECTOR OF A CSU AUXILIARY MAY NOT BE FINANCIALLY INTERESTED IN A
 CONTRACT OR OTHER TRANSACTION WITH THE AUXILIARY (SELF-DEALING). ANY SUCH
 CONTRACT OR TRANSACTION IS VOID, UNLESS THE DIRECTOR'S FINANCIAL INTEREST
 IS REMOTE; THE FINANCIAL TRANSACTION WAS ADEQUATELY DISCLOSED TO THE BOARD;

Name of the organization

THE UNIVERSITY CORPORATION

Employer identification number

95-1992732

THE DIRECTOR DID NOT PROMOTE THE TRANSACTION BEFORE THE DISCLOSURE; THE BOARD APPROVED THE TRANSACTION WITHOUT THE VOTE OF THE INTERESTED DIRECTOR; AND THE DEAL WAS JUST AND REASONABLE TO THE AUXILIARY AT THE TIME THE BOARD APPROVED IT.

GENERALLY, BOARD APPROVAL MUST BE OBTAINED PRIOR TO CONSUMMATING A SELF-DEALING TRANSACTION OR ANY PART OF IT. THE BOARD MUST AUTHORIZE THE TRANSACTION IN GOOD FAITH, BY A VOTE OF A MAJORITY OF THE DIRECTORS THEN IN OFFICE WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR (ALTHOUGH INTERESTED DIRECTORS MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT THE MEETING). PRIOR TO THE VOTE, THE DIRECTORS MUST HAVE KNOWLEDGE OF THE MATERIAL FACTS CONCERNING THE TRANSACTION AND THE DIRECTOR'S INTEREST IN THE TRANSACTION. THE BOARD MUST CONSIDER, AND IN GOOD FAITH DETERMINE AFTER REASONABLE INVESTIGATION UNDER THE CIRCUMSTANCES, THAT THE CORPORATION COULD NOT HAVE OBTAINED A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES.

FORM 990, PART VI, SECTION B, LINE 15:

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE ESTABLISHED AND MAINTAINS THE COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR. COMPENSATION IS DETERMINED BY CAMPUS OFFICE OF HUMAN RESOURCES USING CALIFORNIA STATE UNIVERSITY APPROVED METHODOLOGIES FOR DETERMINING COMPARABLE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

BYLAWS, ARTICLES OF INCORPORATION, BOARD MEETING MINUTES, ANNUAL BUDGETS, AUDITED FINANCIAL REPORTS, AND TAX RETURNS ARE POSTED ON THE COMPANY WEBSITE FOR PUBLIC ACCESS.

Name of the organization

THE UNIVERSITY CORPORATION

Employer identification number
95-1992732

FORM 990, PART XII, LINE 2C:

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDEPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE UNIVERSITY CORPORATION

Employer identification number
95-1992732

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

| (a) Name, address, and EIN (if applicable) 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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on 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 | 501(C)(3) | LINE 6 | | | X |
| NORTH CAMPUS - UNIVERSITY PARK DEVELOPMENT CORPORATION - 95-4115921, 1811 NORDHOFF STREET, NORTHRIDGE, CA 91330 | RENTAL INCOME AND LICENSING FEES FROM NORTH CAMPUS FACILITIES | CALIFORNIA | 501(C)(3) | LINE 12C, III-FI | | | X |
| CALIFORNIA STATE UNIVERSITY, NORTHRIDGE FOUNDATION - 95-6196006, 1811 NORDHOFF STREET, NORTHRIDGE, CA 91330 | RESPONSIBLE FOR PHILANTHROPIC FUNDS/GIFTS RAISED FOR CSU NORTHRIDGE | CALIFORNIA | 501(C)(3) | LINE 5 | | | X |
| ASSOCIATED STUDENTS INC. - 95-1992734 1811 NORDHOFF STREET NORTHRIDGE, CA 91330 | CREATE AND ENHANCE A SPIRITED LEARNING-FOCUSED CAMPUS ENVIRONMENT | CALIFORNIA | 501(C)(3) | LINE 12C, III-FI | | | X |

