

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

B Check if applicable:

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See specific instructions.

University Glen Corporation
One University Drive
Camarillo, CA 93012

D Employer Identification Number

73-1633096

E Telephone number

(805) 437-8877

F Accounting method:

- Cash
[X] Accrual
Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? Yes No [X]

H (b) If 'Yes,' enter number of affiliates.

H (c) Are all affiliates included? Yes No

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No [X]

I Group Exemption Number

M Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

J Organization type (check only one) [X] 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 928,207.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Amount. Includes sections for Revenue (lines 1-12) and Expenses (lines 13-17), ending with Net Assets (lines 18-21).

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print	Name of Exempt Organization University Glen Corporation	Employer identification number 73-1633096	
	Number, street, and room or suite number. If a P.O. box, see instructions. One University Drive		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Camarillo, CA 93012		

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (section 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in care of **Joanne Coville**
 Telephone No. **(805) 437-8400** FAX No. _____

If the organization does not have an office or place of business in the United States, check this box

If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 5/15, 20 07.

5 For calendar year _____, or other tax year beginning 7/01, 20 05, and ending 6/30, 20 06.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension ... Additional time is needed to gather sufficient information in order to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Handwritten Signature] Title CRA Date 2/12/07

Notice to Applicant – To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
 - We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
 - We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
 - We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other: _____

Director _____ By: _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name Vasin, Heyn & Company
	Number and street (include suite, room, or apartment number) or a P.O. box number 5000 N. Parkway Calabasas #301
	City or town, province or state, and country (including postal or ZIP code) Calabasas, CA 91302

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	5,939.	5,939.		
33 Supplies	33				
34 Telephone	34	3,189.		3,189.	
35 Postage and shipping	35	651.		651.	
36 Occupancy	36	736.		736.	
37 Equipment rental and maintenance	37	1,893.		1,893.	
38 Printing and publications	38	1,661.	1,661.		
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	812.		812.	
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a See Statement 1	43a	604,520.	426,041.	178,479.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	619,401.	433,641.	185,760.	0.

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

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

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Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? ▶ See Statement 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a The activities of University Glen Corporation are limited to sales and leasing services for homes and apartments built.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

433,641.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

433,641.

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Part IV Balance Sheets (See instructions)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash -- non-interest-bearing.....	160,039.	45	349,342.
	46 Savings and temporary cash investments.....		46	
	47 a Accounts receivable.....	47 a 474,574.		
	b Less: allowance for doubtful accounts.....	47 b	362,086.	47 c 474,574.
	48 a Pledges receivable.....	48 a		
	b Less: allowance for doubtful accounts.....	48 b		48 c
	49 Grants receivable.....			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....			50
	51 a Other notes & loans receivable (attach sch).....	51 a		
	b Less: allowance for doubtful accounts.....	51 b		51 c
	52 Inventories for sale or use.....			52
	53 Prepaid expenses and deferred charges.....			53
	54 Investments -- securities (attach schedule).....			54
	55 a Investments -- land, buildings, & equipment: basis.....	55 a		
	b Less: accumulated depreciation (attach schedule).....	55 b		55 c
	56 Investments -- other (attach schedule).....			56
	57 a Land, buildings, and equipment: basis.....	57 a		
	b Less: accumulated depreciation (attach schedule).....	57 b		57 c
58 Other assets (describe ▶).....			58	
59 Total assets (must equal line 74). Add lines 45 through 58.....		522,125.	59	823,916.
LIABILITIES	60 Accounts payable and accrued expenses.....	120,856.	60	128,241.
	61 Grants payable.....		61	
	62 Deferred revenue.....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64 a Tax-exempt bond liabilities (attach schedule).....		64 a	
	b Mortgages and other notes payable (attach schedule)..... See Statement 3		125,000.	64 b
65 Other liabilities (describe ▶ See Statement 4).....		21,305.	65	6,905.
66 Total liabilities. Add lines 60 through 65.....		267,161.	66	260,146.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted.....	254,964.	67	563,770.
	68 Temporarily restricted.....		68	
	69 Permanently restricted.....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds.....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund.....		71	
	72 Retained earnings, endowment, accumulated income, or other funds.....		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).....		254,964.	73	563,770.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.....		522,125.	74	823,916.