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

Schedule R (Form 990) 2017

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 organization? | |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| UNIVERSITY STUDENT UNION - 23-7321859 1811 NORDHOFF STREET NORTHRIDGE, CA 91330 | EXPANDS THE COLLEGE EXPERIENCE THROUGH VARIOUS PROGRAMS AND SERVICES | CALIFORNIA | 501(C)(3) | LINE 12C, III-FI | | | X |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| 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 Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | X | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

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

For calendar year 2017 or other tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2017

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

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| | | | |
|---|----------------------|---|--|
| <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"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 61,972,539.</p> | <p>Print or Type</p> | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE UNIVERSITY CORPORATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 18111 NORDHOFF STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code NORTHRIDGE, CA 91330-8310</p> <p>F Group exemption number (See instructions.)</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> | <p>D Employer identification number (Employees' trust, see instructions.) 95-1992732</p> <p>E Unrelated business activity codes (See instructions.) 722320</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 **LIH WU, THE UNIVERSITY CORPORATION** Telephone number **818-677-4815**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|--|------------|--------------|---------|
| 1a | Gross receipts or sales 129,842. | | | |
| b | Less returns and allowances | 1c | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | 129,842. | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 42,642. | 87,200. |
| 4a | 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 | 87,200. | 87,200. |

| 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) | | | |
| 15 | Salaries and wages | 15 | | 117,972. |
| 16 | Repairs and maintenance | 16 | | |
| 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 | 2,668. | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | | 2,668. |
| 23 | Depletion | 23 | | |
| 24 | Contributions to deferred compensation plans | 24 | | |
| 25 | Employee benefit programs | 25 | | 8,038. |
| 26 | Excess exempt expenses (Schedule I) | 26 | | |
| 27 | Excess readership costs (Schedule J) | 27 | | |
| 28 | Other deductions (attach schedule) SEE STATEMENT 1 | 28 | | 13,595. |
| 29 | Total deductions. Add lines 14 through 28 | 29 | | 142,273. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | | -55,073. |
| 31 | Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2 | 31 | | |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | | -55,073. |
| 33 | Specific deduction (Generally \$1,000, but see line 33 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 | | -55,073. |

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 Tax on Non-Compliant Facility Income. See instructions **39**

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a**

b Other credits (see instructions) **41b**

c General business credit. Attach Form 3800 **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**

e Total credits. Add lines 41a through 41d **41e**

42 Subtract line 41e from line 40 **42** 0.

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **43**

44 Total tax. Add lines 42 and 43 **44** 0.

45a Payments: A 2016 overpayment credited to 2017 **45a**

b 2017 estimated tax payments **45b**

c Tax deposited with Form 8868 **45c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **45d**

e Backup withholding (see instructions) **45e**

f Credit for small employer health insurance premiums (Attach Form 8941) **45f**

g Other credits and payments: Form 2439 Form 4136 Other Total **45g**

46 Total payments. Add lines 45a through 45g **46**

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached **47**

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48** 0.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 0.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax **50** Refunded

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

51 At any time during the 2017 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

52 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. **Yes** **No**

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

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 **EXECUTIVE DIRECTOR**

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

Paid Preparer Use Only

Print/Type preparer's name: **LISA M. CUMMINGS, CPA** Preparer's signature: **LISA M. CUMMINGS, CPA** Date: **03/07/19** Check if self-employed PTIN: **P00043433**

Firm's name: **COHNREZNICK LLP** Firm's EIN: **22-1478099**

Firm's address: **400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814** Phone no.: **916-442-9100**

| Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A | | | | | | | |
|--|---|----|---------|---|---|-----|---------|
| 1 | Inventory at beginning of year | 1 | 0. | 6 | Inventory at end of year | 6 | 0. |
| 2 | Purchases | 2 | 42,642. | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | 42,642. |
| 3 | Cost of labor | 3 | | | | Yes | No |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | |
| b | Other costs (attach schedule) | 4b | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | 42,642. | | | | X |

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

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

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

| 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 | |
|---|---|---|--|---|
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| | | | 0. | 0. |
| Total dividends-received deductions included in column 8 | | | | 0. |

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

| | | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 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 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 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 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | | | |
|---------------------|--|--|--|--|
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | 0. | 0. |

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) | | | | |

| | | | | |
|---------------------|--|---|--|---|
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | 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) | | | | | | |

| | | | | | |
|---------------------|--|--|--|--|---|
| | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | Enter here and on page 1, Part II, line 26. |
| Totals | | 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) | | | | | | |

| | | | | | | |
|--|--|----|----|--|--|----|
| 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. 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 from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 0. <small>Enter here and on page 1, Part I, line 11, col. (A).</small> | 0. <small>Enter here and on page 1, Part I, line 11, col. (B).</small> | | | | 0. <small>Enter here and on page 1, Part II, line 27.</small> |

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) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

Form 990-T (2017)

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

| | | |
|---|--|---|
| Name THE UNIVERSITY CORPORATION | | Employer identification number 95-1992732 |
| Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). | | |
| 1 | Taxable income or (loss) before net operating loss deduction | 1 -55,073. |
| 2 | Adjustments and preferences: | |
| a | Depreciation of post-1986 property | 2a |
| b | Amortization of certified pollution control facilities | 2b |
| c | Amortization of mining exploration and development costs | 2c |
| d | Amortization of circulation expenditures (personal holding companies only) | 2d |
| e | Adjusted gain or loss | 2e |
| f | Long-term contracts | 2f |
| g | Merchant marine capital construction funds | 2g |
| h | Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) | 2h |
| i | Tax shelter farm activities (personal service corporations only) | 2i |
| j | Passive activities (closely held corporations and personal service corporations only) | 2j |
| k | Loss limitations | 2k |
| l | Depletion | 2l |
| m | Tax-exempt interest income from specified private activity bonds | 2m |
| n | Intangible drilling costs | 2n |
| o | Other adjustments and preferences | 2o |
| 3 | Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o | 3 -55,073. |
| 4 | Adjusted current earnings (ACE) adjustment: | |
| a | ACE from line 10 of the ACE worksheet in the instructions | 4a -55,073. |
| b | Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions | 4b 0. |
| c | Multiply line 4b by 75% (0.75). Enter the result as a positive amount | 4c |
| d | Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive) | 4d |
| e | ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount | 4e 0. |
| 5 | Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT | 5 -55,073. |
| 6 | Alternative tax net operating loss deduction. See instructions | 6 STATEMENT 3 |
| 7 | Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions | 7 |
| 8 | Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): | |
| a | Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- | 8a |
| b | Multiply line 8a by 25% (0.25) | 8b |
| c | Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- | 8c |
| 9 | Subtract line 8c from line 7. If zero or less, enter -0- | 9 |
| 10 | Multiply line 9 by 20% (0.20) | 10 |
| 11 | Alternative minimum tax foreign tax credit (AMTFTC). See instructions | 11 |
| 12 | Tentative minimum tax. Subtract line 11 from line 10 | 12 |
| 13 | Regular tax liability before applying all credits except the foreign tax credit | 13 |
| 14 | Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 14 |