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Part IV A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	928,207.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	928,207.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	928,207.

Part IV B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	619,401.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	619,401.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	619,401.

Part V A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 5		0.	0.	0.

Part VII Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b	N/A		
85 a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
85 b	N/A		
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
85 c			
d	Section 162(e) lobbying and political expenditures	N/A	
85 d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85 h			
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 a			
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86 b			
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87 a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
87 b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89 b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		5
90 b			
91 a	The books are in care of <u>Joanne Coville</u> Telephone number <u>(805) 437-8400</u> Located at <u>One University Drive, Camarillo, CA,</u> ZIP + 4 <u>93012</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
91 b			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country		X
91 c			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here	N/A	<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the tax year		N/A
92			

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Commissions					61,067.
b Reimbursed Expenses					619,261.
c Site Authority Revenue					247,879.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					928,207.
105 Total (add line 104, columns (B), (D), and (E))					928,207.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
7	See Statement 7

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

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

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

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

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

Please Sign Here

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.

Signature of officer: TAXPAYER COPY Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: Roland Vasin Date: 3/09/07 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: Vasin, Heyn & Company
5000 N. Parkway Calabasas #301
Calabasas, CA 91302 EIN: N/A

Phone no.: (818) 222-3500

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2005

Name of the organization: **University Glen Corporation** Employer identification number: **73-1633096**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

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

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

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

(a) Name(s) of supported organization(s)	(b) Line number from above
California State University Channel Islands	10
California St Univ Channel Islands Site Authority	10

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

Part IV A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	N/A				
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	N/A	26a	
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
	c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	
	d Add: Amounts from column (e) for lines:	18 _____ 19 _____ 22 _____ 26b _____	26d	
	e Public support (line 26c minus line 26d total)		26e	
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	%

27 Organizations described on line 12:	N/A
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____	
c Add: Amounts from column (e) for lines:	15 _____ 16 _____ 17 _____ 20 _____ 21 _____
d Add: Line 27a total	27c _____
e Public support (line 27c total minus line 27d total)	27d _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27g _____
	27h _____

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. N/A

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table --		
	If the amount on line 40 is --		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is --		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	41	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

University Glen Corporation

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Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Audit Expense	9,336.		9,336.	
Bank Service Charges	13.		13.	
Computers and Equipment	71,946.	71,946.		
Contractual Services	6,032.	6,032.		
CSUCI Services	424,341.	299,341.	125,000.	
Dues and Subscriptions	395.		395.	
Hospitality and Housing	3,821.	3,821.		
Insurance	13,246.		13,246.	
Liability Insurance	19,628.		19,628.	
Miscellaneous Expenses	6,924.	140.	6,784.	
Office Supplies	2,048.		2,048.	
Professional Fees	2,934.	2,934.		
Repairs and Maintenance	40,987.	40,987.		
Taxes and Licenses	10.		10.	
Travel and Entertainment	840.	840.		
Utilities	2,019.		2,019.	
Total	\$ 604,520.	\$ 426,041.	\$ 178,479.	\$ 0.

Statement 2
Form 990, Part III
Organization's Primary Exempt Purpose

Manages sales and leasing function of the site authority for California State University Channel Islands

Statement 3
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

Other Notes Payable

Lender's Name:	California St Univ, Channel Is	
Date of Note:	5/02/2002	
Maturity Date:	6/30/2007	
Interest Rate:	2.00%	
Original Amount:	50,000.	
Balance Due:		\$ 125,000.
Total		\$ 125,000.