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

| | | | | |
|-----|--|-------|----|----------|
| 1 | Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 | | 1 | -55,073. |
| 2 | ACE depreciation adjustment: | | | |
| a | AMT depreciation | 2a | | |
| b | ACE depreciation: | | | |
| (1) | Post-1993 property | 2b(1) | | |
| (2) | Post-1989, pre-1994 property | 2b(2) | | |
| (3) | Pre-1990 MACRS property | 2b(3) | | |
| (4) | Pre-1990 original ACRS property | 2b(4) | | |
| (5) | Property described in sections 168(f)(1) through (4) | 2b(5) | | |
| (6) | Other property | 2b(6) | | |
| (7) | Total ACE depreciation. Add lines 2b(1) through 2b(6) | 2b(7) | | |
| c | ACE depreciation adjustment. Subtract line 2b(7) from line 2a | | 2c | |
| 3 | Inclusion in ACE of items included in earnings and profits (E&P): | | | |
| a | Tax-exempt interest income | 3a | | |
| b | Death benefits from life insurance contracts | 3b | | |
| c | All other distributions from life insurance contracts (including surrenders) | 3c | | |
| d | Inside buildup of undistributed income in life insurance contracts | 3d | | |
| e | Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) | 3e | | |
| f | Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e | | 3f | |
| 4 | Disallowance of items not deductible from E&P: | | | |
| a | Certain dividends received | 4a | | |
| b | Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043) | 4b | | |
| c | Dividends paid to an ESOP that are deductible under section 404(k) | 4c | | |
| d | Nonpatronage dividends that are paid and deductible under section 1382(c) | 4d | | |
| e | Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) | 4e | | |
| f | Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e | | 4f | |
| 5 | Other adjustments based on rules for figuring E&P: | | | |
| a | Intangible drilling costs | 5a | | |
| b | Circulation expenditures | 5b | | |
| c | Organizational expenditures | 5c | | |
| d | LIFO inventory adjustments | 5d | | |
| e | Installment sales | 5e | | |
| f | Total other E&P adjustments. Combine lines 5a through 5e | | 5f | |
| 6 | Disallowance of loss on exchange of debt pools | | 6 | |
| 7 | Acquisition expenses of life insurance companies for qualified foreign contracts | | 7 | |
| 8 | Depletion | | 8 | |
| 9 | Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property | | 9 | |
| 10 | Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 | | 10 | -55,073. |

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 1 |
|--------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| BANK FEES | | 103. |
| BUILDING/SANITATION/CUSTODIAL | | 116. |
| DUES & SUBSCRIPTIONS | | 22. |
| EQUIPMENT/EQUIPMENT RENTAL | | 7,114. |
| PARKING & SECURITY | | 36. |
| PROFESSIONAL SERVICES | | 295. |
| SUPPLIES | | 4,606. |
| UTILITIES | | 999. |
| TAXES & LICENSES | | 65. |
| TELEPHONE/PAGERS | | 4. |
| REPAIRS & MAINTENANCE | | 216. |
| FEEES | | 4. |
| MARKETING & ADVERTISING | | 15. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | | 13,595. |

| FORM 990-T | NET OPERATING LOSS DEDUCTION | | | STATEMENT 2 |
|-----------------------------------|------------------------------|-------------------------|----------------|---------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/06 | 38,479. | 38,479. | 0. | 0. |
| 06/30/07 | 19,823. | 19,823. | 0. | 0. |
| 06/30/08 | 73,332. | 73,332. | 0. | 0. |
| 06/30/09 | 139,435. | 43,644. | 95,791. | 95,791. |
| 06/30/10 | 69,881. | 0. | 69,881. | 69,881. |
| 06/30/11 | 66,063. | 0. | 66,063. | 66,063. |
| 06/30/12 | 50,858. | 0. | 50,858. | 50,858. |
| 06/30/13 | 67,756. | 0. | 67,756. | 67,756. |
| 06/30/14 | 64,458. | 0. | 64,458. | 64,458. |
| 06/30/15 | 76,234. | 0. | 76,234. | 76,234. |
| 06/30/16 | 28,598. | 0. | 28,598. | 28,598. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 519,639. | 519,639. |

FORM 4626

ALTERNATIVE MINIMUM TAX NOL DEDUCTION

STATEMENT 3

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING |
|---------------------------------------|----------------|-------------------------|----------------|
| 06/30/06 | 38,479. | 38,479. | 0. |
| 06/30/07 | 19,823. | 19,823. | 0. |
| 06/30/08 | 73,332. | 73,332. | 0. |
| 06/30/09 | 139,435. | 25,216. | 114,219. |
| 06/30/10 | 69,881. | 0. | 69,881. |
| 06/30/11 | 66,063. | 0. | 66,063. |
| 06/30/12 | 50,858. | 0. | 50,858. |
| 06/30/13 | 67,756. | 0. | 67,756. |
| 06/30/14 | 64,458. | 0. | 64,458. |
| 06/30/15 | 76,234. | 0. | 76,234. |
| 06/30/16 | 28,598. | 0. | 28,598. |
| AMT NOL CARRYOVER AVAILABLE THIS YEAR | | | 538,067. |