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**Statement 4
Form 990, Part IV, Line 65
Other Liabilities**

Deposits..... Total \$ 6,905.
Total \$ 6,905.

**Statement 5
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
George Dutra One University Drive Camarillo, CA 93012	Chair 1	\$ 0.	\$ 0.	\$ 0.
Joanne Coville One University Drive Camarillo, CA 93012	Treasurer 2	0.	0.	0.
Stephen Lefevre One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Lisa Mancini One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Scott Frisch One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Bill Robe One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Barbara Thorpe One University Drive Camarillo, CA 93012	Secretary 1	0.	0.	0.
Caroline Doll 1115 Horizon Drive Ventura, CA 93003	Director, U Glen 40	0.	0.	0.
Erik D. Blaine One University Drive Camarillo, CA 93012	Director, U Glen 40	0.	0.	0.
Total		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

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Statement 6
Form 990, Part V-A, Line 75c
Individuals Compensation By Related Organizations

Joanne Coville

Related Organization:	CalState Univ, Channel Islands
FEIN:	91-2153805
Relationship Explanation:	University Glen Corporation was organized to promote and assist education, administration and related services of the California State University, Channel Islands. University Glen Corporation operates as an auxiliary organization of the University.
Compensation Paid:	\$ 158,636.
Benefit Plan Contributions:	\$ 54,729.
Expense Account:	\$ 0.
Compensation Arrangement:	University Glen Corporation reimburses California State University, Channel Islands for all salaries and benefits on a monthly basis.

Barbara Thorpe

Related Organization:	CalState Univ, Channel Islands
FEIN:	91-2153805
Relationship Explanation:	University Glen Corporation was organized to promote and assist education, administration and related services of the California State University, Channel Islands. University Glen Corporation operates as an auxiliary organization of the University.
Compensation Paid:	\$ 124,720.
Benefit Plan Contributions:	\$ 43,028.
Expense Account:	\$ 0.
Compensation Arrangement:	N/A

Scott Frisch

Related Organization:	Cal State Univ, Channel Islands
FEIN:	91-2153805
Relationship Explanation:	University Glen Corporation was organized to promote and assist education, administration and related services of the California State University, Channel Islands. University Glen Corporation operates as an auxiliary organization of the University.
Compensation Paid:	\$ 89,133.
Benefit Plan Contributions:	\$ 30,751.
Expense Account:	\$ 0.
Compensation Arrangement:	N/A

Steve Lefevre

Related Organization:	Cal State Univ, Channel Islands
FEIN:	91-2153805
Relationship Explanation:	University Glen Corporation was organized to promote and assist education, administration and related services of the California State University, Channel Islands. University Glen

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Statement 6 (continued)
Form 990, Part V-A, Line 75c
Individuals Compensation By Related Organizations

	Corporation operates as an auxiliary organization of the University.
Compensation Paid:	\$ 110,285.
Benefit Plan Contributions:	\$ 38,048.
Expense Account:	\$ 0.
Compensation Arrangement:	N/A

Carol McCory

Related Organization:	Cal State Univ,Channel Islands
FEIN:	91-2153805
Relationship Explanation:	University Glen Corporation was organized to promote and assist education, administration and related services of the California State University, Channel Islands. University Glen Corporation operates as an auxiliary organization of the University.
Compensation Paid:	\$ 68,831.
Benefit Plan Contributions:	\$ 23,747.
Expense Account:	\$ 0.
Compensation Arrangement:	University Glen Corporation reimburses California State University, Channel Islands for all salaries and benefits on a monthly basis.

Caroline Doll

Related Organization:	Cal State Univ,Channel Islands
FEIN:	91-2153805
Relationship Explanation:	University Glen Corporation was organized to promote and assist education, administration and related services of the California State University, Channel Islands. University Glen Corporation operates as an auxiliary organization of the University.
Compensation Paid:	\$ 74,835.
Benefit Plan Contributions:	\$ 25,818.
Expense Account:	\$ 0.
Compensation Arrangement:	University Glen Corporation reimburses California State University, Channel Islands for all salaries and benefits on a monthly basis.

Erik D. Blaine

Related Organization:	Cal State Univ,Channel Islands
FEIN:	91-2153805
Relationship Explanation:	University Glen Corporation was organized to promote and assist education, administration and related services of the California State University, Channel Islands. University Glen Corporation operates as an auxiliary organization of the University.
Compensation Paid:	\$ 40,894.
Benefit Plan Contributions:	\$ 14,108.
Expense Account:	\$ 0.
Compensation Arrangement:	University Glen Corporation reimburses California

University Glen Corporation

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Statement 6 (continued)
Form 990, Part V-A, Line 75c
Individuals Compensation By Related Organizations

State University, Channel Islands for all salaries
and benefits on a monthly basis.

Statement 7
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
93a	Vending revenue is an auxiliary activity.
93b	Reimbursements allow services to be provided to maintain property.
93c	Site authority revenue is the Site Authority contributions to the various reserves.

YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month 07 day 01 year 2005, and ending month 06 day 30 year 2006

IMPORTANT: Your number is required.

California corporation number 2408402	Federal employer identification number (FEIN) 73-1633096
Corporation/Organization name University Glen Corporation	
Address One University Drive	PMB no.
City Camarillo, CA 93012	State ZIP Code

A Final return? Check applicable box. Yes No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date ●

B Check forms filed this year: State: 109 100 100S 100W Fed: 990
 Fed: 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. ●

D Is this a group filing? See General Instruction N. Yes No

E Accounting method used **Accrual**

F Type of organization Exempt under Section 23701 d (insert letter)
 IRC Section 4947(a)(1) trust

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

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	928,207.
	2	Gross dues and assessments from members and affiliates ●	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions ●	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C . . . ●	4	928,207.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
Expenses	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	928,207.
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	619,401.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	308,806.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.
	12	Penalty for failure to file on time. See General Instruction L	12	
	13	Use tax. See instructions ●	13	
	14	Balance due. Add line 11, line 12, and line 13	14	10.

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources. . . \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
 If 'Yes,' enter amount of total income reported. . . . \$ _____
- 19** The financial records are in care of Joanne Coville Daytime telephone (805) 437-8400
 located at One University Drive, Camarillo, CA 93012

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.

Please Sign Here	Signature of Officer TAXPAYER COPY	Date	Title (805) 437-8877 Daytime telephone
	Paid Preparer's signature Rolland Vasin	Date 3/09/07	Check if self-employed <input type="checkbox"/> Paid preparer's SSN or PTIN 557-60-8888
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address Vasin, Heyn & Company 5000 N. Parkway Calabasas #301 Calabasas, CA 91302	FEIN 95-4401626	Daytime telephone (818) 222-3500

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	928,207.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	928,207.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	812.
	14	Taxes	14	
	15	Rents	15	736.
	16	Depreciation and depletion	16	
	17	Other. Attach schedule	17	617,853.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	619,401.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		160,039.		349,342.
2	Net accounts receivable		362,086.		474,574.
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans... _____)				
9	Other investments. Attach schedule				
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	Total assets		522,125.		823,916.
Liabilities and net worth					
14	Accounts payable		120,856.		128,241.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule... St. 4				125,000.
17	Mortgages payable		125,000.		
18	Other liabilities. Attach schedule... St. 5		21,305.		6,905.
19	Capital stock or principle fund		254,964.		563,770.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		522,125.		823,916.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	308,806.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	308,806.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	308,806.			

University Glen Corporation

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Statement 1
Form 199, Part II, Line 7
Other Income

Program Service Revenue..... \$ 928,207.
 Total \$ 928,207.

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
George Dutra One University Drive Camarillo, CA 93012	Chair 1	\$ 0.	\$ 0.	\$ 0.
Joanne Coville One University Drive Camarillo, CA 93012	Treasurer 2	0.	0.	0.
Stephen Lefevre One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Lisa Mancini One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Scott Frisch One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Bill Robe One University Drive Camarillo, CA 93012	Director 1	0.	0.	0.
Barbara Thorpe One University Drive Camarillo, CA 93012	Secretary 1	0.	0.	0.
Caroline Doll 1115 Horizon Drive Ventura, CA 93003	Director, U Glen 40	0.	0.	0.
Erik D. Blaine One University Drive Camarillo, CA 93012	Director, U Glen 40	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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Statement 3
Form 199, Part II, Line 17
Other Expenses

Audit Expense.....	\$	9,336.
Bank Service Charges.....		13.
Computers and Equipment.....		71,946.
Contractual Services.....		6,032.
CSUCI Services.....		424,341.
Dues and Subscriptions.....		395.
Equipment Rental and Maintenance.....		1,893.
Hospitality and Housing.....		3,821.
Insurance.....		13,246.
Legal Fees.....		5,939.
Liability Insurance.....		19,628.
Miscellaneous Expenses.....		6,924.
Office Supplies.....		2,048.
Postage and Shipping.....		651.
Printing and Publications.....		1,661.
Professional Fees.....		2,934.
Repairs and Maintenance.....		40,987.
Taxes and Licenses.....		10.
Telephone.....		3,189.
Travel and Entertainment.....		840.
Utilities.....		2,019.
	Total \$	<u>617,853.</u>

Statement 4
Form 199, Schedule L, Line 16
Bonds and Notes Payable

Other Notes Payable	Balance Due
Lender's Name: California St Univ, Channel Is	
Date of Note: 5/02/2002	
Maturity Date: 6/30/2007	
Interest Rate: 2	
Original Amount: 50,000.	
Balance Due:	125,000.
	Total Other Notes Payable \$ <u>125,000.</u>
	Total Notes and Bonds Payable \$ <u>125,000.</u>

Statement 5
Form 199, Schedule L, Line 18
Other Liabilities

Deposits.....		6,905.
	Total \$	<u>6,905.</u>

2005

California Filing Instructions

University Glen Corporation

73-1633096

3/09/07

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FORM TO FILE:

Form RRF-1 - Registration/Renewal Fee Report to Attorney General of California

SIGNATURE:

Sign and date Form RRF-1, page 1.

PAYMENT:

There is a fee due of \$75 which is payable by May 15, 2007. Attach a check or money order for the full amount payable to "Attorney General's Registry of Charitable Trusts" and write the California charity registration number on the payment.

WHEN TO FILE:

On or before May 15, 2007.

WHERE TO FILE:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

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

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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



State Charity Registration Number <u>120860</u> University Glen Corporation <small>Name of Organization</small> <u>One University Drive</u> <small>Address (Number and Street)</small> <u>Camarillo, CA 93012</u> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2408402</u> Federal Employer ID No. <u>73-1633096</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/05 ending 6/30/06) list:
 Gross annual revenue \$ 928,207. Total assets \$ 823,916.

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

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

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

Organization's area code and telephone number (805) 437-8877
 Organization's e-mail address _____

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

TAXPAYER COPY

Signature of authorized officer _____	Printed Name _____	Title _____	Date _____
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IN
MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

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ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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State Charity Registration Number <u>120860</u> University Glen Corporation <small>Name of Organization</small> <u>One University Drive</u> <small>Address (Number and Street)</small> <u>Camarillo, CA 93012</u> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2408402</u> Federal Employer ID No. <u>73-1633096</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/04 ending 6/30/05) list:
 Gross annual revenue \$ 694,934. Total assets \$ 522,125.

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

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

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Organization's area code and telephone number (805) 437-8877
 Organization's e-mail address _____

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

TAXPAYER COPY

Joanne Coville Joanne Coville
 Signature of authorized officer Printed Name Title Date